A Phenomenology on the Nursing Management Functions of School Nurses

Joy C. Canoy, MANM, Joel B. Serad, MD, DM, MAN, Joan P. Bacarisas, DM, MAN, Geronima Emma A. Amores, DM, MAN, and Resty L. Picardo, DM, JD, MAN

College of Allied Health Sciences, University of the Visayas

ABSTRACT

School nurses play a vital role in maintaining health of the students for them to perform better in their academics. This descriptive phenomenology explored the lived experiences on the management functions of six school nurses in Cebu for the year 2025. The study made use of the purposive sampling and Collaizi method of data analysis. Findings of the study revealed that the school nurses go through the different nursing management functions of planning, organizing, staffing, directing, and controlling. The planning functions of the school nurses involved prioritizing programs as per resources, planning a smorgasbord of health-related activities, and emergency preparedness drills. The organizing function of the school nurses involved health protocols for everyone, organizing health talks, organizing health campaigns, conducting orientation to teachers, coordinating and collaborating with stakeholders, organizing a health team, establishing partnership, and the role of school nurse in staffing: recommendatory. The directing function of the school nurses involved leading by example, involvement in meetings, and engagement in continuous quality improvement activities. The controlling function of the school nurses involved implementing a feedback mechanism, improving school health services, and maintaining the school clinic. The different challenges in the implementing the management function of school nurses includes lack of resources, lack of understanding health protocols, and heavy workload.
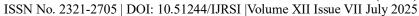
Keywords: Descriptive phenomenology; Nursing management functions; School Nurses; Cebu.

INTRODUCTION

The role of school nurses is central to promoting health and well-being in educational settings, impacting both individual student outcomes and broader public health initiatives. Tasked with managing a range of health needs, school nurses work at the intersection of healthcare and education, often serving as the sole healthcare professional in the school environment. Their responsibilities extend beyond clinical care to encompass essential management functions—such as assessment, planning, implementation, evaluation, and collaboration—that contribute to a safe and supportive learning atmosphere (National Association of School Nurses [NASN], 2021). These management functions are critical in addressing both immediate and long-term health issues, including managing chronic conditions, responding to medical emergencies, and promoting preventive health practices among students and staff.

Effective nursing management in schools not only involves direct patient care but also requires skills in administration, policy advocacy, health education, and interprofessional collaboration. School nurses must develop and implement individualized care plans while addressing the collective health needs of the school community, ensuring compliance with public health standards, and promoting wellness programs that foster healthy behaviors (Wolfe & Selekman, 2019). Furthermore, as mental health concerns and chronic health conditions among students continue to rise, school nurses are increasingly responsible for managing complex, multifaceted health issues within their communities (Willgerodt et al., 2018).

Management function is highly utilized in the hospital, however, school nurses are also confronted with these management functions in the execution of their jobs in schools. In fact, without management functions, implementation of school health programs cannot be made possible as it requires planning, organizing and all

the other management functions. These nursing management functions in terms of its implementation had been widely studied in the hospital setting. There is a derth of studies on understanding the phenomenon in application to school nursing. In school settings, nurses undertake vital management functions that are essential to maintaining the health, safety, and academic success of students. The responsibilities of school nurses align closely with core nursing management functions, which include assessment, planning, implementation, evaluation, and collaboration. However, these functions must be adapted to the unique dynamics of a school environment, where the needs and expectations of students, staff, and the wider community intersect. Effective management practices among school nurses are therefore critical in promoting health literacy, safeguarding students' health, and ensuring compliance with public health policies. And there is a need to gain better understanding about this experience so that nurses can be helped and be given the needed support in terms of the how they traverse the nursing management functions in schools. The researcher being a school nurse herself are experiencing this phenomenon but not clearly understood as different schools may have different dynamics surrounding them.

Despite the critical role they play, school nurses often face significant challenges in fulfilling these management functions, particularly in under-resourced settings where staffing is limited. In some cases, one nurse may be responsible for multiple schools, limiting the time available to thoroughly address each student's needs (NASN, 2021). Additionally, school nurses must stay updated on evolving healthcare guidelines and manage the administrative burden of documentation and reporting (Lineberry et al., 2018).

This study seeks to explore the nursing management functions and practices of school nurses, exploring how these roles contribute to student health outcomes and identifying challenges faced in executing their responsibilities effectively. Understanding the management functions of school nurses is essential for identifying areas where policy, training, and resources may be improved to enhance their effectiveness in school settings.

One of the researcher is a school nurse and highly value the importance of management for she believe that management functions plays a vital role in the achievement of the school's mission and vision. The scarcity of doing the exploration on the management functions of school nurses ignites the researcher to proceed with the study, with the hopes of unveiling the lived experiences of the nurses in Cebu City. This serve as the research gap of the study with the main intention of providing insights so that readers will gain better understanding of how the nursing management functions of school nurses is experienced. In schools, there are cases as simple as fever and other illnesses and some programs implemented are within the scope of medical-surgical nursing. The treatment intervention in terms of establishing standard operating procedures requires the nursing management functions and this is where nursing management benefits from the conduct of this study. Nursing management is part and parcel of school nursing and what better way to provide improvements in the developed processes and procedures would be to gain better understanding of the school nurses lived experiences. While the study is school based the nursing management functions of the nurses are essential to fostering a supportive and healthy environment, as such the study is aligned with the third and fourth sustainable developmental goals of good health and well-being and quality education.

Research Objectives

This study explored the lived experiences on the management functions of school nurses in Cebu for the year 2025.

Specifically, the study was guided by the following queries:

How was the nursing management functions experienced by the school nurses?

What was the essence or meaning of the experiences on the nursing management functions among school nurses?

What implications towards nursing practice, education, policy, and research were proposed based on the findings of the study?

REVIEW OF RELATED LITERATURE AND STUDIES

Role of a School Nurse

The primary role of the School Nurse is to support student health and academic success. The school nurse is the link between school, students, families, health care and other community providers. The school nurse, with appropriate preparation, takes a leadership role in serving as the coordinator of all school health programs and is has a key role in the whole school, whole community, and whole child (WSCC) approach. School Nurse's role in support of WSCC includes: (a) Health services—serves as the coordinator of the health services program and provides direct nursing care; (b) Health education—engages students in actively participating in their health, provides health education to students, staff and parents; (c) Social and emotional school climate—supports the whole child to be healthy, safe, supported, engaged and challenged; (d) Physical environment—identifies health and safety concerns in the school environment and promotes a nurturing school environment; (e) Nutrition environment and services—supports healthy food services programs; (f) Physical education/activity—promotes healthy physical education, sports policies and practices; (g) Counseling psychological and social services—provides health counseling, assesses mental health needs, provides interventions and refers students to appropriate school staff or community agencies; (h) Community involvement—actively collaborates with community resources to addressing social and economic barriers to health; (i) Family engagement—connects families to school staff, community healthcare providers, and community services to increase ability of students and families to adapt to health and social stressors; and (j) Employee wellness—provides health education and counseling, promotes healthy activities and environment for school staff (Carver Middle School, 2025).
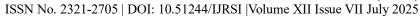
The school nurse has a crucial role in the seamless provision of comprehensive health services to children and youth. Increasing numbers of students enter schools with chronic health conditions that require management during the school day. This policy statement describes for pediatricians the role of the school nurse in serving as a team member in providing preventive services, early identification of problems, interventions, and referrals to foster health and educational success. To optimally care for children, preparation, ongoing education, and appropriate staffing levels of school nurses are important factors for success (Council of School Health, 2008).

