

THESIS

SCHOOL NURSING IN COVID-19: THE ROLE OF
PROFESSIONAL ORGANIZATIONS IN IDENTITY MANAGEMENT

Submitted by

Lydia M. Potter

Department of Communication Studies

In partial fulfillment of the requirements

For the Degree of Master of Arts

Colorado State University

Fort Collins, Colorado

Fall 2021

Master's Committee:

Advisor: Elizabeth Williams

Ziyu Long

Marilee Long

Copyright by Lydia Mae Potter 2021

All Rights Reserved

ABSTRACT

SCHOOL NURSING IN COVID-19: THE ROLE OF PROFESSIONAL ORGANIZATIONS IN IDENTITY MANAGEMENT

Identity conflict can leave one feeling frustrated, sad, confused, and breathless with anger. As a school nurse, the fact that a pandemic-inducing respiratory illness led me to feel symptomatic with the weight of my job is not lost on me. My personal experience led me to investigate how a professional association uses communication strategies to navigate and (re)construct profession identity for members in crisis. To accomplish this, I conducted a mixed methods study that relied on my personal narratives and textual analysis using an iterative paradigm. Forty weekly email issues from the National Association of School Nurses (NASN) to school nurse members were analyzed from the onset of COVID-19 in March 2020 to the end of the first semester that schools returned to learning in December 2020. As a school nurse, I included my own personal narratives to compare my experience during this time and add depth, breadth, and reflexivity to the research as a mode of inquiry. Three milestones emerged in the data: the onset of COVID-19 and schools closing for the end of the 19/20 school year; the preparation and return to school for the 20/21 school year; and the attempt at a return to normal and the close of the first semester with COVID-19 in the school setting. Results from the study expand the understanding of: a) how a crisis progresses over time; b) professional identities being salient and contested; c) conflict spurring professionals to further narrow their professional identity; d) and that professional organizations may address conflict in a way that increases conflict in members.

ACKNOWLEDGEMENTS

This project would not have been completed if not for the ongoing support from my advisor, Elizabeth Williams. Your ability to keep me moving forward when I would hit a stumbling block, become overwhelmed with doubts, or question why I started this project mid-pandemic in the first place means more than I can put into words. I wrote down Elizabethisms and repeated them to myself regularly to remind myself that I had you as a safety net. Your kindness, patience, and friendship helped me come back 7 years after completion of coursework to finish a thesis I had since written off. I hope I can guide someone in the future as you have effortlessly guided me.

My committee members, Ziyu Long and Marilee Long, cheered this project on from the beginning and I was lucky to have them on my committee. You brought enthusiasm and suggestions for changes that expanded the research to bring it to new heights. You always supported the inclusion of my voice which became a therapeutic experience that I did not know I needed.

Greg Dickinson, my previous advisor and department chair, who understood what it took for me to reach out after abandoning my previous thesis project and ask for help in finding someone new. Thank you for suggesting Elizabeth and pushing this project in the right direction.

To my husband, Nick Potter. The number of times you stepped up on my behalf because of long hours related to COVID-19, needing alone time to work on my literature review, or because I was crying from pure exhaustion; I could not have done this without your love, partnership, and friendship. You kept me fed, took care of the kids, and never stopped making me laugh. Thank you for loving me.

My kids, Lily and Prescott Potter, were an ongoing source of inspiration and encouragement. You gave me love and support at every step of the way and were willing to give me (mostly) quiet time to work. I am happy to be completing this project as you stand with me, and I am so grateful to be your mom.

My parents, Robin and Marty Johnson never doubted I would complete this project even if I did not believe so myself. You have stood proud regardless of where my life takes me and remind me that I can do anything I set my mind to.

To the nurses I work with at Jefferson County Public Schools, specifically my nurse breakfast club: Amber Kilgore, Tammy Jeffery, Nicole Collins, Liza Doyle, and Gina Scheidt. You five are the reason I continue to show up to work each day. You brought laughter to the ongoing strain of a pandemic and provided us a space for anger, tears, dancing, and margaritas.

And finally, to Elisa Varela, the person in my life who understands my academic woes. You knew the importance of the nuances of my progress in this project and did whatever you could to help me finish it. You let me use your library account before I had access to mine, you read through my thesis draft to provide comments, and you celebrated my accomplishments.

TABLE OF CONTENTS

Chapter 1: Introduction	1
COVID-19 Impact on Schools	2
School Nurse Experience	3
The Draw of Professional Associations	5
Dealing with an Identity Violation	6
Definitions of Key Concepts	8
Chapter 2: Literature Review	9
Organizational Identity/Identification	9
Communicative Nature of Identification	10
Multiple & Fluid Identities	13
Organizational Invitation for Identification	15
Professional Identity/Identification	18
Professions	19
Creation & Management of Professional Identification	20
Professional Identity (in) Crisis	22
The Relationship of the Profession(al) & Organization	24
Chapter 3: Methods	26
Personal Narratives	26
Texts Sampled	27
Analysis	29
Chapter 4: Findings	32
1 st Milestone	32
Figure 1: 1 st Milestone Usage Percentages: <i>President's Message</i>	33
Figure 2: 1 st Milestone Usage Percentages: <i>COVID-19 Updates</i>	34
Figure 3: 1 st Milestone Usage Percentages: Total Usage	34
(Changing) Job Duties	34
NASN Benefits	35
Recognition for NASN	36

In Crisis	36
Value of Connection	37
You, Me, & the Powers that Be	38
Not Just a School Nurse	38
Thank You	39
(Unsolicited) Advice	40
Personal Narrative: 1 st Milestone	41
2 nd Milestone	44
Figure 4: 2 nd Milestone Usage Percentages: <i>President's Message</i>	45
Figure 5: 2 nd Milestone Usage Percentages: <i>COVID-19 Updates</i>	46
Figure 6: 2 nd Milestone Usage Percentages: Total Usage	46
What NASN Does for You	46
Back to School	48
A Seat at the Table	49
Whole Child	50
School Nurse (Identity) Stress	51
Personal Narrative: 2 nd Milestone	52
3 rd Milestone	57
Figure 7: 3 rd Milestone Usage Percentages: <i>President's Message</i>	59
Figure 8: 3 rd Milestone Usage Percentages: <i>COVID-19 Updates</i>	59
Figure 9: 3 rd Milestone Usage Percentages: Total Usage	60
COVID-19 Crisis Continues	60
Shifting Settings	61
Reclaiming Job Duties	62
A School Nurse	63
We at NASN See You	64
Looking Forward	65
Personal Narrative: 3 rd Milestone	65
Chapter 5: Discussion	71
Theoretical Implications/Contributions	75
Practical Implications/Contributions	77

Limitations/Directions for Future Research	80
Personal Narrative: Conclusion	82
References	85
Appendix 1: 1 st Milestone: 1 st Level Codes	97
Appendix 2: 1 st Milestone: 2 nd Level Codes Compiled	98
Appendix 3: 1 st Milestone: Value of Connection: 3 rd Level Codes Compiled	99
Appendix 4: 2 nd Milestone: 1 st Level Codes	100
Appendix 5: 2 nd Milestone: 2 nd Level Codes Compiled	101
Appendix 6: 3 rd Milestone: 1 st Level Codes	102
Appendix 7: 3 rd Milestone: 2 nd Level Codes Compiled	103
Appendix 8: Figures 10-12: Lydia Makes Memes: An Attempt at Humor	104

Chapter 1: Introduction

My phone buzzes. I am in a district nurse meeting, but I flip the phone over and look at the screen. It is my health aide at one of my schools and I need to answer it. My health aide is delegated under my license and is site-based to manage all health needs she has been trained on at the school. She works in the room that used to be called “the nurse’s office” or “the clinic,” a rebrand we are constantly working against since a nurse is not regularly there. I push away from the table and answer the phone with a hushed voice. My health aide explains to me that she has a student she believes is having an allergic reaction. In Colorado, the state supplies stock epinephrine, and standing doctor’s orders to give to anyone on school property that is having an allergic reaction. Our concern with allergies is anaphylaxis, which is a body’s hypersensitivity to an allergen that can cause a widespread immune response. A huge issue with anaphylaxis is that it can lead to a closing of the airway. My health aide explains that the student does not have a known allergy, but that they just ate lunch and seem to be experiencing symptoms. I sit down in the stairwell outside of the meeting room and listen to the symptoms she rattles off. I instruct her to administer the stock epinephrine, call 911, and then call parents, per our guidelines and her training. I hang up and head back into the meeting room. This is a normal day for me and my fellow nurses. Everyone nods knowingly as I slide back into my seat and whisper that a kid needed “epi” at my school. So much of my job is training others and preparing for potential health needs in the classroom—those expected and those unexpected.

COVID-19 was certainly unexpected. My days were filled with reporting positive cases, contact tracing exposures, symptom tracking, symptom screening, illness related absences, personal protective equipment management, and more education with students, staff, and parents than I could have ever imagined. I talked about incubation periods, quarantines, transmission,

exposure, immunizations, and symptoms until I was blue in the face. I started getting calls as early as 6 AM and the calls continued until as late as 10 PM. The calls only increased after school got out since many parents were off work on the weekends and in the evening. My husband would look at me and sigh when he realized I needed his help with the kids and dinner again. As the cases in my community increased, my workload increased, and the COVID-19 work was all in addition to the health maintenance that I still was responsible for in my schools. I have said it time and time again that this was not sustainable because I am just one school nurse, but COVID-19 does not seem to care.

Coming from these experiences, the purpose of this study was to conduct a qualitative analysis of communication from a professional organization to its members and how that communication signals identity negotiation. This study also sought to understand how the intersection of multiple identity navigation and crisis impacted communication strategies from a professional organization. To do so, I built on the theories of organizational identification and professional identification.

COVID-19 Impact on Schools

COVID-19 has been detrimental for school funding and has created learning gaps which has led to a large burden on the school system. Schools were faced with increasing demand for internet and technology access, supplying meals to students and families, and engaging students with an often-rotating wheel of online, hybrid, and in-person learning. Disenrollment was also an issue schools faced as parents were moving their kids to homeschooling or private schools, which was problematic as enrollment directly impacts school funding (Hubler, et al., 2020). At the end of 2020, federal funds were approved to assist education, but many felt that \$54 billion for schools and \$7 billion for internet expansion was not enough to account for the “estimate that

schools have lost close to \$200 billion so far” (Hubler, et al., 2020, para. 4). Some states, like Tennessee, moved to problem solving through local legislature for budget solutions with the hope that access to more funding could create a safer learning environment and help move schools back into buildings. However, Tennessee’s discussion of in-person learning included no mention of school nurses or how COVID-19 outbreaks would be managed in the classroom (Kruesi & Mattise, 2021). One thing was clear, to have students return to in-person learning, educators needed to be vaccinated (Dickler, 2021). Vaccination management brings up the questions of who tracks which teachers have been vaccinated, and what will the management of mandatory accommodations for people who abstain from the virus look like in the school setting.

The confusion over processes to follow and differing approaches to solutions made it hard to focus on why getting students back in-person was so important. Students faced a substantial educational deficit related to COVID-19 and the disproportion was greatest with students of color who were “about three to five months behind in learning” at the start of the 20/21 school year (Dorn, et al., 2020, para 1). These deficits have shown to have a direct impact on earning potential and quality of health in the future for these students (Dorn, et al., 2020). Students were and continue to face a long-term impact on their education and schools are facing a long-term impact on their budget, both of which will continue to grow as this pandemic continues.

School Nurse Experience

Every day we lived with the outbreak of COVID-19 and there were not enough school nurses to support student health needs when schools opened for in-person learning around the country. The Center for Disease Control and Prevention (CDC) reported that it has been collecting COVID-19 data in the United States since January 21, 2020 and there were over

33,000,000 positive cases as of July 7, 2021. We have surpassed 600,000 deaths in the US and the impact of that is not something that is easily processed (CDC, 2021). Nearly 85% of the Registered Nurse (RN) population, about 2,596,600 RNs, are currently employed, with only 2% of those working as school nurses in the elementary and secondary school setting according to one study (Minority Nurse, 2015). The National Association of School Nurses (NASN) reported that in 2017, there were above 95,000 Full-Time Equivalent (FTE) school nurses, with 25% of schools not employing a school nurse at all and 35% of schools only employing a part-time school nurse (Willgerodt & Brock, 2016). Schools who have a school nurse may have them assigned to multiple schools or to an entire district.

School nursing is a stark contrast to working in the hospital setting. In bedside nursing, you are surrounded by health professionals to help you manage everything from daily care to emergent situations. In school nursing, you are often the only expert in your field, tasked with educating those around you. It is a solitary position with the responsibility on you to navigate health issues and daily health support for students. You train unlicensed assistive personnel (UAPs; like the health aide in my opening example) under your license to perform health tasks and you are often not in the building when health emergencies happen so your ability to prepare and train others is essential. You receive medical orders from any number of providers and must decide whether those orders can be carried out safely in the school setting. Often times providers will write orders that they think are reasonable, but the nurse has to decide if it is necessary, if it can safely be carried out, if the provider has given enough information in the order, if a health plan needs to be written in addition to the order, who needs copies of the health plan, where the medication or supplied will be kept, who will be charting on implementing the order, who needs to be trained, and more.

Normally, school nurses rely heavily on their ability to function autonomously, utilize critical nursing skills, and communicate about health needs that arise to non-health professionals. However, how my position has changed since COVID-19 started. This school year, I have been the barrier that stops a student from attending in-person learning. I was the enforcer of rules like mask wearing and social distancing. I was the one saying someone needs to leave the building immediately. And I am the person who should have all the answers about COVID-19. I can speak to these experiences of being a school nurse during COVID-19, which is what put me at a unique place to carry out this research. As a member of the profession, I have a unique perspective to offer as a school nurse who is trained in communication studies, and therefore I was well-suited to conduct this study in a way that adds depth and nuance.

The Draw of Professional Associations

My experience during COVID-19 as a school nurse has laid the foundation for my interest in identity management during crisis. I have three schools in my caseload, which translates to around 1,400 students. I worked long days throughout the week, which bled into every weekend. Many of my peers have told me that they chose this area of nursing because they have families, and the hours offer flexibility. As a mom of two, I was drawn to the same promise. Yet during COVID, this job felt constant with the exhaustion of navigating the emotions of students, staff, and families.

I wanted to understand how NASN, which is the professional association that supports school nurses, was utilizing connections with school nurses during this time frame and how it related to the multiple identities we simultaneously hold. As nurses, we are trained that one of the best ways to support health issues is to utilize preventative measures. If we as school nurses were struggling with understanding what it meant to be a school nurse in the COVID-19 health

crisis, how was NASN utilizing identity as a preventative treatment and potential unifier? How did NASN, as a professional organization, utilize the common professional identity that its members have to help them navigate the COVID-19 crisis? Our school district pays for school nurses to have memberships to NASN because they deem the resources and research NASN has to offer as beneficial to our positions. NASN's mission, "is to optimize student health and learning by advancing the practice of school nursing" (NASN, 2021, para. 2). From one school nurse to another, better yet, from the national organization of school nurses to school nurses who are struggling, how do we move forward and what does that mean for our profession? My intention in this research was to take a step back, in a time where I was so close to the work around me, and critically analyze the communication I was receiving from a national association which speaks to my profession specifically and to explore the strategies they were using to combat the identity crisis that school nurses were inevitably feeling.

Dealing with an Identity Violation

Every week NASN sends an electronic newsletter to its members. This offers them a touch point with members to update them on upcoming offerings, resources, research, advocacy, and changes in school nursing. NASN describes the goal of the Weekly Digest as, "designed to keep school nurse professionals up to date with news from NASN and more news affecting school nursing practice" (NASN, 2020, para. 1). NASN is an opportunity to compare what other nurses are doing across the United States and see if it is applicable to my schools. Nurses I work with, who started out in school districts by themselves as the only health professional, tell me that NASN was a lifeline. NASN can take the workload off the school nurse by providing tools for job tasks that school districts may not have available to them or providing opportunities for continuous education. In March of 2020, when COVID-19 affected my schools and I was

working remotely, I started taking notice of the letters at the beginning of each newsletter from the president of NASN, Laurie Combe. Her language was jarring to me and it was hard to articulate why at first. The way she was speaking felt like she was telling us that school nurses were heroes without acknowledging our experience. There were resources for COVID-19, yes, but I did not see my struggles in her letters as COVID-19 continued. In fact, I did not see the stories of any practicing school nurses in the newsletters. Her words felt as hollow as the people in New York who clapped for health care workers from their windows, it was short lived, and it did not change their daily actions. My ongoing challenges with COVID-19 did not feel seen or heard by her words and it felt like a violation to who I am as a school nurse. To some, the resources are enough, but to me, the resources did not touch how it was becoming more difficult to manage multiple identities.

I was therefore interested in how NASN navigates identification with their professional members when they are in crisis. There are multiple salient identities that are present within professionals (e.g., professional identity, organizational identity, identities related to demographics, identities related to personal life) and prioritizing these identities in communication with members will shift in different contexts for an organization. This research was driven by the desire to understand the role of a professional association during a crisis and how they oriented their association in relation to identity. To offer up my experience, I wanted to see if the prioritization and strategies expressed aligned with my experiences as a member, a professional, and my understanding of my current identity in (a) crisis. In this research, I attempted to a) identify the communication strategies used by a membership based professional organization to mitigate potential tensions of identity targets during a crisis; b) explore how a membership based professional organization (re)constructs identity for members; c) compare

NASN's approach with my own personal identity experiences as a school nurse and d) add to the body of research that strengthens the application of a communication driven lens to an organizational and professional identity framework. To do this, I first turn to organizational identification as a foundation. Organizational identification and Social Identity Theory (SIT) provide the structure and basis for the cyclical nature of the individual and the collective in terms of salient identities. From there, I show how professional identity literature highlights the nuances of the professionalization process and delve into how professional identity can lead to conflict with other competing identities.

Definitions of Key Concepts

To clarify the terms used in this research, I will define key concepts used and explain how I operationalized them in this study. First, identity is the self-referential placement of the individual within their surroundings as a way of making meaning (Burkey, 1950; Morgan, et al., 2004). Second, organizational identity recognizes the organization as social group and the specific environment where meaning making occurs (Ashforth & Mael, 1989). Third, in this research, a profession is a specific type of occupation that is specific in preparation, education, formal processes, and governing bodies (Lammers & Garcia, 2009). Fourth, professional identity recognizes the profession as social group and the enactment of professional duties as a key part in the sensemaking process (Pratt, et al., 2006; Thornton, et al., 2012; Barbour & Lammers, 2015; Hendrix, 2018). Finally, identity conflict is when an identity violation occurs and professional self-image and professional role are not in alignment (Cain, et al., 2019; Barley, 1989; Ashcraft, 2007) that may require identity negotiation or (re)construction to resolve the disconnect.

Chapter 2: Literature Review

Identity and the identification process are ubiquitous to human life. The questions of *who am I?* and *who are we?* are the foundation to how we categorize ourselves and others. With individuals having multiple identity targets, organizations may utilize varying strategies depending on the circumstances and desired outcomes to connect with their constituents. For the current research project, the literature of organizational identity and professional identity provide the foundation to explore communication strategies from a professional association managing identity conflict.

Organizational Identity/Identification

To understand how organizational identity functions with multiple moving identity targets, it is important to distinguish the facets of organizational identity and how it has been applied, before moving to other identity targets. Organizational identity is often perceived as a higher-level identity for individuals in the workplace, but it is not the only identity individuals have. Internal communication in an organization provides a platform for shaping identity and managing multiple identities. Establishing communication as a central lens for organizational identification leads to the conversation of managerial discourse strategies for influencing identity in members.

All people hold identities and go through identification throughout their life, which helps them make meaning. Identity is the self-reflexive positioning of an individual within the world they live in and influences how they interpret and interact with that world. Identification is, “the ways in which the members of a group promote social cohesion by acting rhetorically upon themselves and one another” (Burke, 1950, p. 1325). The process of positioning, or the identification process, requires meaning making that comes from social interactions with other

individuals and groups highlighting the important distinction between identity and identity targets (Morgan et al., 2004). Identity garners meaning in the comparison and enactment through what is absent and what is present for the individual in each setting.

When the context of comparison changes, the interpretation of how identity relates to the individual or the distance the individual supplies to move themselves farther away from the comparison becomes a conceptual issue of proximity (Larson & Pepper, 2003). Identity is the definition of what characteristics make up the individual in both presence, absence, and prioritization. An individual's multiple identities are the social groups that they categorically belong to, which in turn creates their self-image (Tajfel & Turner, 2004). As a reciprocal process, "not only are identity and identification products of one another, but they make sense of one another" (Scott, et al., 1998, p. 307). If identity is the concept of self, "identification matters because it is the process by which people come to define themselves, communicate that definition to others, and use that definition to navigate their lives, work-wise or other" (Ashforth, et al., 2008, p. 334). Identification leads to finding other like-minded people and a sense of belonging outside of the individual. The desire to connect and ultimately belong to greater social groups is the desire for *oneness* (Mael & Ashforth, 1992). Finding other like-minded individuals is known as *self-enhancement* and is the primary reason for group identification (Ashforth, et al., 2008, p. 335). Self-enhancement benefits the individual by affirming the importance of the membership in the group with others who agree that the group identification has value.

Communicative Nature of Identification. The communication lens for organizational identity starts with understanding how communication fosters organizational identity construction. The identification process is a rhetorical form of persuasion in which one can maintain individuality and connection simultaneously to others outside of themselves (Burke,

1950). Organizational identity is not the understanding that each individual will have the exact same beliefs and values.

Organizational identity provides the space for individuals to form social connections with the organization through ongoing interactions at different access points, reinforcing the communicative nature of identification. This enactment of identification has been referred to as *consubstantiality* (Burke, 1950, p.1325). Consubstantiality refers to being connected to someone and sharing a viewpoint based on having something in common despite other differences that may exist. Consubstantiality also speaks to the ability of identity to socially connect or offer individuals the chance for oneness with a social group (Mael & Ashforth, 1992, Scott & Stephens, 2009; Atouba at al., 2019). Identification in organizational communication relies on an *individual-organization relationship* (Cheney, 1983). This relationship can manifest in multiple ways from the traditional, individuals who are employed by an organization, to having a specific profession, partaking in membership through time or monetary agreement, or joining a team. The importance in understanding how identification is facilitated through interactions within organizations and building on rhetorical analysis, identification strategies can be observed and isolated in organizational communication through coding processes (Cheney, 1983). However, as previously established, both individuals and organizations can have multiple targets of identification concurrently, whether nesting or intersecting, and with varying levels of strength. Assessing how an organization prioritizes differing targets of identification in communication can speak to an organization's strategy for identity maintenance in members.

Social Identity Theory (SIT) is often used to look at intergroup behavior related to individual identities but can also be used in combination with a communication lens to enrich organizational identification research. SIT claims that an individual understands themselves

through social groups and creates social identities for these groups (Tajfel & Turner, 1986). SIT also claims that the social identities can provide an explanation for interpersonal interactions within the social groups (Tajfel & Turner, 1986). SIT highlights a congruent way of looking at individual identification with organizations at the micro level, which provides further strength to the discussion of how identity can manifest emotionally and maintain meaning through ongoing socialization in the organization at the macro level (Ashforth & Mael, 1989; Scott, 2007). SIT benefits the understanding of organizational identification as it explains that categorization of the groups one belongs to builds meaning (Hogg & Terry, 2001; Tajfel & Turner, 1986).

Categorization provides connections that affirm and promote the groups one belongs to (Hogg & Terry, 2001). SIT claims that identities can be either weak or strong (Ashforth et al., (2008); Rousseau, 1998, Riketta et al., 2006; Scott et al., 1998). Weak identities are transient and contextual, which points to the likelihood that they are easily disrupted. Strong identities are not always situationally tied and are more likely to lead to evaluative belief changes in the individual. While the strength of the identity depends on the individual, an example of a weak identity could be starting a knitting club in high school (yes, this was me) and a strong identity could be parenthood. SIT primarily has focused on the individual and their subjective understanding of the meaning of their identity (Cain et al., 2019), providing an area to build upon through application to the organization.

Applying SIT beyond the individual, especially with a communication lens, speaks to the collective identity construction of an organization and the inherently interactive nature of the socialization process of an individual's organizational identity (Scott, 2007). Organizations can have multiple identities that they will need to discursively manage for their constituents, like, "the global enterprise for a local organization, industry, professional/occupational groups,

community, country” (Scott, 2007, p. 131). Similarly, individuals have multiple, competing identities. For example, school nurses are managing school nurse identities, nurse identities, parenthood identities, school district employee identities, just to name a few. Conflicting identities have an inherently communicative nature that exists outside of the categorization foundation, which also supports SIT as a framework for organizational identity research (Kuhn & Nelson, 2002). How an organization helps individuals manage their multiple identities is a complex task that can be seen through communication to members, on multiple levels, as a reflection of themselves (Cheney, 1983; Miller et al., 2000). It seems at first glance that NASN is attempting to frame school nurses as heroes to help with the identity conflict they are feeling from their changing job duties during COVID-19, which would in turn reflect positively on the association of school nurses. Identification is a process that is communicative and together with SIT can be used to better understand the nuances of that process.

Multiple & Fluid Identities. One way of managing multiple identities is through a fluid identity hierarchy that can impact identity salience. With multiple identities at different strengths and many identity targets existing simultaneously (Eckel and Grossman, 2005; Kuhn and Nelson, 2002; Scott et al., 1998), identities can easily become disharmonious. Each identity is not mutually exclusive, but rather can co-exist and in-fact build on one another like Russian nesting dolls, hence the concept of nested identities (Scott, et al., 1998). Identities can exist individually, or the intersectionality of multiple identities can narrow the focus of an identity in tandem, depending on the context and the application (Ashforth et al., 2008). Nesting identities speaks to the hierarchical nature of identities based on environment and social interaction (Scott et al., 1998). Each individual and social group must navigate value systems from each held identity and their intersections when they are incongruous. Salience of identities is influenced by context.

Williams and Jensen (2016) studied conflicting identities with sex education instructors. In their qualitative research based on interviews, educators felt torn between what was expected of them in the classroom based on the organization and their individual identities tied to their profession of teaching sex education thoroughly to their students to set them up for success. The experience of sex education instructors elucidates this point as the instructors found ways to mitigate the discomfort with conflicting identities by prioritizing professional identity to stay true to professional values. Navigating multiple identifications/identities is not always as simple as one ranks above the other, but accommodations and changes in identity hierarchy may be made when identities conflict.

Identities, for the individual and the organization, are not static, but can evolve or shift from the pressure of internal or external factors (Elsback, 1999; Kreiner & Ashforth, 2004; Pratt, 2000; Williams & Connaughton, 2012). Change can manifest as a number of stressors, especially in an organizational setting, but often results in a struggle for individuals to understand how that change impacts their identity (Swann, 1987). During times of change, organizations and stakeholders will influence one another in an interchange that can be beneficial or detrimental as they move through the evolution of a change (Fiol, 2002). Change leads those relationships to be challenged, which can result in a renewed sense of identity, one potentially stronger than before, an ideal outcome for an organization undergoing change. However, change could also lead to a crumbling of the identity links that connect an individual to an organization, resulting in a weakened identity or disidentification. Changes bring to light if one's own characteristics and values are still reflected in an organization, which Ashforth and Mael (1989) labeled *salient group memberships* as the individual looks for organizational aspects that they already deem valuable. Identity can serve as a stabilizer for members, making it an important area to call upon

with change (Cain et al., 2019; Hornsey, 2008; Tajfel & Turner, 1979, 2004). How the identification process is altered by change can be observed at the individual or micro perspective and at the management or macro perspective (Chreim, 2002). The micro perspective can be seen in organizational behavior and the macro perspective is something that is evident in organizational communication (Chreim, 2002). Communication from management is a primary platform of how change moves through an organization and interacts with its members (Fiol, 2002; DiSanza & Bullis, 1999; Sass & Canary, 1991). Change provides a shift for members and management must use strategies to manage members' identities in response to change.

Organizational Invitation for Identification. Organizations can engender identification in constituents, further linking constituents to the organization. Understanding how organizations cultivate and impact identity communicatively provides interesting research opportunities. Organizational identity speaks to the core of what makes up an organization (Albert & Whetten, 1985). A well-established individual organizational identity benefits an organization making it a desirable goal to achieve (Atouba et al., 2019; Ashforth et al., 2008; Carmeli et al., 2011; Carmeli et al., 2007; Dutton et al., 1994; Haslam & Ellemers, 2005; Mael & Ashforth, 1995; Riketta, 2005; Riketta & van Dick, 2005; Scott & Timmerman, 1999). In the same way that identity helps individuals connect to others outside of themselves, organizational identity offers another social category of distinction that can speak to how an individual within an organization makes meaning about their work. Group identification and social identification, seen interchangeably, show that, “the organization, as a social category, is seen to embody or even reify characteristics perceived to be prototypical of its members, and it may well fulfill such motives for the individual” (Ashforth & Mael, 1989, pp. 21-22). Prototypical characteristics

build into organizational prototypes, which can aid in identity construction for the individual when communicated clearly and with respect.

Prototypes, or clearly defined organizational identity roles, can be beneficial for the individual in understanding how they belong and contribute, but organizations need to also communicate that the prototype holds value. In fact, successful organizational identity prototypes have been linked to organizational displays of respect (Rogers & Ashforth, 2017). Respect leads to constituents feeling that they are actively involved in the organization and the organizational identity as constituents want to be seen both as a unique individual and as a member of the group. The fact that there is a, “discrepancy between organizational members’ desired and received respect is partially attributable to the challenge of simultaneously enacting or receiving respect for both the ‘we’ and the ‘me’” (Rogers & Ashforth, 2017, p. 1578). In the identification process, a lack of shown respect for members could become problematic for an individual’s organizational identity. Navigating identities for the individual can be challenging, but identity salience can evolve to adapt in the face of conflicting identities.

Organizational communication not only facilitates the organizational identification process (DiSanza & Bullis, 1999), but also helps organizations navigate conflict (Chreim, 2002) and influence members (Tompkins & Cheney, 1985; Sillince, 1999). One way of looking at specific strategies that organizations use to influence identification in its members is by analyzing *house organs* (Cheney, 1983). House organs are communication from management to members that hold, “business policies, viewpoints, and attitudes” (Cheney, 1983, p. 149; Levinson, et al., 1972). Three categories of organizational identification strategies seen in these house organs are a) *the common ground technique*, b) *identification through antithesis*, and c) *the assumed or transcendent ‘we’* (Cheney, 1983). The common ground technique is an overt

discursive attempt to show similarities between the speaker and the audience (Cheney, 1983). Identification through antithesis is when the speaker identifies an adversary in an attempt to unify in shared opposition. The assumed or transcendent 'we' is when the speaker identifies an in-group versus an out-group and refers to the in-group as a unified whole (Cheney, 1983). The most frequently used strategy of the three is the common ground technique where organizations use house organs to remind members what connects them to the organization on an individual level (Cheney, 1983). As members, "individuals sacrifice a degree of autonomy when they participate in organizational life. They literally decide to accept certain organizational interests and approach work-related decisions from the organization's 'perspective'" (Cheney, 1983, p. 157). However, this does not mean that identity conflict does not occur or that all communication strategies by management are successful.