As the health services expert, the school nurse serves as the health professional for the school community and provides the following services: (a) assessment, planning, intervention and evaluation of students' physical and mental health concerns; (b) participating in Individualized Education Plan development and academic team meetings; (c) performing pediatric nursing procedures: ventilators, gastrostomy feedings, tracheostomy care, catheterization, medication administration; (d) screening for health factors impacting student education and refer to healthcare providers; (e) Monitoring of immunizations, excluding students with infectious diseases, monitoring school environment for safety; (f) education to promote healthy choices: prevention of teen pregnancy, sexually transmitted diseases, tobacco, alcohol and substance abuse; (g) case management of chronic diseases (such as asthma and diabetes); working with students, families, and other health care providers; (h) creation of Individualized Nursing Care Plans and care for students with disabilities and/or health conditions that interfere with learning; (i) participating in crisis team response; (j) contributing to school district health policies, goals and objectives; (k) liaison to school/community/health care provider; (l) providing first aid and emergency care; and (m) coordinating outside agencies' programs (Carver Middle School, 2025).

The school nurse provides health education by providing health information to individual students and groups of students through health education, science, and other classes. The school nurse assists on health education curriculum development teams and may also provide programs for staff, families, and the community. Health education topics may include nutrition, exercise, smoking prevention and cessation, oral health, prevention of sexually transmitted infections and other infectious diseases, substance use and abuse, immunizations, adolescent pregnancy prevention, parenting, and others. School nurses also promote health in local school health councils (Council of School Health, 2008).

Staffing

Staffing involves a systematic approach to ensuring the organization has the right number and type of personnel to achieve its goals. The following steps outline the key stages in the staffing process: (a) preparing to recruit.

This initial step involves determining the types and number of personnel required to meet the organization's needs; (b) attracting staff. Formal advertisements and outreach efforts are used to attract potential candidates; and (c) recruiting and selecting Staff. This phase includes conducting interviews, induction, orientation, job orders, pre-employment testing, and signing contracts to onboard new employees. Developing an effective staffing pattern is essential for ensuring that an organization has the right number of staff with the appropriate skills to meet its needs (Vera, 2024).

School nurses are responsible for the health of children by, including, but not limited to: (a) assessing the severity of illness or injury in students; (b) distributing medications to student that is provided and approved by their parents and healthcare providers; (c) caring for students with chronic conditions such as diabetes, epilepsy/seizures, asthma, allergies/anaphylaxis, and others; (d) ensuring all students are up to date on their vaccinations/immunizations; (f) directing the provision of health services within the school; (g) screening students for vision, hearing, and other potential health issues; (h) preventing and controlling the spread of communicable diseases; (i) connecting students and their families to relevant health resources; (j) providing mental health support to students in need; (k) collecting health data in schools to provide to local, state, and national officials; and (l) promotion of overall school community health through education and wellness initiatives (National Association of School Nurses, 2025).

Directing

According to American Academy of Pediatrics (2008), as a leader of the school health team, the school nurse must assess the student's health status, identify health problems that may create a barrier to educational progress, and develop a health care plan for management of the problems in the school setting.
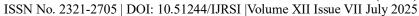
Controlling

School nurses are responsible for a plethora of health care needs of children, families, and the broader community. Despite often working alone, they (a) provide essential management and supervision of care for students with a chronic condition or disease (eg, diabetes, seizure response, gastrostomy tube feeding); (b) teach health education; (c) screen for and manage depression, anxiety, vision, and hearing disorders; (d) oversee accessibility plans for students with accommodations (e.g., attention-deficit/hyperactivity disorder); and (e) refer students to external health professionals. Some school nurses have health aides to help manage the needs of students (Dickson et al., 2025).

Challenges of the School Nurses

The most frequently reported school-based challenges school nurses face are having limited resources and a high caseload. They also faced barriers like communication challenges, multiple documentation requirements, conflicting needs and points of view, and working in isolation (EduHealthsystem, 2020).

Limited resources and a high caseload: School nurses are heavily dependent on the school's budget and resources when it comes to providing healthcare. The department is a small fraction of the school's budgetary concerns. When working in a limited budget and high caseloads, school nurses may have to adjust their approach to healthcare. Communication challenges: School nurses sometimes face challenges in communicating effectively with school administration, parents, doctors, pharmacies, health care bodies regarding student health because they have too many priorities and limited resources that enable them to meet these expectations. Multiple documentation requirements: School nurses have the responsibility of updating student health records and maintaining them. This isn't an easy task and can be time-consuming to the extent that it keeps them from doing what they were meant to do – taking care of students and communities. Conflicting needs and points of view: Providing healthcare is not the primary objective in an academic environment. School nurses must contend with competing interests and points of view when caring for students in a school setting. In certain instances, while nurses would recommend that a child's healthcare be prioritized, school administrators may want to keep a student in school instead of addressing their healthcare needs. Working in isolation: School nurses will work in relative isolation as compared to the traditional healthcare environment. They will no longer be able to depend

on the advice and support or colleagues. In some cases, school nurses are the only healthcare professional on the campus, which can create feelings of loneliness.

RESEARCH METHODOLOGY

Design

This qualitative research was utilizing the descriptive phenomenology or the Husserlian phenomenology design. In application of the design it was used in this study to explore the lived experiences of school nurses in Cebu with reference to their nursing management responsibilities.

Environment

The study took place in DepEd Cebu Province – South's educational system, where school nurses work.

Informants

The number of informants for the study was six informants composed of school nurses employed by DepEd Cebu Province – South educational establishments. They were specifically chosen to guarantee that they had firsthand knowledge of the nurse management functions under exploration. Being on the front lines of healthcare in schools, they were in a unique position to talk about their duties, difficulties, and how their work affects kids, faculty, and the larger school community. However, an open sampling was used as the researchers were guided by data saturation being the signal in stopping the recruitment of informants. Recruitment stopped when data saturation was achieved, however as a gold standard, one more informant was added to make sure that saturation was really achieved. Half of the informants were taken as key informants in the study who were based on the experience on their engagement in the provision of care in the hospital during the pandemic which were determined during the introduction phase of the interview.

Sampling Design

The study made use of a purposive sampling.
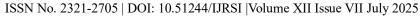
Inclusion and Exclusion Criteria

The following inclusion criteria must be met by the informants: (a) he or she must be of legal age and a school nurse in DepEd Cebu Province – South; (b) licensed nurses who work in educational environments; (c) Experience: A minimum of one year of school nursing experience was required to guarantee familiarity with the administration duties and school setting. (d) Willingness: The readiness to share experiences, give informed consent, and took part in the study.