Identities conflict in managerial communication, especially in terms of strongly rooted individual identities, like those of professionals (e.g., Cain et al., 2019; Hendrix, 2018; Lammers et al., 2013) is commonplace. Organizations must manage multiple identification targets to have a successful relationship with their constituents (Eckel & Grossman, 2005; Kuhn and Nelson, 2002; Scott et al., 1998) as regular communication from the organization shapes members' experience (Atouba et al., 2019; Canary, 2010; Kirby & Krone, 2002; Lammers et al., Miller, 2012). To have meaningful dialogue with organizational members, two key factors are needed a) *organizational communication adequacy* (OCA) and b) *employee work participation* (EWP), which correlate with job satisfaction (Carlson & Lammers, 2019). OCA refers to members wanting to see their work experience reflected in organizational communications and EWP speaks to members' desire to have meaningful involvement in the organization (Carlson & Lammers, 2019). OCA and EWP show members how they are actively involved in their

organization and why their contributions matter. OCA and EWP impact job satisfaction, which also has a positive correlation with organizational identity, making OCA and EWP important components for organizations to consider in communication strategies (Atouba et al, 2019, p. 553). Internal organizational communication with members is an important factor in successful organizational identity cultivation.

To understand the complexity of organizational identity, organization-member relationships are examined to see how the relationship is maintained and influenced through communication. As individuals have many varying identities existing concurrently, their environment can contribute to the changes in identity hierarchy and prioritization. Change can lead to identity conflict when identities are incongruous. While this discussion has focused primarily on identity, the identification process, and organizational identity, for this project it is important to delve deeper into the area of professional identity and the nuances surrounding professionals within organizations to better understand how the two identities can interact.

Professional Identity/Identification

From Marx to Durkheim to Foucault, many theorists have broached the subject of profession and what it means to be a professional (e.g., Ashcraft, 2007, 2013; Lammers, et al., 2009, 2013; Tajfel, & Turner, 1979, 2004). The management of how organizational and professional identity interact with one another and how professional organizations manage the relationships successfully requires additional research. Professions, professionals, and the professionalization process, all speak to something that goes beyond the ambiguity of a job title. A profession implies a publicly recognized career and a general definition of who the professional is by joining that profession, but a public understanding is not the same as what it means to hold a professional identity. Beliefs, value sets, and meaning are strengthened and

clarified in more detail for the professional through their everyday, lived work experience, which exist outside the organization. To understand how profession and professional identity interact with organizational identity, I will define profession and professional identity before moving into the research done on professional identity. I will then discuss conflict and conflict management of professional identity in relation to the organization to explore multiple identity navigation.

Professions. Professions exist as subsets of occupations that are unique in educational preparation, work performed, and institutions that manage them. Key characteristics of what defines a profession are: emotional neutrality; a body of knowledge; formal standards of conduct; service orientation; social status; training and education; self-control; social control; formal associations; and professional identity (Lammers & Garcia, 2009). Professionals function outside of the organization as the organization does not maintain control over their professional qualifications (Lammers & Garcia, 2009). Self-sufficiency is an opportunity for power with the professional.

Professions function as *institutionalized occupations* (Hendrix, 2018; Abbott, 1998; DiMaggio & Powell, 1983), which yields status (Meisenbach, 2008). Status is a desirable trait for an occupation to obtain, as status can lead to legitimacy (Garcia & Barbour, 2018). Professionals, with their specified work skills, are granted a level of autonomy that other occupations are not given (Gardner & Shulman 2005; Noordegraaf, 2016; Hendrikx, W., 2018; Larson, 2017; Pratt, et al., 2006). Professions differ from other occupations as, “organizational membership is an indicator of *where you work* (i.e., an organization). Professionals, by contrast, are often defined by *what they do*” (Pratt, et al., 2006, p. 236). As professions function outside of the organization, professionals are also less likely to become attached to organizations (Brown, et al., 2006; Lammers & Garcia, 2009; Mael & Ashforth, 1992; Roberts, 2005). Professions have

specific qualifying factors that lend status and legitimacy, which gives professionals independence to function further outside of the organization.

Creation & Management of Professional Identification. Professional identity is a continuous sensemaking process throughout an individual's career, which may impact how tied to their professional identity they are. Professionals learn what it means to be a professional through the action of their professional duties (Wrzesniewski & Dutton, 2001). How professionals enact each work responsibility impacts how the individual, and in turn the collective, understand what it means to be in their profession (Thornton, et al., 2012; Barbour & Lammers, 2015; Hendrikx, 2018). This is called a "collective-associative view, in which the nature of the work is known by the embodied social identities aligned with it" (Ashcraft, 2013, p. 10). The relationship between work and professional identity is reciprocal in that not only does the individual understand professional identity through work, but, "work derives identity from associated people" (Ashcraft, 2013, p. 6). I learn what it means to me to be a school nurse through my job performance, but what it means to be a school nurse also gains meaning through my work, which has been difficult as my work continues to change in this pandemic.

Making meaning is not equivalent to a professional being attached to their professional identity. The, "measures of attachment reflect individuals' perceptions of the intensity of their connection to" their profession (Barbour & Lammers, 2015, p. 9). To belong is to commit to membership, which holds the foundation for a deeply rooted professional identity (Barbour & Lammers, 2015). With professionals, the importance of *doing* and *being* is an important connection to commitment (Pratt, et al., 2006) because it demonstrates how professionals, regardless of where the work occurs, are always doing professional identity work that is ongoing throughout their career. Professionals' identity may mean different things to them at different

times and this may impact their sense of belonging to where they are at in their career and the tasks they are performing. I look at my job and I am not sure what it means to be a school nurse anymore as my work responsibilities are changing so rapidly. Instability and inconsistency can make it challenging to understand what it means to be a school nurse during COVID-19, which impacts my identity commitment.

The job duties of the professional inevitably shift throughout an individual's career, but instability in the professional's role can also violate their understanding of their professional identity. While professional identity is similar to the concept of organizational identity, the unique aspect of professional identity is that the identity target is not marked by a specific organization and professionals will adapt their professional identity based on their work to avoid violations of their professional identity (Pratt, et al., 2006). Research on professional identity in healthcare has shown the importance of the professional socialization process and how professional identities are established. For example, the research on physicians from Chreim, et al. (2007) showed that residents, who are just starting their medical career, have identities that are just beginning to be solidified through practice, which makes them more malleable. This study focused on the less malleable identities of established physicians and their identity management, or *reconstruction*, when faced with change (Chreim, et al., 2007). Chreim, et al. (2007) did so by comparing the micro perspective of reconstruction, the physician's daily work, and the macro perspective of reconstruction, the overarching organizations. The process of reconstruction, also referred to as *identity customization*, is important for professionals as it clarifies, "that identity is tailored to fit the work at hand, and not vice versa" (Pratt, et al., 2006, pp. 241-2). Identity customization is high for professionals during identity violations, a type of *critical moment*, which is "characterized as times when emotions were high in response to the

work” (Cain, et al., 2019, p. 376). Conflicts and critical moments are all examples of work violations that prompt identity awareness and reconstruction.

A change in job duties can lead to conflict within the profession, which could require further identity customization to mirror the professional work being performed, if possible. To alter the professional identity to mirror job duties helps a professional feel more attached to their professional identity. For example, the measurement of professional identity for physicians in relation to their feeling of belonging and attachment to the profession was found to be a key determinant of a successful or unified professional identity (Barbour & Lammers, 2015). The strength of a professional identity, similar to an organizational identity, is linked to the strength of attachment and connection with the profession itself.

Professional Identity (in) Crisis. COVID-19 is a catalyst for change that leads to professional identity conflict for school nurses related to the rapid shifts in job duties and the inability to achieve identity reconstruction. Professional identity conflicts come down to a disconnect between the professional self-image and the professional role (Barley, 1989; Ashcraft, 2007), which an organization can exacerbate. Professionals can utilize their professional identity to provide consistency and guidance in the face of change (Hornsey, 2008; Tajfel & Turner, 1979, 2004). This ability to adapt can be beneficial for professionals if they are able to use it but may be challenging for organizations to access and use to unite professionals with organizational goals. Unification, or *reductions in bias*, can happen with differing identity targets by using an identity at a higher level (Gaertner, et al., 1994). Unification tactics use a common higher-level identity to resolve conflict with lower-level identities. For instance, utilizing the health care worker identity during COVID-19 as a higher-level identity instead of a nursing specialty identity. Organizations were previously believed to be one of those higher-level

identities, if not one of the highest (Silva & Sias, 2010), but others believe there are other identity targets that are higher than the organization, like professions (Meisenbach & Kramer, 2014). Despite this, if unification of multiple identity targets is achieved, it is challenging to maintain (Dovidio, et al., 2007).

While identities can coexist with and within one another (Ashforth, et al., 2011), higher-level unification speaks to a macro perspective of identity intersection that may not address the micro needs of each identity target involved. As a school nurse in Jefferson County Public Schools, I share commonalities with other school nurses, but the organizational structure of my district, the population I serve, and my daily tasks are unique to my experience. Several factors impact identity unification. Context can be a significant indicator of how successfully conflict among multiple identity targets can be negotiated (Chreim, et al., 2007). Another challenging factor is that professionals may ignore identity conflict resolution in the face of maintaining self-image (Croft, et al., 2015; Hendrikx, 2018). Croft, et al. (2015) studied how *professional hybrids*, or professionals in managerial positions, manage identity conflict in the organizational setting. Looking at nurse hybrids, they found that nurse hybrids were asked to retain their clinical reasoning and professional identity, while still reinforcing organizational goals and values. The nurses spoke to the identity conflict between the two by explaining, “that they had to ‘ignore’ one aspect of their role in order to be effective in the other; often ignoring their professional identity to fulfil managerial demands” (Croft, et al., p. 386). Identity conflict may move professionals to choose not to adapt, which as previously discussed, is identity work they regularly partake in. Professionals are motivated to, “defend their work choices, protect their professional status, and navigate the meaning of profession as it relates to their own self-concepts” (Garcia & Barbour, 2018, p. 567). In fact, there may be situations where both

professional and organizational identity are applicable based on the variables, the situation, and the other identity targets involved, offering a rich area of potential research to be further explored.

The Relationship of the Profession(al) & Organization. A professional's legitimacy and status exist outside of the organization, which makes their professional identity harder for an organization to access in an identity crisis. Professions lend autonomy, which can yield strong, adaptable professional identities that are transferable (Meisenback, 2008; Garcia & Barbour, 2018) from one organization to the next. In fact, professionals have long been believed to hold the most gratifying occupations (Cheney & Ashcraft, 2007). Organizations have a unique relationship with professionals as they do not hold their professional standing but can improve and benefit their work environment by providing support in their job duties and understanding professional independence (Lammers, et al., 2013). However, the organization still functions in the abstract to professionals (Lammers, et al., 2013), and organizations may not be able to resolve professional identity conflict.

Professional identification is inherently rhetorical as professional identity gains meaning in the ongoing work being done by professionals who are working in the organization (Cheney & Ashcraft, 2007). Professional identity is based on the job being done as opposed to belonging to certain social groups, which marks a specific distinction with identity management (Pratt, et al., 2006). If the job of the professional is changing, "different issues become salient, yielding distinctive patterns of identity customization" (Ashcraft, 2013, p. 10), making communication analysis of professional identity management an area that has great potential to speak to how professional identity crisis is rhetorically managed by an organization. When the organization in question is a professional association, it brings up the question of how the organization situates

itself in relation to profession in communication and crisis management, whether as one of the profession or as a uniter of the profession. These lines of thought led me to the following research questions:

RQ1: How does NASN, a membership driven professional organization, (re)construct school nurse identity during COVID-19?

RQ2: How do the communication strategies used by NASN help school nurses negotiate (identity) crisis in COVID-19?

Chapter 3: Methods

With this research, I expanded the knowledge and understanding of identity management with professionals through internal communication with professional associations. The COVID-19 crisis changed the context for communication between the individuals running the professional organization and the professionals working in the field. Professional associations have professional identity in common with their members, which could potentially be used to bring together professionals in times of crisis. However, professionals are unique examples of individuals that hold multiple, distinct identity targets (e.g., Cain, et al., 2019; Lammers, et al., 2013). With this in mind, I delved into the nuances of identity construction and management of multiple identities through internal communication from the National Association of School Nurses (NASN) to professional members in the COVID-19 crisis using an iterative paradigm.

Personal Narratives

As a member of NASN and a school nurse, an important part of the research relied on *bracketing* my professional role so as not to presume what the data was communicating, but instead to offer depth and richness in my knowledge of nursing in the school setting (Tracy, 2013). This investigation contributes to professional identity research by examining a professional organization with the benefit of the researcher being a constituent. However, it was quickly determined my own narrative as a school nurse during this time frame was important.

This research holds meaning because of my professional identity and my personal narratives of each milestone offer a point of comparison and complexity, in turn strengthening the analysis (Lincoln et al., 2018). Each personal narrative is separated at the end of the milestone to lend authenticity to my own experience (Atkinson, 1990; Atkinson & Silverman, 1997; Coffey, 1999). Including my personal narrative also acknowledges that my experience has

value in this research (Richardson, 2001) and is a method of inquiry (Richardson, 2000). I read these emails as a member, while working as a school nurse during COVID-19, which brought me to the research. I provided examples from my job, my journals, and memories of the experiences to offer reflexivity (Ellingson, 1998), empathy (Clark, 1997) and vulnerability.

After coding the data for each milestone, I reflected on my extemporaneous data - text messages to my close group of coworkers, text messages with my husband, social media posts, my photo albums, and my journal entries. Looking at the artifacts from my life in the time periods for each milestone helped me respond to where I was mentally and physically, and I let my memories guide my personal narratives. The personal narratives were unstructured to gain the best snapshot to how my experiences, in comparison to the textual analysis, reflect the lived experience of a school nurse during these times.

Texts Sampled

The National Association of School Nurses (NASN) strives to put out regular communication to members in multiple forms, both electronically and in hard copy (e.g. quarterly newsletter, scholarly journal, weekly newsletters). The most frequent touchpoint they offer members is a weekly newsletter, delivered via email, that serves to connect members with resources, opportunities for education, and connections to achieve professional goals. Each newsletter starts with a letter from the NASN president and then is blocked into subcategories that relate to school nurse professional duties (e.g., diabetes, asthma, allergies). The letter from the president sets the tone for the weekly newsletters, offers reflection, and discusses the context of the school nursing world in real time due to the frequency of the newsletters. As a paying member, I receive the weekly NASN newsletters and rely on them when I want to look for advice from school nurses outside of my school district. I was able to utilize NASN's website to

ensure that I had access to their database of all their newsletters when choosing which newsletters fit the research questions at hand. I attempted to reach out to NASN multiple times to seek out more information regarding the writing process for the newsletters and my emails went unanswered.

Criteria for which newsletters were included were based on the timeline of COVID-19 in relation to the school year, from the onset of COVID-19 in March 2020 to the end of the first full semester with COVID-19 in December 2020. Within this timeline, there were three milestones that emerged. First, the initial outbreak of COVID-19 and the move to remote learning in March 2020 which spanned issues from March 3, 2020 to May 21, 2020. Second, the beginning of the 20/21 school year and how schools addressed going back to school in remote, hybrid, and in-person learning models which included issues from May 28, 2020 to September 3, 2020. Third, the end of the first semester of the 20/21 school year where there was a push for a return to normal job duties in addition to COVID-19 seen through issues September 10, 2020 to December 17, 2020. These parameters resulted in forty newsletters during March to December 2020. Each newsletter had around 10-15 sections and around 1,000-1500 words. For this research, the parts of the newsletters that focused on the changes in COVID-19 were the *President's Message* and the *COVID-19 Updates* section. Isolating these newsletter sections focused on the shifts in language of the newsletters related to larger developments with COVID-19, the school year, and school nurses. Text from the *COVID-19 Updates* section that appeared in multiple issues were only coded the first time they appeared.

The goal was to look at how the forty newsletters followed the initial offerings in terms of identity work at the onset of COVID-19, tracked potential changes in strategies as schools moved to remote learning, and then supported school nurses during the first semester of

returning to in-person learning. The selected newsletters offered a snapshot of how identity navigation was communicated over several months of something novel and unique to the professional community. The context and timeline of newsletters included also aimed to speak to the fact that this health crisis put a stress on the school nurse community in specific ways that related to professional job duties, which was also seen in the strategies from NASN regarding identity management.

Analysis

For this research, I built off studies of organizational rhetoric, e.g., Cheney, 1983, to utilize an *iterative analysis* paradigm (Tracy, 2013; Tracy, 2018). Iterative analysis, which utilizes the foundation of grounded theory, provides an opportunity to learn how organizational texts lead to knowledge creation (Tracy, 2018). Iterative analysis looks for emergent meaning in the chosen data, but gives the flexibility and even, “encourages reflection upon the active interests, current literature, granted priorities, and various theories the researcher brings to the data” (Tracy, 2013, p. 184). To determine iterative groupings that arose from the data chosen, the data went through a series of open coding processes, an established method for qualitative analysis (Miles & Huberman, 1994).

Open coding refers to systemizing the data into groups that are not predetermined (Locke, 2001; Strauss & Corbin, 1998), which can have several phases. This research started with the data immersion phase, where judgement regarding the data was withheld, but the researcher was open to review and discuss the data with others to deepen the knowledge gained about the data (Tracy, 2013). The data immersion phase has been ongoing throughout the COVID-19 pandemic as conversations have happened with my peers throughout my work and continue to happen. All coding completed was done without software. After the data immersion phase, I moved to the

first-level of coding that has been called *first cycle coding* (Saldaña, 2011), *initial coding* (Charmaz, 2006; Glaser & Strauss, 1967), or *primary-cycle coding* (Tracy, 2013). This initial coding process described the details of what happened in the data without explanation or reasoning (Miles & Huberman, 1994; Tracy, 2013; Robson & McCartan, 2016).

After the initial coding process, I moved to a secondary coding process to discern the why by grouping the already established codes. This secondary process has been called *secondary-level coding* (Tracy, 2013), *focus codes* (Saldaña, 2009); and *axial coding* (Charmaz, 2006; Locke, 2001; Strauss & Corbin, 1990) and is when links are made between codes that have an outcome of themes (Miles & Huberman, 1994). At the secondary process of coding with an iterative paradigm, I compared the linkage within the codes to literature, the profession, and my experiences. With an iterative analysis framework, if data or codes are, “unrelated to the research question,” are duplicating findings, or not appropriate to the research at hand, they will not be used (Tracy, 2018, p. 67). By doing this, the findings speak to the questions at hand, as opposed to everything that is being said in the texts. The first-level codes were grouped based on themes that arose from the data and collapsed to form second-level codes. A code book (Saldaña, 2016; Tracy, 2013) was created for both first-level and second-level codes to show how the levels of codes changed and developed through the analysis (See appendices).

Initially, I randomly chose 9 issues from the time period to read through and see what I was seeing in the data, which was part of the data immersion phase. Seeing some of the shifts temporally, the newsletters were separated into milestones and each milestone was coded and analyzed before moving to the next milestone. The newsletters for each milestone were highlighted and coded with whatever word or phrase the text brought to mind, which served as my first-level codes. The first-level codes were compiled and broken out thematically to create

second-level codes. Each newsletter was then coded again with the second-level codes that arose from the collapsed first-level codes. In some cases, additional sub-themes presented themselves and the data was coded a third time that was targeted towards specific themes that emerged. For sub-themes, the data that applied was coded and data that did not apply was not included.

The data for each milestone was separated out to compare the *President's Message*, *COVID-19 Updates*, and total numbers of codes used. Breaking the data apart provided a visual for how each milestone varied in code usage between the three sections. Originally, these sections were treated separately to look for trends in the sections and see if there were specific themes that arose for the two sections in comparison, however, the data was not significant in trends across the milestones or the sections and instead would change based on the topic of discussion for each newsletter.

The second-level sensemaking process was especially important to my role as school nurse (Tracy, 2013), as I have background knowledge of the profession that helped me understand the messages in a way that someone outside of the community would not be able to. As one independent coder, I worked with Dr. Elizabeth Williams throughout the project. Dr. Williams and I discussed and evaluated the codebook I developed and adjusted as needed (Tracy, 2018). Examples of the text were shown to Dr. Williams and potential themes were discussed. After I worked through the newsletters, Dr. Williams and I reconvened to discuss my coding of the texts until we were satisfied that we had reached a consensus with my coding of the texts (Tracy, 2018).

Chapter 4: Findings

A preliminary read of the NASN newsletters from March 3, 2020 to December 17, 2020 brought forth three temporal milestones of the data for school nurse members. The first milestone centered around the rise of the COVID-19 pandemic and adjusting to its novelty in the school setting. The second milestone highlighted the preparation and performance of the return to school after summer break, whether that be remote or in-person learning. The third milestone showed a returned focus to old job duties within the new lens of COVID-19. Each milestone was coded and analyzed separately using an iterative analysis framework. Following the discussion of themes from each milestone, I compare my personal experiences as a school nurse to the newsletters to assess alignment or departure from the data. This addition of my voice separates and adds depth to the two identities at play for me in this work, that of the researcher and that of the school nurse, while helping me create distance and awareness from the emotions inevitably brought forwards based on my experience during COVID-19.

1st Milestone

The *President's Message* and *COVID-19 Updates* sections from the March 3, 2020 to May 21, 2020 newsletters were the first milestone coded for analysis. Initial coding (Appendix 1) led to the following collapsed codes for secondary coding: *(Changing) Job Duties*, *In Crisis*, *NASN Benefits*, *Value of Connection*, *Not Just a School Nurse*, *Thank You*, and *(Unsolicited) Advice*. The first milestone analysis and thematic narrative are explained below using examples from the text.

Twelve newsletters were categorized under the first milestone. In the *President's Message* for the first milestone, there were 205 excerpts coded. *(Changing) Job Duties* was used 37 times, *In Crisis* was used 22 times, *NASN Benefits* was used 46 times, *Value of Connection*

was used 59 times, *Not Just a School Nurse* was used 15 times, *Thank You* was used 6 times, and *(Unsolicited) Advice* was used 20 times. The percentages of codes for the *President's Message* in the first milestone can be seen in Figure 1. For the *COVID-19 Updates* section, 153 excerpts were coded. *(Changing) Job Duties* was used 56 times, *In Crisis* was used 40 times, *NASN Benefits* was used 51 times, *Value of Connection* was used 5 times, *Not Just a School Nurse* was used 0 times, *Thank You* was used 1 time, and *(Unsolicited) Advice* was used 0 times. The percentages of codes for the *COVID-19 Updates* in the first milestone can be seen in Figure 2. In combination, the total amount of excerpts coded in the first milestone was 359. Overall, *(Changing) Job Duties* was used 94 times, *In Crisis* was used 62 times, *NASN Benefits* was used 97 times, *Value of Connection* was used 64 times, *Not Just a School Nurse* was used 15 times, *Thank You* was used 7 times, and *(Unsolicited) Advice* was used 20 times. The total percentages in the first milestone can be seen in Figure 3.

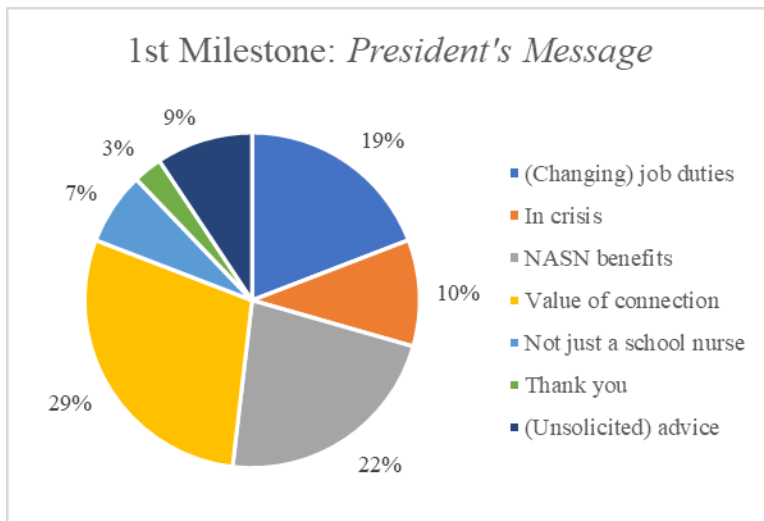


Figure 1: 1st Milestone Usage Percentages: *President's Message*

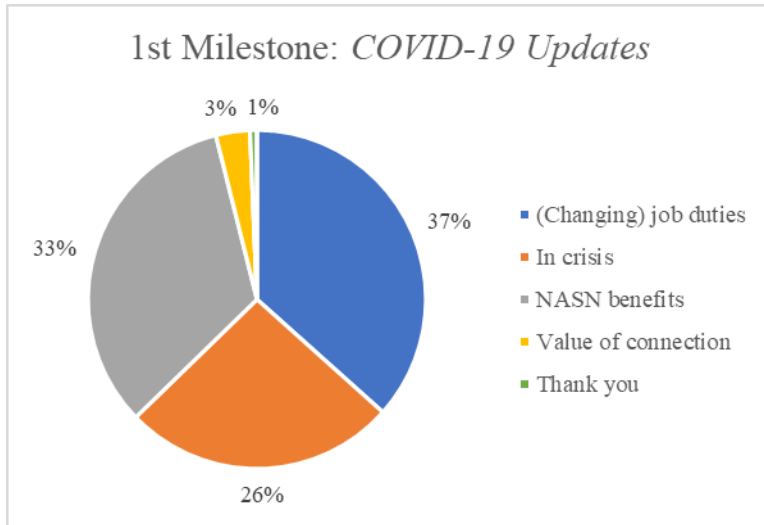


Figure 2: 1st Milestone Usage Percentages: COVID-19 Updates

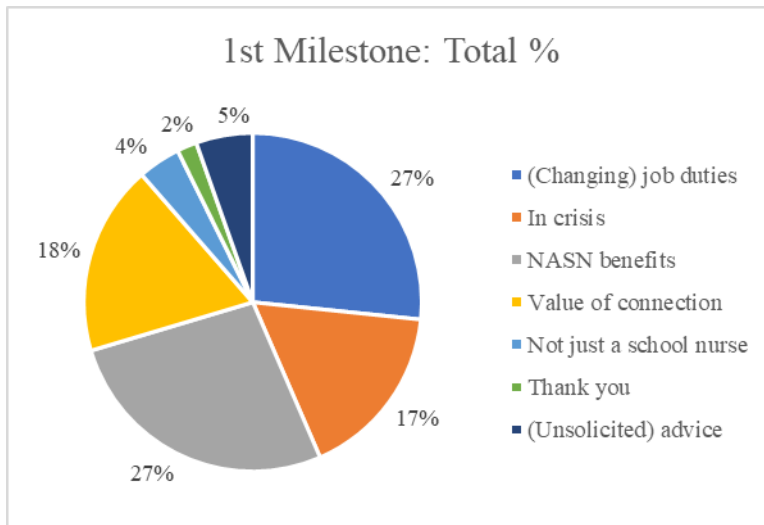


Figure 3: 1st Milestone Usage Percentages: Total Usage

(Changing) Job Duties. One of the most frequently used codes of this first milestone, 27% overall, emerged as something integral to the professional: job duties or the role and responsibility of the school nurse. In the first round of coding, data was separated based on old job duties versus new job duties. Old job duties referred to tasks that would be commonplace in a normal school year for school nurses, e.g., immunizations, Type I Diabetes care, or asthma health care plans. New job duties included responsibilities that were impacted by COVID-19 or

completely new to the school nurse caseload. Examples of other additional initial codes that collapsed into *(Changing) Job Duties* were uncertainty, instability, purpose, remote learning, and re-entry. An example from the text can be seen in the following excerpt, “And although the virus has shuttered many schools altogether, many nurses continue to hold virtual appointments, providing families with both medical advice and a comforting presence in a time of uncertainty” (NASN Weekly Digest, April 29, 2020, COVID-19 Updates, para. 2). This data pointed to the shifting nature of the work of school nurses during COVID-19 and the changes in responsibilities required, in addition to their previous work, as it discusses the old job duties of providing “medical advice”, while also speaking to the changing context of “virtual appointments” and the added weight of being “a comforting presence” for families and their community “in a time of uncertainty”.

NASN Benefits. Text coded *NASN Benefits* was just as prevalent as *(Changing) Job Duties* at 27% overall. This speaks to the opportunity for NASN to self-promote to members the value of their membership and what NASN can offer school nurses. Examples of primary codes under *NASN Benefits* included organizational advocacy, resources, interdisciplinary validation, and up to date. Interdisciplinary validation refers specifically to NASN’s collaboration with other reputable agencies to show members the outside organizations they worked with, while still highlighting their own contributions. Ultimately this code showcased how NASN culminated data for members and spoke to why the data mattered. An example from the text reads as follows, “NASN is closely monitoring COVID-19 advisories and updating NASN website resources accordingly” (NASN Weekly Digest, March 5, 2020, President’s Message, para. 2). This quote suggests that NASN is placing emphasis on the timely work they are doing on behalf

of members to provide support during the crisis, which both acknowledges the challenges school nurses were faced with and provides support to accommodate changing needs.

Recognition for NASN. A sub-theme that emerged under *NASN Benefits* was the invitation NASN offered for recognition of their own work and advocacy on behalf of school nurses. Originally, *Recognition* was coded as a second-level code, but was moved under *NASN Benefits* as a sub-theme, when it was discovered that all text coded *Recognition* was also coded *NASN Benefits*. *Recognition* occurred 31 times throughout the milestone and sent an important message to be considered about what NASN sought from members. Text coded *Recognition* showed that NASN acknowledged the struggle of school nurses in COVID-19, but also asked members for acknowledgement in return for their contributions and accomplishments.

Recognition happened more frequently towards the end of the milestone, which represented a shift in how NASN was portraying their organization. *Recognition* was also not focused on member recognition as members were only referenced in the milestone as winners of NASN awards. An example from the president reads, “This week I submitted an op-ed article to The New York Times stating how important school nurses are – especially during this time of COVID-19” (NASN Weekly Digest, April 2, 2020, President’s Message, para. 1). The status from *The New York Times* paired with the individual advocacy of the president on behalf of the organization and school nurses is the focus of this message. While the article was not published, that is not the point of the reference. The text is telling members to look at what we are doing for you and the work we are doing as an organization to tell others why you matter.

In Crisis. The context of school nurses in crisis was seen in the references to the COVID-19 pandemic. It was important to separate out the data that implied hardship or change in workload, which were better suited under (*Changing*) *Job Duties* and instead, focus on the

clinical references to COVID-19 for text coded *In Crisis*. These references were much broader in scope and included first-level codes like clinical, pandemic, guided by science, and higher level of acuity. For example, “The World Health Organization (WHO) on March 11, 2020 declared COVID-19 a pandemic” (NASN Weekly Digest, March 12, 2020, President’s Message, para. 1). Text coded *In Crisis* often was often paired with outside reputable resources for COVID-19, like the WHO or CDC, and was based in data and science to provide context and setting. Text from the *President’s Message* did not frequently reference COVID-19 after the initial onset and declaration of the pandemic. Despite being titled *COVID-19 Updates*, text from the second section analyzed of each newsletter was not always dominated by this code either. *In Crisis* (17%) was preceded in overall usage in the *COVID-19 Updates* section by *(Changing) Job Duties* (27%) and *NASN Benefits* (27%).