Excluded from the study were licensed nurses who were not actively engaged in educational institutions, such as those who work in community clinics or hospitals. Those who had worked as school nurses for less than a year, as they might not have had a thorough introduction to the nursing management duties in educational institutions. Nurses who worked outside of Cebu in order to keep the study's focus local. Nurses who refused to provide their consent or who were unable or unable to stick to the interview schedule.

Instrument

The researchers were the main instrument of my study. They were aided by the semi-structured interview guide. The semi-structured interview guide guided me in the flow of the interview process. The interview questions were open-ended questions so that in-depth information were gathered to facilitate gathering of rich data or information. Constant probing was also done.

Along with the experience on conducting an interview during patient assessments, the researchers conducted a mock interview to ascertain my competence to conduct a phenomenological interview. The semi-structured interview guide was subdivided into three parts. Part one was about the introduction where the informant were greeted and a researcher introduced myself. At this point, the researcher provided some context for the study's

goal and duration of the interview. Once that was completed, the interviewer allowed the informant to introduce themselves. Before the primary interview began, the informant was asked if he or she has any questions concerning the research or the interview process. Prior to doing the primary interview, all worries and issues were addressed.

Part two was the primary interview in which the phenomenon was explored. How and open-ended questions were asked during the interview process, with probing playing a significant part. Constant follow-up questions were asked to truly explore the phenomenon and to amass rich data or knowledge about the phenomenon being explored. Additionally, developmental questions were asked in response to the informants' responses to each inquiry. Throughout the instrument's use, probing or follow-up questions were used to fully grasp the informants' responses, particularly when their responses were vague or ambiguous. Additionally, they were doing so in order to gather more detailed or particular information on the phenomenon being explored in my study, which finally assisted me in obtaining rich data regarding the phenomenon. Additionally, bracketing was closely adhered to during data collection in order to minimize the possibly detrimental impacts of preconceptions, which they highly detested. Because they wanted to take a non- judgmental approach, They were able to establish impartiality about the informants, and the material did not obstruct perception of the phenomenon under investigation.

The third section of the interview was the concluding section, during which the informant was asked whether they wish to add any information about the phenomenon being explored. Informants were also acknowledged and notified at this point regarding the verification of their responses after the verbalizations were transcribed as part of member check. The instrument was validated by three experts where one Was a Content Expert (Head of the School), a Technical Expert (Phenomenologist), and a Professor in the Graduate School of the Health Allied Sciences of the university. A validation tool was be used and modifications was done based on the recommendations of the experts.

Data Gathering Procedures

Transmittal letters were sent to the Dean of the College of Allied Health and the School Superintendent of Cebu Province for the approval of the conduct of the study. Once done, the draft of the manuscript was submitted to the Adviser for checking prior to submission of the study for a design hearing under a Panel of Experts. Recommendations and suggestions from the design hearing were complied prior to submission of the study to the University of the Visayas – Institutional Review Board (UV-IRB) for technical and ethical soundness assessment. Once a notice to proceed was issued, recruitment of the first informant starts. The researchers ensure that ethical norms were closely adhered to in order to protect study informants by adhering rigorously to three fundamental ethical principles. They also intended to publish the paper as a means of disseminating the findings. They ensured that the benefits of conducting this study outweighed the risks by making sure that physical, psychological, and social-economic harms were minimized, if not avoided. Prior to the interview, an informed consent form was provided to the informant to make sure that participation in the study was voluntary.

They did not gather any private or personal information from the informants. Privacy and confidentiality measures were the implemented. Security measures were also employed by making sure that informants were anonymized. No debriefing sessions were done as the conduct of the interview included already a short briefing about the study. The informed consent form provided the respondents essential information about the study as well. And if informants had questions about the study they communicated with the researcher directly. Referrals were only done if necessary. Informants were not compensated or rewarded for their participation in the study; instead, they were personally thanked by the researcher. Researchers also declared no conflict of interest. This research work was not in collaboration with any person, agency, or institution. This was part of the researcher's requirement for her master's degree program. Prior to the actual interview, a mock interview was conducted with the guidance of the research adviser.

Guided by the inclusion and exclusion criteria set for the study, recruitment began. A first informant was identified based on a referral and was recruited through the online platform on Facebook messenger. A referral system was also utilized in the identification and recruitment of the following informants through the referral of the first informant and still utilizing the inclusion and exclusion criteria. The interview was done face-to-face in a location that was convenient for the school nurse. Upon selection, a concise orientation session was conducted to elucidate the study's purpose and objectives. The researcher ensured that the key informants had a thorough

understanding of the study. The informant was informed that the interview was at least 60 minutes and that there was a possibility that another set of interview was done, if necessary. Through the interview, data that were gathered were in paragraph forms. This was done until data saturation was achieved. Once data saturation was achieved, as a gold standard, an additional one informant was added to validate that saturation was really achieved. On top of the interview, observations on the different and field notes were also obtained as part of data gathering.

All recorded interviews were transcribed and were analyzed using the Collaizi method of analysis. My reflections were also provided at every end of the chapter. At the end of the study, all recordings were destroyed and deleted permanently.

Data Analysis of Qualitative Data

The study made use of the Collaizi phenomenological analysis of qualitative data. The steps in Colaizzi's descriptive phenomenological method were as follows: (a) Familiarization. The researcher familiarized herself with the data, by reading through all the participant accounts several times; (b) Identifying significant statements. The researcher identified all statements in the accounts that are of direct relevance to the phenomenon under investigation; (c) Formulating meanings. The researcher identified meanings relevant to the phenomenon that arise from a careful consideration of the significant statements. The researcher reflexively "bracket" her pre-suppositions to stick closely to the phenomenon as experienced (though Colaizzi recognizes that complete bracketing is never possible); (d) Clustering themes. The researcher clustered the identified meanings into themes that were common across all accounts. Again, bracketing of pre-suppositions was crucial, especially to avoid any potential influence of existing theory; (e) Developing an exhaustive description. The researcher wrote a full and inclusive description of the phenomenon, incorporating all the themes produced at the previous step; (f) Producing the fundamental structure. The researcher condensed the exhaustive description down to a short, dense statement that captured just those aspects deemed to be essential to the structure of the phenomenon; and (g) Seeking verification of the fundamental structure. The researcher returned the fundamental structure statement to all participants (or sometimes a subsample in larger studies) to ask whether it captured their experience. She may go back and modify earlier steps in the analysis in the light of this feedback (Morrow et al., 2015).

To aid in the analysis of the data, the study's analysis phase also includes the use of a dendrogram. A hierarchical cluster analysis was used to produce data, as this was extremely valuable for interpreting the qualitative data acquired. By grouping informants with comparable qualitative codes, it was possible to have a better understanding of the data. The dendrogram was utilizing a tabular format where columns for the following were provided based on the transcribed data, namely: Questions, Line Number Statements, Significant Themes, Emic, and Etic. This was also attached in the appendices.