Value of Connection. Text coded under *Value of Connection* spoke to emotion management, collaboration, teamwork, and community. This code was the most frequently used code in the *President’s Message* at 29% in comparison to only 3% in the *COVID-19 Updates* section. The *President’s Message* is an opportunity to connect with readers as it is the first thing a reader sees with each newsletter. One example of connection from the president was, “Whether we are in person or online, our school nurses play an integral role in our school communities” (NASN Weekly Digest, May 7, 2020, President’s Message, para. 2). There is connection in the use of the collective of school nurses and an uncertain working environment, which the president includes herself in, in contrast with the use of the NASN organizational collective, in which the president aligns with the organization by saying “our school nurses”. To speak further to the data coded under *Value of Connection*, third-level codes were used to dissect positional speaking in the newsletter. Several themes presented in the dialogue between the collective of school nurses,

the collective of NASN as an organization, the individual school nurse, and the individual NASN president. Text was coded under four codes: *Collective*, *NASN*, *Individual*, and *School Nurses*.

You, Me, & the Powers that Be. In the *President's Message*, the most frequently used perspective was the Individual approach at 52%, followed by the collective approach at 34%. The *COVID-19 Updates* section utilized School Nurses as the primary approach at 72%, followed by Individual at 28%. This sub-theme delineates that the *President's Message* was an opportunity for her to speak to the individual and include herself in the collective adding a personal touch and a feeling of inclusion for readers. The *COVID-19 Updates* section in comparison, spoke of school nurses as a detached collective on their own that was being provided resources and updates for their changing profession. An example from the *President's Message* reads, "I am proud to be a school nurse and hope that you are too. We are #InItTogether. #NASNStrong" (NASN Weekly Digest, April 29, 2020, President's Message, para. 5). In this example, the president oscillates between speaking to the individual as a personalized reference to pride in profession and the collective of all school nurses including NASN. An example from the *COVID-19 Updates* section, from the same newsletter, reads as follows, "In the face of public health crises, school nurses have a vital role to play" (NASN Weekly Digest, April 29, 2020, COVID-19 Updates, para. 2). In this example, school nurses are a collective outside of NASN, which was seen more often in describing school nurses as if speaking to someone who was not familiar with the role school nurses played.

Not Just a School Nurse. Text coded *Not Just a School Nurse* spoke to the multiple identities and responsibilities a school nurse may have outside of their job. *Not Just a School Nurse* referenced text that spoke of working from home, mental health of school nurses, and work-life balance. However, this code was not frequently used at 7% in the *President's Message*,

0% in the *COVID-19 Updates*, and was often not direct in calling out the potential other identity conflicts a school nurse could have. For instance, the overlap between school nurse identity and parent identity was used directly only once throughout this milestone by stating, “Many of us are trying to work and parent at the same time all day” (NASN Weekly Digest, May 26, 2020, President’s Message, para. 1). The other two examples that called out how parents were struggling at home with their kids learning remotely was less direct in the potential link to school nurses who are also parents. In fact, the text inferred that families were challenged with COVID-19, as opposed to school nurses having families who were also struggling in COVID-19. For example, “Most schools, places of public gathering, and nonessential businesses are closed, and parents and other caregivers are faced with helping their families adjust to the new normal” (NASN Weekly Digest, April 9, 2020, President’s Message, para. 1). The multiple identities or needs of the school nurse outside of work was less of a focus for the first milestone and often read abstractly or inconsistently. This could be seen as potentially not all school nurses have school age children and the verbiage was vague to not implicate all school nurses were parents. However, the lack of acknowledgement of the many school nurses who are also parents, points more to the focus on job duties and providing support and strength to the families in their school communities.

Thank You. The least used code of the first milestone was text coded *Thank You*. It was used 3% in the *President’s Message*, 1% in the *COVID-19 Updates*, and 2% overall. The text coded *Thank You* included themes of heroes, acknowledgment, words of support, and good luck wishes. Text coded *Thank You* was often seen at the end of the *President’s Message* as a sign off or following a discussion of job duties changing or the challenge of being in crisis. For example, “Thank you for all that you do for your schools and students” (NASN Weekly Digest, March 18,

2020, President’s Message, para. 4) and “I celebrate your leadership, and your impact on our students, today and always!” (NASN Weekly Digest, May 7, 2020, President’s Message, para.1). *Thank You* overlapped with the *Value of Connection* code. but was an important thread to pull out given the broad and generalized gratitude offered to school nurses. *Thank You* was another opportunity to recognize the work that school nurses were doing during the onset of COVID-19 in the school setting, however, it was not specific or personalized, and was offered more as an uplifting shout-out.

(Unsolicited) Advice. Text coded (*Unsolicited) Advice* was only used in the *President’s Message* at 10%. Some first-level codes that collapsed into (*Unsolicited) Advice* were hard for everyone, be strong, still have a job to do, and self-care. For example, “None of this easy, but it helps to stay focused on what is possible in order to reinforce a sense of control and to reassure children that they are okay, and that the situation will get better” (NASN Weekly Digest, April 9, 2020, President’s Message, para. 2). The example begins with an awareness of the challenges present and follows with a call for school nurses to move forward despite the uncertainty. This text asks school nurses to focus on strength and support for their students and placates by clarifying that COVID-19 is hard on everyone. In the beginning of the COVID-19 pandemic, when school nurses, among others, were unsure how the situation would proceed, the advice came off as a dismissal of the fear the school nurse was feeling at being asked to solve the unsolvable. To be clear, NASN is not asking for a solution to the pandemic, they are instead asking school nurses to focus on others and their job duties, despite what they may be feeling themselves. (*Unsolicited) Advice* text was conflicting as there were running threads of help others versus help yourself. For example, the contradictory advice can be seen in comparison with the first example and, “as the old saying goes, you have to put on your own oxygen mask

before you can help others” (NASN Weekly Digest, March 26, 2020, President’s Message, para. 2). The absence of examples of this code in the *COVID-19 Updates* speaks to the fact that the section is primarily for resources to follow in relation to job duties. The advice to school nurses in the *President’s Message* acknowledged the need for self-care in a way that was an additional task to add on to the growing list of job duties and lacked clear prioritization above job duties to help nurses thrive.

Personal Narrative: 1st Milestone. My school district’s last day in person for the 19/20 school year was Friday, March 13, 2020. On the last day I was in the building, the nurses were told by our bosses to expect a 2–3-week closure in which we would still be expected to work. My husband, Nick, got notice on March 13th that one of the floors of his building had been shut down for cleaning and I said to him, “Sounds like a positive”. Nick started working from home the following Tuesday, March 17th. I was home watching my 5-year-old son and 13-year-old daughter when Nick became symptomatic. The knowledge and guidance available was limited at the time and people being tested for COVID-19 were primarily health care workers. I didn’t have the symptoms memorized at that time. I couldn’t pull testing sites off the top of my head based on location like I can now. I wasn’t thinking about quarantines and isolation and incubation periods. Nick and I both thought the idea that he had COVID-19 was an overreaction. I monitored his status, I gave him over the counter medication, and I waited. As the symptoms continued and I kept reading more about COVID-19, I felt more convinced that Nick had COVID-19, but I wasn’t sure.

When I became symptomatic on Thursday, April 9th, almost two weeks after the onset of Nick’s symptoms, I felt panicked. I kept the thermometer on my bedside table so I could check repeatedly. I spiked a fever over the weekend and realized as I kept trying to adjust myself while

watching TV in bed, that I was in fact experiencing shortness of breath. I reached out to my supervisors the following Monday, April 13th, a month after we had moved to remote learning, they assured me that I could get a drive-through COVID-19 test because I was a symptomatic health care worker. I waited for over three hours to get tested where they informed me that if I was positive, I would get a call within 48 hours and if I was negative, I would get a letter in the mail in a week or so. I got a call in less than 24 hours that I was positive. I received a letter after talking to the provider to give to my work. My husband ended up needing it for his work as well so that he could get paid while taking off time to watch the kids. I was the first person to test positive that my family, my friends, and my coworkers knew, and I became a living case study.

Talking about the shortness of breath makes me feel the symptom and the fear associated with it all over again. I was so worried about my children and since I had heard that children often only showed what appeared to be blisters on their toes when they were positive, I checked their feet religiously. I had read about Multisystem Inflammatory Syndrome in Children (MIS-C) and how a small number of children were dying rapidly with a COVID-19 infection, despite having full support of medical professionals at their disposal, and I was terrified. Luckily, they never became symptomatic, but these fears were now at my doorstep instead of in the abstract. A friend of a friend's 22-year-old son, with no pre-existing health conditions, died within a week. The fear of the unknown and where the pandemic was heading was crushing. I cried about how to keep my parents in their 60s and my grandparents in their late 80s safe. After my symptoms resolved, I was back to watching my kids full-time while working and striving to manage their fears about COVID-19, mask wearing, and expectations about returning to school. We didn't go anywhere for weeks on end. I would only let the kids play outside at the park with no one around. I tried to navigate remote preschool, but my son was so frustrated and the stress of

getting him to participate wasn't worth my sanity. There was a lot of TV time for my kids during April and May and I felt awful that I didn't have the energy to create more for them to do on top of full-time remote work. I was exhausted and to add to the responsibilities, my shortness of breath persisted for months after I had COVID-19, which made physical activity hard to do.

In my journal I wrote the following on April 26, 2020:

Six weeks since schools closed.
Six weeks since it felt not so close to home.
Six weeks since the kids have been out in public.
Six weeks brought us closer together.
Six weeks saw increased frustration.
Six weeks contains one positive test and one presumed positive.
Six weeks holds more conversation with family and friends.
Six weeks of eating at home.
Six weeks of increasing fear.
Six weeks of increasing love.
Six weeks and how many more to come?

I felt untethered and afraid. When I looked at the NASN newsletters, I did not see support because I didn't see my fear in their words as plainly as I felt it. There is something to a guiding voice and there is something to providing resources, but as a school nurse during the COVID-19 onset, I wanted to know that I was not the only one drowning at home.

Looking at the artifacts and textual analysis from this time period, the concept of attachment to a professional identity (Barbour & Lammers, 2015) became salient for me to the point of suffocation. There was a guilt with feeling like a health crisis should have been my time to shine. I can recognize that I was functioning in such a state of unknown that my clinical nursing skills did not provide the answers. NASN told me as a school nurse during the onset of COVID-19 that I had an important job to do. My job increased in time, acuity, and scope of practice. Keep children safe in schools and help them navigate crisis. I was afraid, but my job was not to be afraid. I was in crisis, but my job was not to be in crisis. I am a parent, but my job was to be concerned about the parents of my students. Taken from first-level codes, the school

nurse in COVID-19 is adaptable, education focused, experienced, a leader, professional, reliable, and offers safety. Other first-level codes show the school nurse in COVID-19 is also overworked, vulnerable, and in crisis. The school nurse's new job duties are uncertain and unstable. The link between old job duties and new job duties seems to be purpose or why we do what we do. However, if I am struggling to be a school nurse in COVID-19, I am barely getting by. I am not prioritizing improving health education, supporting health conditions in the school setting, and connecting with families who have children with health needs. I am just trying to get from one day to the next and manage COVID-19 for my staff and students. The resources provided by NASN were tools to help school nurses negotiate crisis in COVID-19, but they were not tools to help school nurses negotiate identity crisis because first, they would have to acknowledge that school nurses were in identity crisis.

2nd Milestone

Newsletter issues from May 28, 2020 to September 3, 2020 newsletters were analyzed for the second milestone. Initial coding (Appendix 4) led to the following collapsed codes for secondary coding: *Back to School*, *What NASN Does for You*, *Whole Child*, *A Seat at the Table*, and *School Nurse (Identity) Stress*. The second milestone analysis and thematic narrative are explained below using examples from the text.

Fourteen newsletters were categorized under the second milestone (Appendix 5). There was no issue on July 2, 2020 due to the Fourth of July holiday. In the *President's Message* for the second milestone, there were 121 excerpts coded. *Back to School* was used 19 times, *What NASN Does for You* was used 55 times, *Whole Child* was used 20 times, *A Seat at the Table* was used 16 times, and *School Nurse (Identity) Stress* was used 11 times. The percentages of codes for the *President's Message* in the second milestone can be seen in Figure 4. For the *COVID-19*

Updates section, 37 excerpts were coded. *Back to School* was used 6 times, *What NASN Does for You* was used 11 times, *Whole Child* was used 9 times, *A Seat at the Table* was used 11 times, and *School Nurse (Identity) Stress* was used 0 times. The percentages of codes for the *COVID-19 Updates* in the second milestone can be seen in Figure 5. In combination, the total amount of excerpts coded in the second milestone was 158. Overall, *Back to School* was used 25 times, *What NASN Does for You* was used 66 times, *Whole Child* was used 29 times, *A Seat at the Table* was used 27 times, and *School Nurse (Identity) Stress* was used 11 times. The total percentages in the second milestone can be seen in Figure 6.

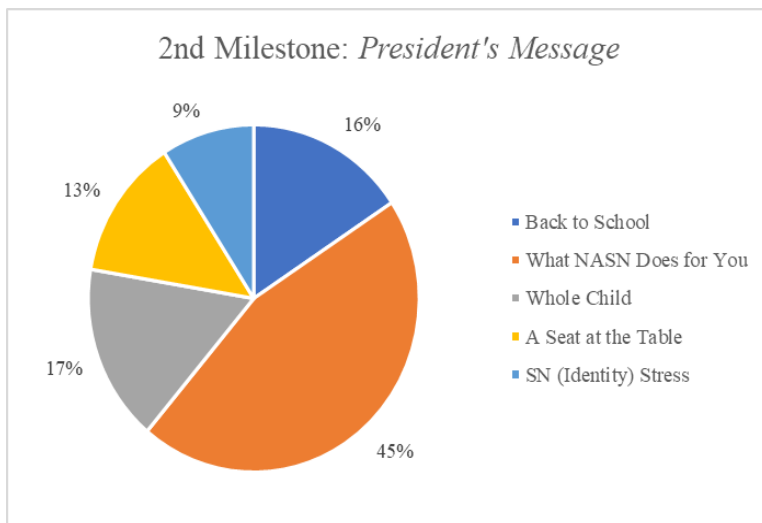


Figure 4: 2nd Milestone Usage Percentages: *President's Message*

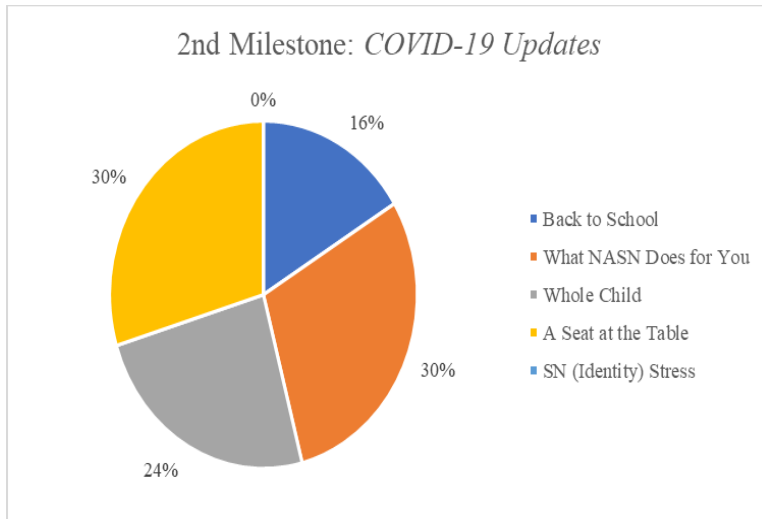


Figure 5: 2nd Milestone Usage Percentages: *COVID-19 Updates*

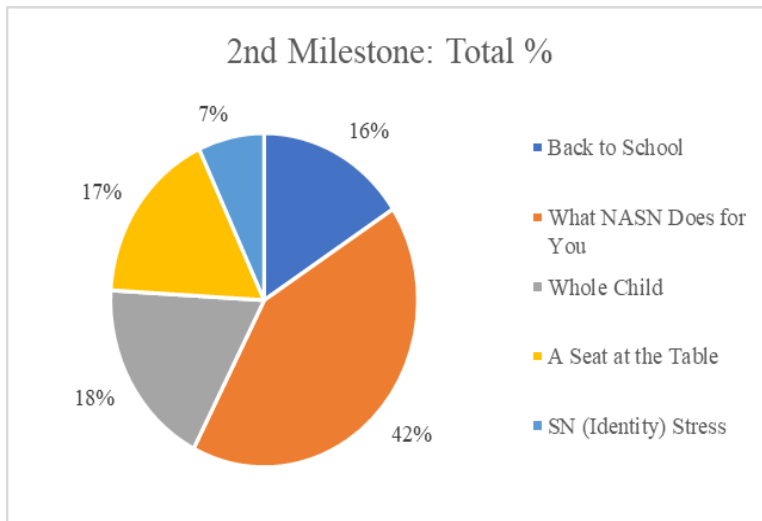


Figure 6: 2nd Milestone Usage Percentages: Total Usage

What NASN Does for You. With most schools moving to summer break, the NASN Weekly Digest shifted their focus from COVID-19 in the school setting to the work NASN was accomplishing while school was out more clearly, especially in terms of their annual conference. This data expanded on the theme of recognition from the first milestone. If the first milestone showed readers what NASN could offer members in terms of resources for daily tasks, the summer issues focused on what NASN was doing on a larger scale for members in terms of

promotion, advocacy, and professional growth opportunities. *What NASN Does for You* was the most frequently used code in the second milestone with 42% data coded overall. First-level code examples under *What NASN Does for You* include NASN advocacy, invest in school nurses, membership opportunity, increase awareness, and call to action. An example regarding a call for donations from members read as follows,

Funders who support NASN's programming want to see school nurse data. Collecting, analyzing and disseminating school nurse data takes dollars. When you donate to this fund, no amount is too small --- \$2, \$20, \$200, or double your last contribution. If every member contributed \$2, for example, the NASN Endowment Fund would grow by \$34,000. As we prepare for Virtual NASN2020, I encourage you to look at the ways you can give to the NASN community and consider the President's Endowment Challenge (NASN Weekly Digest, June 18, 2020, President's Message, paras. 2-3).

While the call to school nurse members to contribute to a fundraising campaign is familiar to anyone who has been involved with nonprofits, the call was different during COVID-19. The focus of this message is to donate to attract funders to NASN but lacks the reasoning and incentives as to what funders accomplish for school nurses who already pay for membership. The approach using NASN as a collective community breaks away from the narrative of 'your schools need you' to 'we need you.' Another example of advocating for macro-level solutions from the text was,

NASN, along with other health and education leaders, sent a letter to Senate leaders demanding they appropriately fund any return-to-school plan requesting a minimum of \$208 billion, and provide maximum flexibility for school districts and schools to prioritize investments that will enable environments where students are able to learn and students and staff are healthy and safe (NASN Weekly Digest, July 23, 2020, President's Message, para. 2).

One of the investments that NASN is advocating for here is the hiring and retention of school nurses. While important and necessary as the results would trickle down to daily work for school nurses in practice, NASN focuses on highlighting accomplishments that are macro-level and abstract in terms of direct impact. School nurses help provide safe learning environments for

students, which is needed even more during COVID-19, but \$208 billion does not have a direct connection to the individual. Throughout this milestone there were references to NASN's advocacy, NASN's hard work for their conference, NASN's appreciation of their staff, and NASN's gratitude for their sponsors. NASN moved away from primarily offering resources and focused instead on self-promotion of service and calls on members to become more engaged during their summer break by committing additional time and money.

Back to School. In terms of everyday job duties, NASN content focused on the upcoming return to school for students for in-person, remote, and hybrid settings. To have this variety of learning environments and health protocols based on individual schools, school district, county, and state, it posed a challenge for NASN to speak specifically about what the return to school would look like for school nurses. *Back to School* consisted of 16% of data coded equally in all three categories of *President's Message*, *COVID-19 Updates*, and overall percentage. Examples of first-level codes under *Back to School* are re-entry, remote learning, ready to learn, hybrid learning, re-opening, and start of school year. Emotions surrounding the return to school were often used in tandem with the data coded, for example,

America's school nurses, just like America's teachers, students and parents, want to return to school. Children want to see their friends, teachers want to see their students, and nurses want to reintegrate with their school communities (NASN Weekly Digest, July 23, 2020, President's Message, para. 1).

Here the text speaks to the nature of the many stakeholders involved in the return to school and the motivation for the quick return, despite many schools lacking the guidance and support with health guidelines.

Resources for the return to school were offered as links but were rarely discussed in depth in the text analyzed and featured the mention of back to school more as a timely buzz word. For instance, "Last week, NASN released its safer return to school statement, where we

stated, ‘The safety of students and staff must take priority in this decision-making’” (NASN Weekly Digest, July 30, 2020, President’s Message, para. 2). The statement was a broad message about prioritizing safety in the return to school nurses and a link back to their call for funding for school nurses from legislators and their call to action for school nurses to contact their own senators. While the *COVID-19 Updates* section did offer resources created by NASN, they were often infographics to persuade school staff the importance of school nurse involvement in planning for COVID-19. One link that was repeated 8 times during this milestone that NASN created was, “Guidance for Healthcare Personnel on the Use of Personal Protective Equipment (PPE) in Schools During COVID-19,” which was a document that culminated CDC guidance on the return to school but did not make it more applicable to school nurse tasks. The document also shows that it was not continually updated after created, which is an unrealistic resource for use in COVID-19 as the protocols and policies changed constantly based on new data.

A Seat at the Table. NASN’s approach for the return to school was to focus instead on the importance of having school nurses as a part of the decision-making team. *A Seat at the Table* was used 17% in the *President’s Message*, 24% in the *COVID-19 Updates*, and 18% overall. Examples of collapsed initial codes under *A Seat at the Table* are infectious disease readiness, public health threat, safer return to school, safety priority, and importance of school nurses. Text coded under *A Seat at the Table* were resources and support to help school nurses contribute to safety and health planning for school with COVID-19. For example, “For schools to address the ongoing impact of the COVID-19 pandemic, school nurses need to be in place when schools reopen and be part of the discussions of what the 2020-2021 school year will look like” (NASN Weekly Digest, May 28, 2020, President’s Message, para. 2). Advocating for the importance of school nurses is two-fold in adhering status to members, but also status to NASN.

School nurses are often not considered, but COVID-19 provided a time for school nurses to be valued. This can be seen in the following example, which is an excerpt from the previously mentioned NASN Safer Return to School Statement that was listed fully in the September 3, 2020 *President's Message*,

NASN promotes a decision-making process for a safer return to in-person learning that is based on accurate public health data at the national, state and local levels. The safety of students and staff must take priority in this decision-making. A safer return to schools, one in which students, families and staff will feel confident, requires that prior to a return to in-person learning, schools develop and implement infectious disease readiness and emergency management procedures for students and staff, based on current public health guidance and in which sufficient funding is allocated for the implementation of sanitation and safety protocols, including personal protective equipment (PPE) and the hiring/retention of school nurses to coordinate health and safety procedures (NASN Weekly Digest, para. 2).

The school nurse role expanded in COVID-19, which puts both NASN and school nurses as more of a focus. Here the importance of school nurses is being advocated for in a broad manner that points to both the unknown of returning to school, the variance of what the school year would look like in each school, and the guidance that school nurses can offer in the COVID-19 pandemic with their professional training.

Whole Child. With the onset of COVID-19, regular activities came to a halt, which can be seen in the first milestone. However, in the second milestone, the conversation of health and wellness needs for students outside of COVID-19 came back into discussion. Text coded under *Whole Child* made up 17% of the *President's Message*, 24% of *COVID-19 Updates*, and 18% overall. First-level code examples under *Whole Child* include asthma, childhood obesity, oral health needs, vision screening, and healthy kids. An example from the text being,

The return to school for the 2020-21 year may look different across the country, but one thing that remains the same is the need for students to be immunized. August is National Immunization Awareness Month, and it's important to continue to reinforce that with our school communities (NASN Weekly Digest, August 6, 2020, *President's Message*, para. 1).

Here there is an acknowledgment of COVID-19 with the recognition that COVID-19 does not make immunizations for other illnesses less important. The text is showing how NASN started moving back towards regular school nurse responsibilities or the realization of a new normal.

Another example reads,

As schools begin to reopen, school nurses will play an essential role in identifying children in need of dental care. Considerations for School Nurses in Return to School: Dental Screening is a new document created by NASN and the Association of State and Territorial Dental Directors (ASTDD) to assist school nurses in return to school planning to meet oral health needs of students (NASN Weekly Digest, August 27, 2020, COVID-19 Updates, paras. 2).

Because of the way COVID-19 is spread, dental work was not readily available or prioritized, and NASN is unifying the need for oral health in children and asking school nurses to help identify students who would benefit from dental care thus contributing to their overall wellness. COVID-19 is still a pertinent factor, but whole child wellness is back to being a priority of keeping students healthy for the school nurse.

School Nurse (Identity) Stress. While the most infrequently used code used, this code spoke to an important component of this research: stress for the school nurse. *School Nurse (Identity) Stress* was applied to text that called out stressors or mental health concerns for school nurses directly. This code was not present in the *COVID-19 Updates* section in the second milestone and consisted of 7% of the *President's Update*. Initial code examples under *School Nurse (Identity) Stress* are coping strategies, increased stress, working from home, and mental health. This milestone was like the first milestone in calling out multiple identities for school nurses, though often indirectly. One instance is,

School re-entry is crucial for parents and guardians to go back to work. Having children at home and out of the classroom has caused economic and mental stress for families. Adding school nurses to schools across the country can provide a key solution to help support parents/guardians and reopen the economy (NASN Weekly Digest, May 28, 2020, President's Message, paras. 1-2).

This was a lead-in for NASN to advocate for why school nurses need to be a focus for legislators and recipients of additional funding. This quote also preceded a call to action for school nurses to advocate for funding from the senate related to COVID-19, despite the listing of the stressor for families. Another occasion where the stress of being a parent and a school nurse was called out directly, as opposed to indirectly, reads,

As you return to school -- in whatever form that may take for you this fall -- you may find your stress levels increasing. Juggling your own work as a school nurse with the stress of the COVID-19 pandemic, as well as new routines for your own family if you still have school-aged children, can be difficult (NASN Weekly Digest, August 20, 2020, President's Message, para. 1).

Unlike when referenced previously in relation to families are stressed and here is what school nurses need to do in response to that for their communities, this example called out school nurses directly and was followed by a reiteration from the first milestone of CDC recommendations for tips to manage mental wellbeing.

Personal Narrative: 2nd Milestone. After six weeks at home with my family trying to manage remote learning and my job, the last thing I wanted to do was think about returning to school. The beauty of being a school nurse can be summers off with your family and choosing not to work summer school. However, during a global health crisis, activities were limited. We were at the point in the pandemic where people were ready to go back to normal. I had family members who did not understand why I would say no to invitations. I would not let the kids see their friends and I would not take them to places where others were not wearing masks. People would remind me that I already had been infected with COVID-19 and no longer needed to worry so much about it. I did not see it that way. I would hate to be responsible for the death of someone else's loved one and I took that more seriously than most.

I took the kids to the park over and over again that summer. We would search for an isolated place where we could relax and play in the sunshine. We shaved my then 4-year-old

son's hair in the backyard. We made pizza and ice cream at home. We painted watercolors. We grew a garden with tomatoes, squash, herbs, and peppers. We took slow motion videos of water balloons breaking against our tree. I painted the kids' fingernails. I dumped Duplos in bath water for my son almost every afternoon, which we dubbed 'Lego baths'. I tried to meditate every day. I started taking Wellbutrin to deal with all the anxiety I was feeling. I worked to complete a gratitude checklist for little things that made me happy.

The summer was an escape to try and think as little as possible about what was coming, but we were at the forefront of planning for health and safety, like NASN advocated for, and we needed to be prepared. Plus, my kids had endless questions about what school would look like that I did not know how to answer. A statewide mask order was put in place by the governor in mid-July and our district was not ready to open as scheduled in August given the rise in cases in our county. Everything was so up in the air for re-opening, that a couple nurses I am close with at work asked if we could have a Zoom meeting with our boss at the end of July to try and get some answers for what was in store for us. Our boss had some answers and tried to explain what was being planned and worked on behind the scenes, as much as she could. School was not going to start in-person on August 24 but would be remote for 2 weeks to give the district time to prepare. With such a large district with over 70 school nurses, we were not creating the policies, but instead our bosses, both nurses as well, were the ones planning with our county and state public health departments. Nurses were given the option to come back two weeks before the scheduled start date to work on known health needs prior to switching to focus on COVID-19.

I chose to work from home the last week of July and the first week of August so that I could get in contact with as many parents as possible who had students with known health conditions that would require health plans, medications, or delegated nursing services. Parents

were supposed to be submitting whether they would be in person or remote, but there was a lot of back and forth and exceptions made for families changing their mind. I would often call a family and hear that they had decided on remote learning only to turn around and have my school tell me they put in for in-person. The guidance that we were given was that we needed health plans prepared regardless as guidelines could change quickly and we needed to be prepared for a move to in-person learning for all students. Parents were desperate for answers and we, as nurses, became someone they hoped could speak to their fears, questions, and concerns. The problem was we did not have answers for them. Guidance from CDC and public health departments seemed to change minute by minute and we were spokespeople for COVID-19 guidelines. It seemed my job had shifted from managing health needs of students to managing the mental health needs of parents and guardians.

We had a 4-hour all-nurse meeting on August 12 where we were given all the return to school guidelines for COVID-19 so that we could disseminate them out to our schools. We asked so many questions at that meeting and there were so many unanswered questions. That is what our weekly all-nurse Zoom meetings turned into: going over our time limit significantly because the questions were endless. The thing about having unanswered questions nurse-to-nurse, where we had the same knowledge base and understanding of infectious respiratory diseases, is that the questions staff-to-nurse would be far greater given the different knowledge areas. And that was absolutely the case. I was explaining to staff how COVID-19 was spread, as I thought it would give them a clearer foundation to the safety protocols, but it caused many staff more confusion. Not having answers to questions was so frustrating. Not having guidelines that stayed the same was frustrating. Staff targeting their anger at me for COVID-19 was frustrating. Staff not complying with safety protocols was frustrating. People dismissing me by saying that I signed up

for this, meaning COVID-19, by being a nurse infuriated me. I can be a nurse and be upset that there is a pandemic. I can be a nurse and not want to be yelled at. I can be a nurse and want some grace and compassion for what is out of my control.

I found out the Thursday before the first remote day of school that the kids in my Significant Support Needs (SSN) center-based program at my elementary school would be back in-person on August 24. It had been decided by the Special Education department that because of the impact of their disabilities, they would provide them with half days for the two weeks leading up to school returning to in-person learning to help them become accustomed to the safety guidelines, like mask wearing. Often children in SSN programs can have more intensive health needs, like wheelchairs or walkers; catheterization, ostomies, or diapering; gastrostomy tubes, tracheostomies, or seizure disorders. These children are usually more medically fragile as well. To have them in-building felt unsafe and ill-planned. My school had lost their health aide when they learned that they would have to wear a mask for their job and we were in the process of hiring a replacement, but they had not started yet. I had delegated back-ups, my principal's secretary, and my attendance secretary, but it can be really challenging to rely on your back-ups when the start of school is so busy for everyone. SSN classrooms have a 3:1 or 2:1 ratio of staff, primarily paraeducators, to students, who also need to be delegated under my license for health needs. I cried that day because I felt so overwhelmed and irritated with the planning and my husband, Nick, and I had to navigate our jobs with both of our kids at home until September 8.

I showed up Monday morning with students and I managed health needs the best I could. Many of my SSN students who require medical interventions during the school day did not have their doctor's orders ready so I told parents in the event of an emergency we would call 911, per our guidelines. Was it ideal? No. But did it give me more time to delegate my staff? Yes. So we

just kept moving forward. We hired a new health aide and got them trained the first week school was in-person for all students who signed up for it. While my 14-year-old daughter was only in-building two days a week with hybrid learning, my kids' return to school was such a gift of normalcy. Despite the stress of my job, I relished the break from parenting, especially after a summer of entertaining.