Criteria for Trustworthiness

Trustworthiness in qualitative research is essential for ensuring that findings are credible, transferable, dependable, and confirmable. These criteria, introduced by Lincoln and Guba (1985), served as the qualitative equivalent to validity and reliability in quantitative research.

It is critical that qualitative research be conducted rigorously and methodically in order to produce relevant and valuable results. To be considered credible, qualitative researchers must demonstrate that data analysis was conducted precisely, consistently, and exhaustively by documenting, systematizing, and revealing the analysis procedures in sufficient detail to enable the reader to assess the process's credibility (Nowell, et al., 2017). In qualitative research, trustworthiness is established by credibility, authenticity, transferability, dependability, and confirmability.

Credibility

Refers to the accuracy and believability of the research findings. It ensures that the study reflects the participants' realities as closely as possible. Strategies to enhance credibility include: Prolonged engagement: Spending sufficient time in the field to understand the context and build trust with participants. Triangulation: Using

multiple data sources, methods, or investigators to cross-check and validate findings (Patton, 1999). Member checking: Presenting findings to participants to confirm that interpretations align with their experiences (Lincoln & Guba, 1985).

Researchers used a descriptive phenomenological design, a well-established technique for generating lived experiences about the phenomena under inquiry. To advance this criterion, a triangulation was undertaken with a range of various sorts of informants using a variety of different methodologies (observations, note taking, and interviews).

Authenticity

Refers to the degree to which the research represents a fair, balanced, and truthful depiction of the multiple realities of the participants involved. It goes beyond methodological rigor and asks whether the study promotes social justice, respects participants' perspectives, and fosters a deeper understanding of the phenomena under study (Guba & Lincoln, 1989). To enhance authenticity in qualitative research, several strategies can be employed: Transparent Communication: Ensuring open dialogue with participants throughout the study fosters fairness and mutual understanding. Reflective Practices: Researchers should engage in reflexivity to minimize biases and critically examine how their positionality influences the study (Finlay, 2002). Action-Oriented Research: Participatory approaches, such as action research, can promote catalytic and tactical authenticity by involving participants in decision-making and implementation processes.

To do this in the study, researchers assisted readers in acquiring a better understanding of the social context under consideration by offering details that correspond to the facts considered through the thematic presentation of the findings along with reflections.
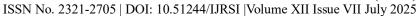
Transferability

Transferability is a key criterion of trustworthiness in qualitative research, reflecting the extent to which the findings of a study can be applied to other contexts or settings while maintaining their meaning. Unlike quantitative research, where generalizability is achieved through statistical representativeness, transferability in qualitative research relies on providing rich, detailed descriptions that allow others to assess the applicability of findings to their own situations (Lincoln & Guba, 1985).

Transferability ensures that qualitative research contributes to the broader body of knowledge by offering insights that others can relate to their specific contexts. It is particularly relevant in fields such as education, healthcare, and social sciences, where local and contextual understanding is essential. Researchers achieve transferability by presenting a "thick description" of the research context, participants, and findings (Geertz, 1973). This detailed account enables readers to discern similarities or differences between the study context and their own. Several strategies enhance transferability in qualitative research: Thick Description: Providing detailed contextual information about the research setting, participants, and processes enables readers to assess whether findings resonate with their context (Lincoln & Guba, 1985). Purposeful Sampling: Selecting participants who represent diverse perspectives relevant to the research question increases the potential for findings to be meaningful across various contexts (Patton, 2015). Reflexivity: Researchers' reflection on their positionality and its influence on the study enhances the credibility and applicability of findings (Finlay, 2002).

In our study, the use of lengthy descriptions of the phenomenon under investigation demonstrated that the findings are transferable to various contexts, conditions, and scenarios, which can be assisted through the use of diverse data gathering methods and probing during the interview process (Olivia, 2018).

Dependability

Dependability is a fundamental criterion of trustworthiness in qualitative research, ensuring that the study's processes are consistent, systematic, and well-documented. It assesses whether the research findings are stable and could be repeated in the same context with similar participants (Lincoln & Guba, 1985). Dependability focuses on the reliability of the research process rather than its results, aligning with qualitative research's emphasis on contextual and interpretive inquiry. Dependability emphasizes the need for the researcher to account

for the evolving nature of the research process. In qualitative studies, external and contextual factors often influence data collection and interpretation. Dependability ensures that these influences are transparently documented and analyzed to maintain the integrity of the research. It also reassures readers and stakeholders that the findings stem from a rigorous methodological approach, enhancing the study's overall credibility (Shenton, 2004).

To achieve dependability, researchers ensured the research process was logical, traceable, and clearly documented (Tobin & Begley, 2004). When readers are able to examine the research process, they are better able to judge the dependability of the research (Lincoln & Guba, 1985 as cited in Nowell et al., 2017). One way that a research study may demonstrate dependability is for its process to be audited (Koch, 1994 as cited in Nowell et al., 2017). In our study, an audit trail was conducted to ensure that this criterion is met. This was accomplished with the assistance of a research adviser and a consultant who was a phenomenological researcher who will review and examine the research process and data analysis to ensure that the findings are consistent and reproducible (Olivia, 2018).

Confirmability

Confirmability is a critical criterion of trustworthiness in qualitative research, ensuring that the findings and interpretations of a study are shaped by the data and not influenced by researcher bias, preferences, or assumptions. It reflects the degree to which others can verify the findings as grounded in the actual data (Lincoln & Guba, 1985). Confirmability aligns with the principle of objectivity in research, addressing concerns about the subjective nature of qualitative inquiry.

Confirmability pertains to the neutrality and transparency of a study. While qualitative research acknowledges the subjectivity inherent in human-centered methods, confirmability ensures that this subjectivity does not undermine the research's credibility. By demonstrating that the findings emerge from participants' experiences and perspectives rather than the researcher's predispositions, confirmability enhances trust in the study's outcomes (Shenton, 2004). In essence, confirmability asks: "Can the research findings be corroborated by others using the same data?"

This is concerned with establishing that my interpretations and findings are clearly derived from the data, requiring the researcher to demonstrate how conclusions and interpretations have been reached (Tobin & Begley, 2004). As in the case of the study, there are no interpretations but the verbalizations simply speak for the meaning or essence of the experience already. According to Guba and Lincoln (1989) as cited in Nowell et al. (2017), confirmability is established when credibility, transferability, and dependability are all achieved. Koch (1994) as cited in Nowell et al. (2017) recommended researchers include markers such as the reasons for theoretical, methodological, and analytical choices throughout the entire study, so that others can understand how and why decisions were made and this will be done in the study.

Ethical Considerations

The study was submitted for ethical approval for both the university and the hospital. See the appendices for the ethical considerations.