In a lot of ways, my job was probably easier than other school nurses. I have a large district with many nurses and supervisors who were responsible for developing our safety standards for returning to in-person learning. The onus was not on me for creation, which is probably why NASN's resources for returning to school were not something that applied to my position. NASN was reconstructing what it meant to be a school nurse starting the school year by shifting the roles and responsibilities required in COVID-19. The responsibility was to be a part of the conversation because the school nurse's role is more important than ever, and our feedback is needed. School nurse value took center stage: you matter, and this is why. This continued the narrative of "your communities need you" and elevated it.

Going back to school was the abstract event that everyone was preparing for and working through. What will going back to school look like? The answer from NASN, from my school district, from bosses was, "We honestly don't know, but we know that you need to be a part of it." This milestone showed a shift back to previous job duties that made the foundation of what it meant to be a school nurse, but who had time for that work in addition to COVID-19 management? It was COVID-19, yes, but it was also do not forget about other health needs and maintenance because those are your responsibilities as well. NASN mentioned vision screening and in our district, hearing and vision screening was on-hold until further notice. NASN mentioned dental screening and I was unaware that dental care was one of my responsibilities. It

felt conflicting to have the reminder of what school nurses need to be considering when those needs did not take priority. Maybe it was my workload or my district or my populations served, but the idea of reaching out to families to remind them to have their children exercise because of childhood obesity, felt ridiculous. We were all just trying to get by and sure, we should eat healthy, but I am not going to guilt struggling families into feeling bad about how they are surviving COVID-19.

The artifacts and textual analysis from the second milestone showed how continued crisis makes identity (re)construction so challenging. The concept of ongoing identity violation as a high stress situation for professionals (Cain, et al., 2019) became salient for me as I saw how hard I was struggling to come to terms with what my role was. NASN called out school nurses who were parents, but it still felt minimal. The support was, “You may have stress,” but also, “Here is what you should be thinking of for your job.” How were other NASN members struggling with what it means to be a school nurse in COVID-19? What other identities did they have in conflict? How are other school nurses struggling with what it means to be a school nurse? I heard it from my peers, I heard it from teachers, I heard it from friends: people were drowning. One entry from my journal reads, “I got through today” and that was it. Being told to keep going is a reality of life, sure, but let me know you see and validate what I am feeling. I know I was not the only one because my peers confirmed they felt the same in varying ways. NASN showed me the importance of my job during COVID-19 but did not show me how to navigate reconciling my job and a new normal.

3rd Milestone

Fourteen newsletter issues from September 10, 2020 to December 17, 2020 were analyzed for the third milestone (Appendix 7). Collapsed secondary codes for the third milestone

were: *COVID-19 Crisis Continues*, *Reclaiming Job Duties*, *Shifting Settings*, *A School Nurse...*, *We at NASN See You*, and *Looking Forward*. The initial codes for each collapsed code can be seen in Appendix 6. The third milestone analysis and thematic narrative are explained below using examples from the text.

In the *President's Message*, there were 122 excerpts coded for the third milestone. *COVID-19 Crisis Continues* was used 15 times, *Reclaiming Job Duties* was used 19 times, *Shifting Settings* was used 16 times, *A School Nurse...* was used 33 times, *We at NASN See You* was used 35 times, and *Looking Forward* was used 4 times. The percentages of codes for the *President's Message* in the second milestone can be seen in Figure 7. For the *COVID-19 Updates* section, 112 excerpts were coded. *COVID-19 Crisis Continues* was used 38 times, *Reclaiming Job Duties* was used 14 times, *Shifting Settings* was used 16 times, *A School Nurse...* was used 26 times, *We at NASN See You* was used 8 times, and *Looking Forward* was used 10 times. The percentages of codes for the *COVID-19 Updates* in the second milestone can be seen in Figure 8. In combination, the total amount of excerpts coded in the second milestone was 234. Overall, *COVID-19 Crisis Continues* was used 53 times, *Reclaiming Job Duties* was used 33 times, *Shifting Settings* was used 32 times, *A School Nurse...* was used 59 times, *We at NASN See You* was used 43 times, and *Looking Forward* was used 14 times. The total percentages in the second milestone can be seen in Figure 9.

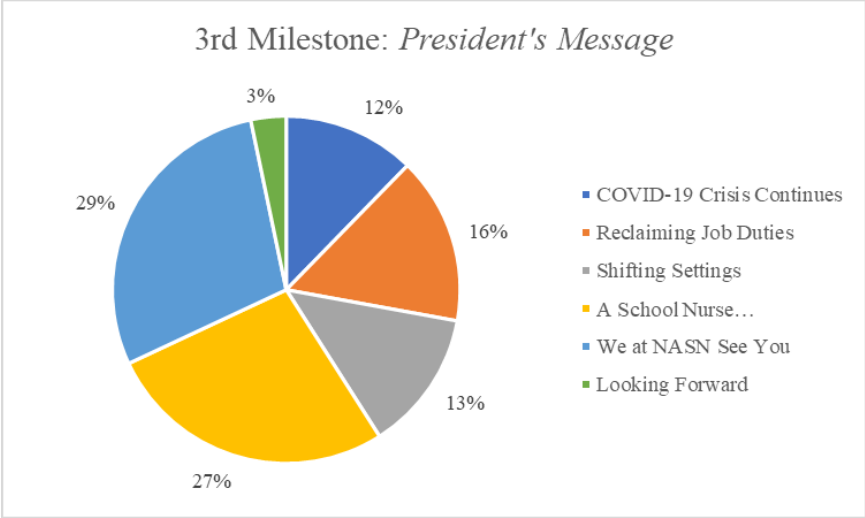


Figure 7: 3rd Milestone Usage Percentages: *President's Message*

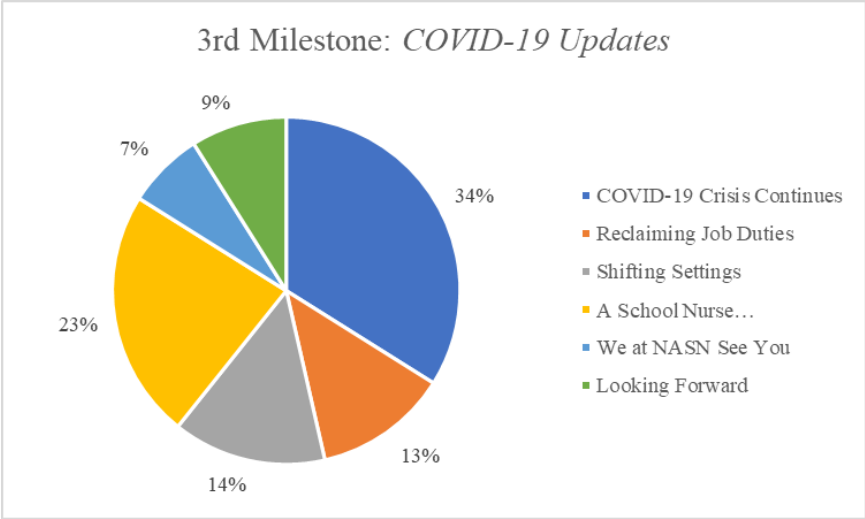


Figure 8: 3rd Milestone Usage Percentages: *COVID-19 Updates*

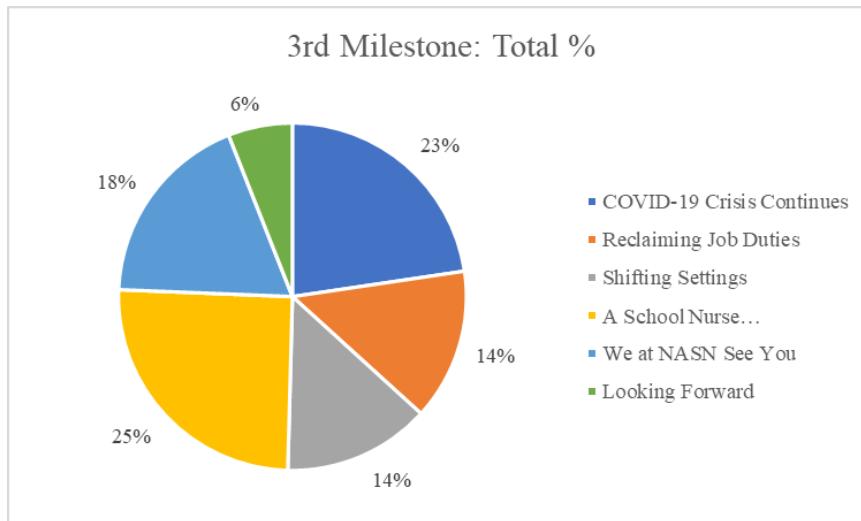


Figure 9: 3rd Milestone Usage Percentages: Total Usage

COVID-19 Crisis Continues. This text was the reminder of the continuation of the pandemic and the expansion of job duties related to COVID-19 as the need arose. The expansion of resources for school nurses and references to the COVID-19 crisis, even though text that had already been coded once was not coded again, was still the second most common code used.

COVID-19 Crisis Continues was seen 12% in the *President's Message* and 34% in the *COVID-19 Updates*. Some first-level codes under *COVID-19 Crisis Continues* are diagnosis screening, in-person transmission, vaccine hesitant, symptom screening, and social distancing. For example,

...we have recently unveiled the COVID-19 Tracking Tool, which provides an approach for school nurses to document the number of students and staff identified with COVID-19 symptoms at school and report to the designated local health department, school building/system leadership, and health services director/supervisor (NASN Weekly Digest, November 19, 2020, President's Message, para. 2).

Managing COVID-19 for schools, whether one school or many, requires multiple touch points of communication, which this resource is seeking to support by offering organization. NASN shows awareness of the situation for school nurses struggling to manage each individual piece for the schools and health departments. As this milestone continued, the discussion regarding vaccines became more pertinent to discuss in regard to COVID-19,

CDC has new vaccine information...School nurses will find answers to the latest research and be able to respond to vaccine hesitant staff and community members (NASN Weekly Digest, December 10, 2020, COVID-19 Updates, para. 4).

As communities were starting to receive the vaccine, talking with community members about the vaccine became a regular part of being a school nurse. Supporting school nurses with current research to educate, explain, or answer questions became a needed resource, which NASN provides.

Shifting Settings. As mentioned in the second milestone, *Shifting Settings* spoke to the unstable nature of the school setting in COVID-19. *Shifting Settings* was seen 13% in the *President's Message* and 14% in the *COVID-19 Updates*. Examples of first-level codes that collapsed under *Shifting Settings* are different than in years past, plan to reopen, possibly closing soon, reopening safely, and virtual learning environment. A range of settings meant that school nurses were having different experiences in relation to COVID-19 and less similarities. For example,

For some of us, that means new protocols and procedures in the school building – temperature checks and other screenings. For others, that means trying to reach out to students virtually, being there for issues as they arise. And some of us are doing a bit of both (NASN Weekly Digest, September 10, 2020, President's Message, para. 3).

Not all schools went back to school in person in the fall and as the year continued and cases increased in some areas and not others, the setting played a larger role in context for the school nurse roles and responsibilities. Access to resources was something needed to maintain the safety of in-person or hybrid learning, which school districts aimed to achieve, as the following example shows,

Please fill out THIS FORM to let them know the average weekly PPE needs of your school and/or school district, even if you are currently closed or possibly closing soon. This will help the organization to prepare to get PPE where it's needed most in advance of reopening (NASN Weekly Digest, December 10, 2020, COVID-19 Updates, para. 1).

Here NASN offers a resource for school nurses in an ever-shifting environment. Planning for Personal Protective Equipment (PPE) was an essential part of COVID-19 management in the school setting and so schools had to prepare to stay open in the event that the setting changed quickly. An important part of this quote is the variation in where school districts or individual schools could be with COVID-19 cases rising, e.g., “currently closed” or “possibly closing soon”, and the challenge of schools closing for the inability to keep students in school safely. The management of health and safety falls on the school nurse if the school has one.

Reclaiming Job Duties. Building on *Whole Child* from the second milestone, *Reclaiming Job Duties* continued the conversation of health and wellness needs for students beyond COVID-19. *Reclaiming Job Duties* was seen in 16% in the *President’s Message* and in 13% of the *COVID-19 Updates*. Examples of first-level codes from the text for *Reclaiming Job Duties* are chronic absenteeism, best practices, physical activity, stuttering awareness, and back to basics. NASN connected refocusing on health conditions outside of COVID-19 with the purpose of school nursing and the NASN mission. For example, “After a summer of planning and preparing, we are back to fulfilling our primary vision: that all students are healthy, safe and ready to learn” (NASN Weekly Digest, September 10, 2020, President’s Message, para. 2). NASN acknowledges the work achieved by school nurses to begin the school year with COVID-19 and shifts the focus to health condition maintenance that may have fallen by the wayside. One health concern that arose was stuttering awareness. An excerpt from the *President’s Message* reads, “Today, October 22 is International Stuttering Awareness Day. As we all know, students who stutter are often at risk of bullying, and the virtual learning environment has made that even harder for school nurses to track” (NASN Weekly Digest, October 22, 2020, para. 1). NASN links this health concern back to the shifting settings of school learning during COVID-19 and

the fact that many students were still learning virtually or hybrid. Stuttering, a lower acuity health condition that impacts a student's social-emotional well-being, is brought to focus due to the timeliness of International Stuttering Awareness Day, and it may not be a focus of school nurses during COVID-19 and should be considered.

A School Nurse... A school nurse facilitates... a culture of active engagement, safety protocols, community interventions. A school nurse has...a passion for school nursing, resilience, adaptability A school nurse uses...CDC guidance, professional development opportunities, an equity lens. A school nurse is...leading the way, a healthcare worker, an integral member of the school team. A school nurse knows...school nurses can help. Each of these examples of what constitutes a school nurse are first-level codes that collapsed under *A School Nurse...* *A School Nurse...* was used 27% in the *President's Message* and 23% in the *COVID-19 Updates* section. Text coded under *A School Nurse...* spoke to the ideal positive attributes and activities a school nurse utilizes. For example,

You are rising to meet the challenges that this unprecedented time is presenting us. It is important work, it is hard work – but it is work worth doing...The coming weeks and months will present new challenges, but I am confident in your ability to meet those with flexibility, determination and grace (NASN Weekly Digest, September 10, 2020, President's Message, paras. 3-4).

Here NASN calls attention to passion for the profession as the motivator to continue moving forward, despite hardships. The text coded under *A School Nurse...* often remained abstract, like the previous example, instead of actionable, especially in the *President's Message*. Another example reads, “We know you have had to change, adapt on the fly, and in some cases still be in-person in your schools” (NASN Weekly Digest, November 12, 2020, President's Message, para. 1). The instability present during COVID-19 was largely due to the regular changes made to policies and protocols as research was ongoing and happening concurrently. Both examples from the text show attempts at morale boosts in the form of describing the ideal school nurse.

We at NASN See You. Text coded *We at NASN See You* consisted of 29% of the *President's Message* and 7% of the *COVID-19 Updates* section. *We at NASN See You* was the most prevalent code used in the third milestone, despite its infrequency in the *COVID-19 Updates*. Examples of first-level codes under *We at NASN See You* are school nurse health and well-being, nurses retained long-term, NASN advocacy, confidence in school nurses and members benefits. The title of this code came directly from the text at the end of the milestone and read, "As we wind down 2020 and look forward to 2021, I want to remind you that we at NASN see you, we hear you, and we are thankful for all you are doing" (NASN Weekly Digest, December 17, 2020, President's Message, para. 1). NASN, the collective, sees their professional members working hard during COVID-19 and strives to support them with offerings and opportunities. The third milestone showed that what NASN saw was a need for further advocacy at a congressional level, increased professional development opportunities, and additional resources. Once specifically,

As the first quarter of school gets underway, we want to make sure you are getting the most out of your NASN membership. Our two publications, *The NASN School Nurse* – our clinical journal that is published six times a year, and *The Journal of School Nursing*, which includes six issues of original research articles, are just the tip of the iceberg when it comes to the available learning and professional development. NASN's online learning center gives CEU HOURS for free or at a low cost with membership (NASN Weekly Digest, September 24, 2020, President's Message, paras. 1-2).