PRESENTATION, ANALYSIS, AND INTERPRETATION OF DATA

The Planning Function of School Nurses

School nurses are primarily engaged in planning different health-related activities in school. This pertains to the setting of goals and objectives, determining resources, and designing strategies to achieve those goals are all activities that fall under this management function. This includes prioritizing specific programs for the students, planning to address common health issues of the students and emergency preparedness. Supporting this:

Prioritizing Programs as per Resources

During the process of planning for the school, it is essential to assign priorities to the many programs that are offered. The process entails determining which programs, projects, or goals are the most important to concentrate

on given the resources that are available and the strategic goals that the school has set for itself. By doing so, the school guarantees that its efforts will be directed toward reaching the objectives that will have the greatest impact.

According to Lory, planning can be difficult due to a lack of resources, so I prioritize programs that require minimal cost but have a big impact, like handwashing education. (l1-L2)

Planning a Smorgasbord of Health-Related Activities

When it comes to school nursing, planning health-related activities requires taking a methodical approach in order to improve the overall well-being of students. A requirements assessment, the development of goals and objectives, the selection of relevant methodologies, the design of the program, its implementation, and an evaluation of its effectiveness are all included in this consideration. At the same time as they offer psychosocial support, school nurses have the potential to play a significant part in the management of chronic disorders, the prevention of diseases, and the promotion of health.

According to Jenny, with planning I start by assessing the common health issues among students. Based on this, I create programs such as hygiene awareness and first aid training. I once handled a severe asthma attack in a student. Thankfully, I had proper medication available, but I also had to train teachers on what to do in such cases (L3-L6).

Emergency Preparedness Drills

Exercises in emergency preparedness that are conducted in schools are an important and fundamental component of the overall process of emergency planning. In addition to serving as a practical method for testing and refining emergency plans, they also serve to acquaint students and staff with procedures and improve overall preparedness for a variety of possible crises.

As explained by Jean, I also plan emergency preparedness drills to ensure that students and staff know what to do in health-related emergencies. (L1-L2)

Since school nurses looks after the welfare of the students mainly, it is just right that they plan different activities that affects the students. And this is not limited only to students but also to all the staff in the school. In doing this, students will be able to achieve a healthy status allowing them to perform better academically.

Supporting this, the primary role of the school nurse is to support student health and academic success. The school nurse is the link between school, students, families, health care and other community providers. The school nurse, with appropriate preparation, takes a leadership role in serving as the coordinator of all school health programs and is has a key role in the whole school, whole community, and whole child (Carver Middle School, 2025).

Also, the school nurse has a crucial role in the seamless provision of comprehensive health services to children and youth. Increasing numbers of students enter schools with chronic health conditions that require management during the school day. This policy statement describes for pediatricians the role of the school nurse in serving as a team member in providing preventive services, early identification of problems, interventions, and referrals to foster health and educational success. To optimally care for children, preparation, ongoing education, and appropriate staffing levels of school nurses are important factors for success (Council of School Health, 2008).

Researcher's Reflection

Indeed, school nurses perform nursing management functions in carrying out their responsibilities. With the workload that they are carrying, planning was evidently seen as they create plans for their assigned schools. Planning is very important as they are not only handling one school. Planning allows school nurses to make sure that all activities are carried out without conflicts. The staffing component of the management function may not be visibly seen among school nurses, however, their role is to provide recommendations on staffing requirements, which is still within the purview of the staffing function. Planning is crucial in school nursing for its impact on

student health, safety, and education. It ensures that school nurses can effectively assess student health needs, develop appropriate interventions, and create individualized care plans. Planning also helps in resource allocation, collaboration with other school professionals, and evaluation of the effectiveness of school health programs.

The Organizing Function of School Nurses

In order to ensure that operations run smoothly and that workflow is efficient, this role focuses on organizing the working environment and delegating duties and responsibilities. The establishment of a distinct organizational structure, the assignment of roles and tasks, and the efficient distribution of resources are all included in this component. Organizing includes everyone in school follows health protocols and coordinating with students, teachers, parents, local health centers and all stakeholders.

Health Protocols for Everyone

One of the most important aspects of the organizational function of management in school nursing is the responsibility of putting into action and ensuring that health protocols are followed by all individuals within a school environment. For the purpose of achieving organizational goals, which in this instance include building and maintaining a secure and healthy environment for all students and staff, the organizing function entails the arrangement of resources and persons in order to accomplish these goals.

As verbalized by Jenny, I primarily provide first aid, monitor students with medical conditions, and educate them on proper hygiene and health practices. I ensure that our school follows health protocols, including hygiene and sanitation measures (L1-L3)

Organizing Health Talks

In the field of school nursing, the organizing function of management is an essential component of the organization of health-related duties. In order to guarantee the delivery of care that is both efficient and effective, it is necessary to create clear roles, responsibilities, and workflows from the beginning. In order to effectively coordinate the many different health services that are offered within the school environment, such as first aid, medication administration, and health promotion programs, this job is absolutely necessary.

Jenny added that part of my work is to conduct health awareness talks for students and teachers. When you say organizing my experience is I make sure to maintain an inventory of medical supplies and ensure they are well-stocked and accessible but the lack of medical supplies makes it difficult to provide proper care (L6-L9).
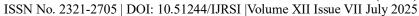
Organizing Health Campaigns

When it comes to school nursing administration, one of the most important aspects of the organizational role is the organization of health campaigns. In the context of this discussion, organizing entails planning, coordinating, and carrying out activities that are intended to improve the health and well-being of students. This covers the planning, execution, and evaluation of health campaigns, which are all included under the more general category of organizing for school health services.

Amila verbalized that my role extends beyond medical care; I also manage student health records and coordinate with teachers and parents for medical concerns. I take charge of organizing health campaigns, ensuring that students receive proper information about disease prevention. I had a student who had a seizure during class. It was stressful, but my training helped me stay calm and provide the necessary care. I ensure that health policies are properly disseminated through bulletin boards and meetings (L1-L5).

Conducting Orientation to Teachers

When it comes to school nursing, the organizational function of management can be considered to include the activities of conducting orientations for teachers. Organizing is the process of arranging work and resources in order to accomplish the objectives of an organization. The process of introducing new staff members, or in this example, teachers, to their roles and responsibilities within the educational system is comprised of an organized

process known as orientation. School nurses are essentially arranging the knowledge and understanding that teachers need in order to effectively 4interact with them and serve the health needs of students through the process of giving orientations.

Amila added I conduct health orientations for teachers to help them understand my role better. (L7)

Coordinating and Collaborating with Stakeholders

Coordinating and collaborating with stakeholders is a crucial part of the organizing function of management in school nursing. Effective organization involves not only internal resources but also establishing strong relationships with external parties to ensure smooth operation and resource flow.

According to Kris, I collaborate with other school staff and external health agencies to plan vaccination and deworming campaigns. I document all student health records digitally to make them easily accessible for monitoring. I motivate students to become health advocates in their own way, such as by promoting good hygiene among their classmates. (L1-L4)

According to Lory, I coordinate with local health centers to bring in additional resources such as vaccines and medical personnel. I use positive reinforcement—recognizing students and staff who actively participate in health initiatives. I coordinate with school administrators to enforce stricter implementation of safety protocols. Handling everything alone as the only school nurse is overwhelming. (L2-L6)

Organizing a Health Team

In school nursing, one of the most important aspects of the management function that involves coordinating is the formation of a health team. In order for the team to efficiently deliver school health services, the organizing role requires establishing a structure for the tasks and duties of the team.
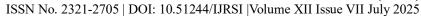
Jean added that I organize a health team within the school, consisting of teachers and student volunteers, to assist in implementing health programs. I engage with school administrators and stakeholders to gain their support for health programs. I ensure emergency preparedness by conducting drills and reviewing response protocols regularly. Students often neglect health policies, so constant reinforcement is needed. I use creative methods like posters and interactive activities to reinforce health policies. (L2-L7)

Establishing Partnership

One of the functions of management that might be considered to be part of the organizing function is the formation of partnerships. In spite of the fact that organizing is primarily concerned with the organization of internal resources, it also encompasses the establishment of external relationships, such as partnerships, in order to guarantee the effective flow of resources and the sharing of information.

Lory added that more partnerships with government health agencies and private organizations should be established. Thank you for giving us a voice to share our experiences. (L8-L9)

Supporting these statements, as the health services expert, the school nurse serves as the health professional for the school community and provides the following services: (a) assessment, planning, intervention and evaluation of students' physical and mental health concerns; (b) participating in Individualized Education Plan development and academic team meetings; (c) performing pediatric nursing procedures: ventilators, gastrostomy feedings, tracheostomy care, catheterization, medication administration; (d) screening for health factors impacting student education and refer to healthcare providers; (e) Monitoring of immunizations, excluding students with infectious diseases, monitoring school environment for safety; (f) education to promote healthy choices: prevention of teen pregnancy, sexually transmitted diseases, tobacco, alcohol and substance abuse; (g) case management of chronic diseases (such as asthma and diabetes); working with students, families, and other health care providers; (h) creation of Individualized Nursing Care Plans and care for students with disabilities and/or health conditions that interfere with learning; (i) participating in crisis team response; (j) contributing to school district health policies, goals and objectives; (k) liaison to school/community/health care provider; (l) providing first aid and emergency care; and (m) coordinating outside agencies' programs (Carver Middle School, 2025).

Role of School Nurse in Staffing: Recommendatory

Staff recruitment, employment, training, and development are all part of this function, which is designed to suit the requirements of both the business and the patients. The management of staff schedules, evaluations of performance, and chances for professional growth are also included in this responsibility. Staffing includes recommending for manpower requirements.

Amila expressed that they acknowledge my role, but I think more support is needed in terms of manpower. Additional staff or at least part-time assistants. (L7-L9)

As explained by Lory, I seek assistance from school staff and student volunteers whenever possible. They help enforce policies but often delay approving necessary budget requests.

According to Jean, they recognize my efforts but need to provide more concrete support, like hiring additional nursing staff.

While these statements are related to staffing the school nurse is not really directly involved in the staffing function of management. However, school nurses may recommend in relation to staffing concerns. The staffing function is primarily that task of the head of the school.

According to Vera (2024), staffing involves a systematic approach to ensuring the organization has the right number and type of personnel to achieve its goals. The following steps outline the key stages in the staffing process: (a) preparing to recruit. This initial step involves determining the types and number of personnel required to meet the organization's needs; (b) attracting staff. Formal advertisements and outreach efforts are used to attract potential candidates; and (c) recruiting and selecting Staff. This phase includes conducting interviews, induction, orientation, job orders, pre-employment testing, and signing contracts to onboard new employees. Developing an effective staffing pattern is essential for ensuring that an organization has the right number of staff with the appropriate skills to meet its needs.

Researcher's Reflection

Organizing was also seen as one of the major functions of the school nurse. They tap the appropriate people to carry out their planned activities. This way it will guarantee that there are people manning the different activities while spearheaded by them. In the field of school nursing, organization is of the utmost importance because it guarantees efficiency, clarity, and successful teamwork, which ultimately results in improved health outcomes for students. Clarification of duties and responsibilities, facilitation of communication, and the ability to handle student health needs in a systematic manner are all benefits this provides. In addition to fostering evidence-based practice and professional development, a school nursing environment that is adequately organized is also beneficial.

The Directing function of School Nurses

In order to accomplish the objectives of the organization, this duty requires directing and inspiring the personnel. Providing personnel with clear instructions, distributing responsibilities, and providing support and feedback are all included in part of this responsibility. Because they are the leaders of the school health team, school nurses have a directing function that includes evaluating the health of students, determining the health problems that students are experiencing, and devising healthcare plans to manage those health problems within the context of the school. Not only that, but they also take the lead in formulating policies on school health, fostering communication, and delivering direct care. Directing includes leading by example, trainings, and implementation of policies.

Leading by Example

It is possible to consider leading by example to be a component of directing. Lead by example is a special means of exhibiting those instructions via actions and behavior, motivating others to follow. While directing entails delivering instructions and direction, leading by example is a specific way of demonstrating those instructions. It is a powerful tool that can be used within a more comprehensive setting to achieve the effects that are sought.

Jenny expressed that, I make sure I lead my student by example coz when my students see me following proper handwashing, they will also be encouraged to do the same. I always conduct regular inspections to ensure compliance with school health policies like handwashing stations and clinic cleanliness. As a school nurse we play a vital role but out work is often overloaded (L13-L16)

Involvement in Meetings

One may argue that participation in meetings is a form of directing, particularly in situations when the purpose of the meetings is to communicate, direct, and motivate personnel toward the achievement of organizational goals. In order to accomplish goals, directing requires a leader to exert influence over others and coordinate their efforts. Leadership has the opportunity to express their vision, provide instructions, and encourage involvement through the use of meetings as a platform.

According to Cris, the administration, they involve me in meetings regarding health policies, which is helpful.: More training on updated nursing management strategies will be helpful. Helping in emergencies and potentially saving lives is a rewarding experience. More training on administrative tasks would be helpful for the improvement of school nursing management. I wish there were more professional growth opportunities for school nurses. (l7-L12)

Engagement in continuous Quality Improvement Activities

The participation of management in activities aimed at quality improvement is an essential component of the directing function of management. The act of directing entails guiding and influencing other people to accomplish the objectives of the company. This includes persuading employees to take part in and carry out quality improvement programs.

Amila explained that seeing students learn and practice good health habits is rewarding being a school nurse. Clearer guidelines on school nurses' responsibilities needs to be improved. I hope policies for school health services improve in the future. (L9-L11)

Jean added that schools should provide continuous training for school nurses to enhance their management skills. (L8-L9)

Supporting this finding, according to American Academy of Pediatrics (2008), as a leader of the school health team, the school nurse must assess the student's health status, identify health problems that may create a barrier to educational progress, and develop a health care plan for management of the problems in the school setting.

Researcher's Reflection

Being the person in-charge with the different health-related activities in the school, they also direct school employees in the implementation of the different health programs in the school. Allowing them to be not short of this nursing management function. Since they are alone, they need help from the school employees as well in the implementation of the health programs. Generally, teachers including the principals take part in the implementation of the health programs. Like taking the weights of the students, teachers assist the nurse in doing this making sure that while the student does not miss the class, his or her weight is still being taken.

In the field of school nursing, directing is an essential function since it entails guiding and overseeing the delivery of health services, ensuring that the requirements of the students are satisfied, and fostering a healthy learning environment. In order to accomplish the school's health objectives, this entails providing instruction to staff members, coordinating activities, and stimulating individuals.

The Controlling Function of School Nurses

It is the responsibility of this function to monitor performance, assess outcomes, and make any required adjustments in order to guarantee that objectives are being accomplished. Among these are the monitoring of key performance indicators, the identification of areas that could use improvement, and the implementation of

remedial actions. School nurses have a diverse function, working as both healthcare providers and educators, with an emphasis on the well-being and safety of students. This includes the management of chronic diseases, the provision of emergency treatment, and the promotion of healthy behaviors. Controlling includes feedback mechanisms, partnerships, and community involvement.

Implementing a Feedback Mechanism

One of the most important aspects of the controlling function in management is the implementation of feedback mechanisms. The act of controlling entails making certain that the actual performance is in accordance with the goals that were set, and feedback loops supply the information that is required to make modifications and improvements.

According to Kris, I implement feedback mechanisms, allowing students and teachers to report health concerns or policy violations. Parents sometimes refuse vaccinations or medical interventions for their children. I engage with parents through meetings and counseling to address their concerns. They support vaccination drives but don't always allocate resources for daily health needs. Health programs should be integrated into the school curriculum to increase awareness. I hope this study influences policies to better support school nurses.

Improving School Health Services

One of the functions of management that might be considered to be part of the regulating function is the improvement of school health services. The duty of controlling entails making certain that the operations of the organization are carried out in accordance with the plans and that the resources are utilized in an efficient manner in order to accomplish the objectives. The enhancement of health services makes a contribution to the overall well-being of both students and staff, which can have a favorable impact on their capacity to learn and achieve their professional goals.

According to Jean, I believe improving school health services will benefit not just students but the entire community. (L9-L10)

Maintaining the School Clinic

There is no doubt that the management function of regulating includes the responsibility of maintaining a school clinic. The purpose of this role is to guarantee that the activities of the school, including the clinic, are conducting themselves in an effective and efficient manner, in accordance with the overall aims and standards of the school.

As mentioned by Cris, I am responsible for administering medications, conducting health screenings, and assisting in vaccination programs. I oversee the maintenance of our school clinic, ensuring that supplies are available when needed. One of the scariest moments was when a child fell and hit their head badly. I had to apply first aid while coordinating with the parents and hospital. I coordinate with the school principal to integrate health policies into school activities. (L1-L5)

In support to the finding, school nurses are responsible for a plethora of health care needs of children, families, and the broader community. Despite often working alone, they (a) provide essential management and supervision of care for students with a chronic condition or disease (eg, diabetes, seizure response, gastrostomy tube feeding); (b) teach health education; (c) screen for and manage depression, anxiety, vision, and hearing disorders; (d) oversee accessibility plans for students with accommodations (e.g., attention-deficit/hyperactivity disorder); and (e) refer students to external health professionals. Some school nurses have health aides to help manage the needs of students (Dickson et al., 2025).

Researcher's Reflection

The controlling part is when school nurses evaluate the different health-related programs being implemented. Mainly, school nurses exercise this management function, through evaluative measures. As observed, management of student health data, coordination of treatment with families and healthcare professionals, and implementation of health policies and programs to maintain a healthy school environment are the primary

controlling functions that school nurses are responsible for. All in all, school nurses still apply nursing management function in the delivery of their functions and responsibilities. The practice of controlling in school nursing is essential for protecting the health and well-being of students, as well as for preserving an environment that is both safe and conducive to learning activities. In addition to campaigning for student health legislation, it entails monitoring the health of students, putting safety standards into place, and managing outbreaks of infectious diseases.

The Challenges in Implementing Management Functions in School Nursing

The implementation of the nursing management functions is without challenges, some of the challenges faced by the school nurses in implementing the nursing management functions include lack of resources, lack of budget, lack of understanding on the importance of health protocols and heavy workload. Attesting to this:

Lack of Resources

In spite of the fact that school nurses are not often the major managers of the budget, they also play an important part in the budgeting process by offering feedback on healthcare needs, making recommendations about resource allocation, and ensuring that funds are used effectively within the school health program.

According to Lory, planning can be difficult due to a lack of resources, so I prioritize programs that require minimal cost but have a big impact, like handwashing education. (l1-L2)

Jenny expressed that though the school provide some funding but it's still not enough for all our need. The lack of funding makes it difficult to implement comprehensive health programs. So we have no choice but to try to be resourceful with what we have and sometimes request for donations when possible. The school should allocate more budget for health services (L9-L13).

Lack of Understanding Health Protocols

In the field of school nursing, failing to comprehend or adhere to health protocols can provide considerable obstacles, which can result in possible concerns for both members of the staff and children. Among these problems are safety concerns, concerns over legal liability, and concerns regarding the efficient delivery of treatment.

Also, according to Amila, some teachers and staff don't fully understand the importance of health protocols, making implementation challenging (L5-L7).

This is very likely to happen as sometimes nurses are to be seen as an outsider. As such some employees would refuse to understand what nurses are doing and they view them as being not part of the team.

Heavy Workload

It is a huge difficulty in school nursing to have a severe workload since it can lead to burnout, it can have a negative impact on patient safety, and it can impair the nurse's capacity to deliver complete care. Other aspects of the nurse's life, including her mental health and overall well-being, may be negatively impacted by this strain.

According to Cris, major challenges is the heavy workload—handling everything from first aid to administrative tasks is exhausting. (L5-L6)

School nurses are handling several schools as part of their load. \the more schools, the more activities that need to be implemented. Supporting the findings, according to EduHealthsystem (2020), the most frequently reported school-based challenges school nurses face are having limited resources and a high caseload. They also faced barriers like communication challenges, multiple documentation requirements, conflicting needs and points of view, and working in isolation. School nurses are heavily dependent on the school's budget and resources when it comes to providing healthcare. The department is a small fraction of the school's budgetary concerns. When working in a limited budget and high caseloads, school nurses may have to adjust their approach to healthcare.

Researcher's Reflections

School nurses are confronted with a wide variety of challenges, such as limited time and resources, high workloads, communication barriers, and the requirement to handle a wide range of student needs, which may include issues around mental health and chronic illnesses. They frequently operate alone and struggle with many documentation requirements, conflicting needs, and the pressure of managing a variety of duties. Other challenges they face include working in isolation. It is also possible for school nurses to face difficulties in the management of student health data, the administration of drugs, and the navigation of complex ethical issues. School nurses are not only assigned to a single school making their work really complicated.

IMPLICATIONS

Based on the findings, the following implications were derived:

Nursing Practice

The study has provided a better understanding on the functions of school nurses in the execution of their nursing management functions. The insights gained will allow nurse practitioners and healthcare professionals to gain better understanding of what they go through. This way, this will allow them to given the needed understanding and support and revisions on their job descriptions may also be feasible to include the specific themes identified in the study.

Nursing Education

Through the study it will be able to provide additional information about school nurses being able to partake in the nursing management functions and this information may be carried over to lectures on nursing management in the undergraduate and graduate studies.

Nursing Policy

Better policies and regulations will be crafted based on gaining better understanding on the school nurses. Policies in relation to the exercise of nursing management functions may be strengthened to better execute their roles and responsibilities in schools.

Nursing Research

To further reach more readers, the study is intended for publication and presentation in a research congress. With the qualitative findings, the following research studies are recommended:
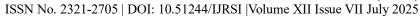
A quantitative study may be conducted to validate the qualitative findings and it can serve also as a reference in developing a questionnaire on the nursing management functions among school nurses;

A grounded theory on the nursing management functions among school nurses:" a theory generation; and

Predictors of the level of practice on the nursing management functions among school nurses in Cebu.

REFERENCES

1. American Academy of Pediatrics (2008). Role of the school nurse in providing school health services. Pediatrics, 121(5), 1052–1056. https://doi.org/10.1542/peds.2008-0382
2. Berger, R. (2015). Now I see it, now I don't: Researcher's position and reflexivity in qualitative research. Qualitative Research,15(2), 219–234. https://doi.org/10.1177/1468794112468475.
3. Burns, N. & Grove, K. G. (2007). Understanding nursing research: Building an evidence-based practice. 4th edition. Saunders Elsevier.
4. Carver Middle School (2025). Role of a school nurse. https://www.scotland.k12.nc.us/Page/3232

5. Council of School Health (2008). Role of the school nurse in providing school health services. Pediatrics, 121. https://doi.org/10.1542/peds.2008-0382

6. Creswell, J. W. (1998). Qualitative inquiry and research design: Choosing among five traditions. Sage.

7. Creswell, J. W. (2007). Qualitative inquiry & research design: Choosing among five approaches. 2nd edition. Sage.

8. Creswell, J. W. & Poth, C. N. (2018). Qualitative inquiry and research design. 4th edition. Sage Publications Inc.

9. Cresswell, J. W., & Plano Clark, V. L. (2011). Designing and conducting mixed method research. 2nd edition. Sage.

10. Dahlberg, K. (2006). The essence of essences – the search for meaning structures in phenomenological analysis of lifeworld phenomena. International Journal of Qualitative Studies on Health and Well-Being, 1(1), 11–19. https://doi.org/10.1080/17482620500478405

11. Dickson, E., Cogan, R., & Gonzalez-Guarda, R. M. (2025(. Role of school nurses in the health and education of children. JAMA Health Forum, 6(1), e250116. https://doi.org/10.1001/jamahealthforum.2025.0116

12. EduHealthsystem (2020). Being a school nurse: Challenges and how to resolve them. EduSystem. https://www.eduhealthsystem.com/blog/being-a-school-nurse-challenges-and-how-to-resolve-them/#:~:text=Challenges%20of%20school%20nurses&text=The%20most%20frequently%20reported %20school,view%2C%20and%20working%20in%20isolation.

13. Finlay, L. (2002). Negotiating the swamp: The opportunity and challenge of reflexivity in research practice. Qualitative Research, 2(2), 209-230.

14. Geertz, C. (1973). The interpretation of cultures: Selected essays. New York: Basic Books.

15. Giorgi, A. (2005). The phenomenological movement and research in the human sciences. Nursing Science Quarterly, 18(1), 75-82.

16. Lincoln, Y. S., & Guba, E. G. (1985). Naturalistic inquiry. Sage Publications.

17. Management Study Guide Content Team (2025). Functions of management. Management Study Guide. https://www.managementstudyguide.com/management_functions.htm

18. Morrow, R., Rodriguez, A., & King, N. (2015). Colaizzi's descriptive phenomenological method. The Psychologist, 28(8), 643-644. http://eprints.hud.ac.uk/id/eprint/26984/.

19. National Association of School Nurses (2025). What school nurses do. https://www.nasn.org/advocacy/advocacy-what-school-nurses-do

20. Nowell, L. S., Norms, J. M., White, D. E., and Moules, N. J. (2017). Thematic analysis: Striving to meet the trustworthiness criteria. International Journal of Qualitative Methods, 16, 1–13. https://doi.org/10.1177/1609406917733847.

21. Olivia (2018). What is trustworthiness in qualitative research? https://www.statisticssolutions.com/what-is-trustworthiness-in-qualitative- research/

22. Patton, M. Q. (1990). Qualitative evaluation and research methods. 2nd edition. Sage.

23. Patton, M. Q. (2002). Qualitative research and evaluation methods. 3rd edition. Sage Publications.

24. Penner, J. L., & McClement, S. E. (2008). Using phenomenology to examine the experiences of family caregivers of patients with advanced head and neck cancer: Reflections of a novice researcher. International Journal of Qualitative Methods, 7(2), 92-101. http://creativecommons.org/licenses/by/2.0.

25. Polit, D. F., & Beck, C. T. (2008). Nursing research: Generating and assessing evidence for nursing practice. 8th Edition, Wolters Kluwer Health/Lippincott Williams & Wilkins.

26. Robinson, E. (2020). Pandemics. https://www.webmd.com/cold-and-flu/what-are- epidemics-pandemics-outbreaks

27. Ryan, E. (2023). What does implications mean? Definition and examples. Scribbr. https://www.scribbr.com/definitions/implications/#:~:text=Implication%20is%20a%20noun%20that,the%20state%20of%20being%20implicated.

28. Singh, A. (2024). What is nursing management? Responsibilities and challenges. KNYA. https://knyamed.com/blogs/resources/what-is-nursing-management?srsltid=AfmBOoroqeOKe5P6_g56EBrO9G0jRAMQBfrDsubK4c7xYaXJ5WxdE7Qd

29. Speziale, H. S., & Carpenter, D. R. (2003). Qualitative research in nursing: Advancing the humanistic imperative. Lippincott Williams & Wilkins.

30. Speziale, H. J. S., & Carpenter, D. R. (2007). Qualitative research in nursing: Advancing the humanistic

imperative. 4th edition. Lippincott Williams & Wilkins.

31. Talking HealthTech (2022). Lives experience. https://www.talkinghealthtech.com/glossary/lived-experience

32. Teherani, A., Martimianakis, T., Stenfors-Hayes, T., Wadhwa, A., & Varpio, L. (2015). Choosing a qualitative research approach. Journal of Graduate Medical Education, 7, 669–670. https://doi.org/10.4300/JGME-D-15-00414.1.

33. Vera, M. (2024). Nursing management: Guide to organizing, staffing, scheduling, directing and delegating. https://nurseslabs.com/nursing-management-guide-to-organizing-staffing-scheduling-directing-delegation/