Continuous Education requirements for registered nurse licensure is state dependent and set by the state governing body for the licensure. Not all states require continuing education hours and accommodations were made state by state for license scope of practice and requirements because of COVID-19. NASN calls attention to what they have to offer members in addition to compiling outside resources regarding COVID-19 for school nurses. While COVID-19 was the focus of the workload, NASN reminds members of what their membership pays for that NASN provides.

Looking Forward. This text focused on the hope of moving forward with COVID-19 and the progress being made and was a focus of the last few newsletters of the milestone. While it was only seen in 3% of the *President's Message* and 9% in *COVID-19 Updates*, *Looking Forward* was an important shift to note. Examples of first-level codes under *Looking Forward* are 20-21 school year, vaccine information, antibodies, healthy new year, and look forward to 2021. One promising piece of data NASN highlighted reads, "New findings from a study of thousands of healthcare workers in England show that those who got COVID-19 and produced antibodies against the virus are highly unlikely to become infected again" (NASN Weekly Digest, December 17, 2020, COVID-19 Updates, para. 2). This data shows the progress being made in research on COVID-19 regarding re-infection. NASN includes this information to aid in decreasing the fear of re-infection as school nurses would be a population more aware of the complications from COVID-19. Another example regarding infection reads, "A review of current evidence, compiled by UNICEF and UNESCO, shows that in-person schooling does not appear to be the main driver of infection spikes" (NASN Weekly Digest, December 17, 2020, COVID-19 Updates, para. 3). Transmission in the school setting was a primary factor being discussed with students in building. NASN provides school nurses with current research to not only assuage their concerns, but educate their administration, staff, and communities regarding the spread of COVID-19. With no link to transmission in-building, this shows the benefit of preventative measures in place and confirms the ability to keep students in-person safely. The hope of moving forward closed the first half of the school year with COVID-19 and set the tone for what was to come for school nurses in 2021.

Personal Narrative: 3rd Milestone. If I was fearful when COVID-19 began and apprehensive about going back to school with COVID-19, the rest of that first semester was

when I reached my breaking point. In Jefferson County, Colorado, our cases continued to rise. The students were back in building in September full-time for elementary and hybrid at the secondary level. Students had only been back in-building for a couple weeks when I wrote in my journal, “Feeling some kind of way this evening. Just really exhausted from this never-ending school nurse workload.” I could see the fatigue in the newsletters that NASN sent too. The messages from the president became shorter and shorter, while the *COVID-19 Updates* section became longer and sloppier. Links to resources dropped in with little explanation and even though text was not re-coded, there was new information coming out relentlessly and NASN sought to include it. That should be a strength. I can understand that if I knew someone was struggling in a job that I used to hold, that I would want to ease the burden, but I honestly did not have the capacity to spend any previous time not working to read about work and I was lucky enough to have a large district who disseminated that information to us. It was the same with my bosses though. I could not keep track of the updates they were sending. I knew I was making mistakes or rather, not following the most recent policies to the letter. All I could do was use my clinical judgment and keep moving forward.

Shifting settings did not change my job the way NASN explained it, but instead I was the one who would be quarantined, or my kids would be, or my husband would be and then if tested, everyone would stay home. I was not “reach(ing) out to students virtually,” I was managing quarantines for classes or cohorts or shutting down schools for cleaning based on the number of positives. Doing this research has brought back such a barrage of feelings from that time. I read NASN’s quote about schools being “currently closed” or “possibly closing soon’ and I cried hot, angry tears reading it again. I was so frustrated at the time and angry at the work that I was responsible for and the inability to feel like I could complete it, let alone feel like I was doing a

good job. As a defense technique, I tried to find ways to insert some dark humor into the situation and buoy up my coworkers because I knew we were all drowning. I made memes (Appendix 8) and shared them with my friends, and we laughed, but it was short lived.

At the beginning of October, I shut down. I deleted social media, something that had been a release before, I stopped answering text messages from friends, and I made excuses to avoid interactions. I was low. On October 27th, a teacher from one of my schools told me to “do better” at my job and I was enraged. Livid. Fuming. I deleted scathing reply after scathing reply because I knew I couldn’t send them. Did they not see me? Did they not see how hard I was working to keep them safe? Did they not see the pain in my face from the burden I was carrying? I felt like tearing my hair out and screaming. Why was I working so hard to have teachers send angry emails, to have parents yell and hang up, to have people not listen to public health orders? Prescott got tested from COVID-19 on his 5th birthday in November. When I told people, I gave a fake laugh and would say, “What a birthday gift, eh?” or, “It won’t be a birthday he forgets!” I felt like I had to. I don’t even know what I was saying. My patience was so thin all the time, I found myself asking, “Am I a good mom?” I certainly didn’t feel like one. I started seeing a therapist through our district’s Employee Assistance Program (EAP), a luxury for sure. She had me write post-its and put them around my house to remind myself that I was doing a good job as a parent, as a spouse, as a nurse, as a co-worker, and as a friend. It was like smiling when you don’t feel like it, I hoped that if I read them enough in my head that I would start to believe them. I added Trazodone, an off-label antidepressant, that can be used as a sleep-aid so that I could sleep at night instead of lying awake every night thinking about all the things I still needed to do at work. Reclaiming job duties was something I just did not have the capacity for. My heart goes out to students who struggle with stuttering, but I had no extra time to think of anything beyond

basic needs. This was another case of something that I did not know was something school nurses managed as our district has speech pathologists who do instead of nurses. I doubted myself and it became another task item to feel guilty about.

Two-week rolling COVID-19 case numbers were increasing in November and the nurses had been asking for a change, something, anything, to cut down our caseload. The superintendent planned Zoom meetings with different groups of stakeholders in November and the nurses were one of them. 78 nurses and our superintendent met for an hour to provide feedback on how things were going. I spoke up and advocated for us and told him that school nurses loved their jobs and were a proud group of people who are willing to do the work needed, but that the number of cases and the work that we were having to do was not sustainable. I told him that we were not willing to jeopardize our licenses over unsafe working conditions. I was so proud of myself at that moment. I was finally able to articulate what I was feeling and what I needed. My words mattered to me. Secondary schools, where our district was seeing the highest spikes of cases in November 2020, went virtual the following week, and primary schools went virtual the Monday after thanksgiving. I dreaded being at home with my five-year-old again with trying to manage my work duties virtually. Preschool and some special education students would be staying in person. It was a sigh of relief.

That was how things would move during this time. Each time our district would close schools, they would make exceptions and bring kids back into the building. It was a game of risk versus benefit. Most students were not in-building and I was still taking angry phone calls and emails and I just wanted a break. I wrote on December 8, 2020 that I was proud of myself for “keeping my cool as a parent lectured me for 30 minutes about my apparent apathy.” I had a low bar for gratitude. I needed NASN to give me a decision tree for how to handle being yelled at

about COVID-19 and things outside of my control. Talking about the vaccine did not seem real until December when I knew friends in the hospital who were receiving theirs. I did not see it as hope yet, because it wasn't changing my daily struggle. I didn't have hope, I just felt numb. When I was doing this research, I reached out to NASN multiple times as a member to talk to them about the Weekly Digest and no one ever got back to me to answer my questions. I can recognize that there was a part of me that was looking for someone working at NASN to tell me that they were struggling too. I wanted to look forward, I did, I just couldn't see beyond my personal experience.

There is something to be said about a deficit of identity reconstruction, but also the inability for reception. Looking at the artifacts and textual analysis from this time period, the concept of unification using higher-level identities being unsuccessful (Gaertner, et al., 1994) or challenging to maintain (Dovidio, et al., 2007) became salient for me. NASN offered a return to a new normal regardless of if I was ready to reclaim that normal. The new normal was meant to serve as a unifier and I felt it was not an accurate representation of my experiences. The challenging part about identity reconstruction for such a large professional organization is that there is such variety in lived experience. Maybe some school nurses felt that a move to return to a new normal was a welcome change and they were able to manage both job duties required within that scope. I felt unseen and untouched by their broad thanks, but maybe in an area with fewer cases or in a different situation, that was what needed to be heard. NASN continued to tell me, as they had since the beginning, that I still had a job to do. They were tired and I was tired, but they reminded me that although my job had drastically changed, that I still had job duties outside of COVID-19. COVID-19 was the catalyst that caused the (identity) crisis and I had resources upon resources of managing COVID-19 in the school setting. I understood COVID-19

and I understood what work was expected of me to manage COVID-19, but my identity conflict in COVID-19 remained untouched. The newsletters touched on mental health in the abstract as something that I needed to seek out on my own. For anyone who has ever struggled with mental health, it can be so hard to name it, let alone ask for help. As a school nurse in an unstable world with job duties that were in flux, I needed to do both, all, everything. NASN told me they saw me, and they knew what I needed, but throughout this timeline, they never spoke of my challenges directly. Look forward school nurses, because NASN wrote a letter to our incoming president. Look forward school nurses, because your job is not done. Look forward school nurses, because health needs still exist. Look forward school nurses, because your actions reflect on the organization. Look forward and do it with a smile.

Chapter 5: Discussion

The goal of this research was to examine how a professional membership driven organization, the National Association of School Nurses (NASN), shaped professional identity for school nurses during crisis, both in context with COVID-19 and for the individual professional identity crisis. I sought to identify the communications strategies used by NASN during COVID-19 to strengthen the application of a communication lens for professional identity communication research and in doing so focused my research on professional identity (re)construction and crisis negotiation.

This project highlights how a professional organization may address a tension in a way that causes issues for their members—or dialectical tensions (Putnam, 2003). Dialectical tensions arise in negotiations when oppositions are presented as fallacies (Putnam, 2003). NASN, a membership driven professional organization, attempted to (re)construct school nurse identity by reminding them that they still had a job to do, and that job mattered, in addition to their COVID-19 job duties. Returning to the questions of *who am I?* and *who are we?* NASN told school nurses during COVID-19 that despite the shifts, the instability, the uncertainty, they were still school nurses. This is an example of a failed attempted of a professional organization using a ‘both-and’ dialectical tension (Putnam, 2003) to resolve identity conflict for members. The dual roles of the school nurse simultaneously create conflict in the two roles vying for priority. The opposition comes from the inability to manage both old job duties and new job duties simultaneously and the communication that the responsibility remains for both heightens that tension.

One thing this research highlighted was my own identity crisis progression over time. NASN’s attempts did not support my own identity (re)construction, but instead exacerbated it.

Through my personal narratives, the (re)construction I grappled with can be seen from milestone to milestone. In the 1st milestone, I started with avoidance that stemmed from my fear of the unknown that COVID-19 represented. The 2nd milestone exemplified how I began to accept and adapt to the situation and triaged what needed to be accomplished to continue moving forward. Finally, in the third milestone, I moved to advocating for my needs and asserting my boundaries in an attempt to control my environment. Using my personal experience as an example, these phases of (re)construction show how an individual may seek to navigate and try to resolve an identity crisis.

Professionals understand their professional identity through action (Wrzesniewski & Dutton, 2001), which impacts commitment (Pratt, et al., 2006). Professionals will work to avoid violations of their professional identity (Pratt, et al., 2006) and this research showed that professional associations can utilize avoidance in the same ways. In the face of confusion, NASN strayed from defining school nurse identity as one or the other and instead focused on *and*. School nurses maintain their job duties *and* COVID-19 responsibilities. NASN struggled guiding school nurses during the identity crisis that COVID-19 presented and resorted to resources, which aligned with their mission. In a collective-associative view (Ashcraft, 2013), the work school nurses participate in impacts how NASN approaches their responsibilities. The professionals, school nurses, enacted their work responsibilities, and NASN provided additional resources to meet those needs and acknowledged the reciprocal nature of professional work fueling professional identity (re)construction (Thornton, et al., 2012; Barbour & Lammers, 2015; Hendrikx, 2018). The professional association, as an organization, is more reliant on the professional and the professional's work for identity than the professional in the cycle of sensemaking as the professional association would not exist without the professional.

Professional associations require professionals for their organizations to exist and should therefore be more tied into their needs as individuals. Professions are institutionalized occupations (Hendrix, 2018; Abbott, 1998; DiMaggio & Powell, 1983) and rely on institutions to yield legitimacy (Garcia & Barbour, 2018) and autonomy (Gardner & Shulman 2005; Noordegraaf, 2016; Hendriks, W., 2018; Larson, 2017; Pratt, et al., 2006), however, professional associations lack autonomy in their reliance on the professional for their existence. If the professional does not exist, the professional association ceases to exist as well. Instead of being defined, like the professional, as *what they do* (Pratt, et al., 2006), they are defined as *what the professional does*, or since many of them maintain their licensure, *what they used to do*. Professionals function outside of the organization so they are less likely to become attached (Brown, et al., 2006; Lammers & Garcia, 2009; Mael & Ashforth, 1992; Roberts, 2005), but professional organizations' ability to function requires the professional. Professional associations maintain the status of the profession, but they have a heavier reliance on professionals for what makes up the profession as the individuals running the associations are no longer actively using their licensure. Professional associations are less abstracted than the organization-professional relationship (Lammers, et al., 2013), and instead rely on the professional for membership, continuation of the professional association, and legitimacy as one does not exist without the other. This reliance highlights the importance of why the voice of the professional and the experience of the professional should be prioritized.

NASN attempted to unify their constituents on a national level for professionals and instead of specifics, they chose broad characteristics and job duties to reduce the risk of alienation if the specifics did not apply. NASN aimed to connect constituents to the profession as opposed to connecting NASN with constituents. The context served as an indicator of unification

being successful under expanding the school nurse identity (Chreim, et al., 2007). This can be seen especially in the onset of COVID-19 when everyone was faced with the challenging task of making sense of the unknown. NASN spoke to the individual, but it can be seen instead as the individual having a conversation with their professional identity. The president represents NASN who represents school nurses and is not under the impression that they have to navigate everything. NASN is not saying they see *you*, they see the *school nurse*. The individual is diverse and complicated and weighed down with the specifics; the professional is easier to reduce to the profession in an attempt for unification.

NASN was at its strongest in unification at the beginning of COVID-19 because it was novel and new and there was a grace period for everyone. Most people were out of school and working remotely. School nursing was the higher-level identity that NASN chose as a unifier, which makes sense given their organizational goals. However, in an extended crisis, the lack of attention to other identities for members was limiting. In fact, NASN exacerbated the professional identity conflict disconnect between the professional self-image and the professional role by highlighting and reminding the school nurse of the surplus of responsibilities that they realistically did not have time to manage with COVID-19. Instability led to constant identity reconstruction, which NASN attempted to support with resources, but also reminders of tasks waiting and calls for additional support of members to NASN for school nurses overall and for NASN. NASN's use of a school nurse prototype (Ashforth & Mael, 1989; Rogers & Ashforth, 2017) that did not accurately depict the reality read as lacking in respect (Rogers & Ashforth, 2017). In crisis, the ability to think to self-actualization is not a reasonable ask.

NASN could have highlighted organizational communication adequacy (OCA) to better meet members' needs and work to reflect their work experience to help members be seen in a

unification attempt (Carlson & Lammers, 2019). In a professional organization, the support is for the profession, so there is less employee work participation, which makes OCA more important in having meaningful dialogue with members (Atouba, et al., 2019). Instead of job satisfaction, OCA can impact membership satisfaction, which directly impacts attachment to professional identity through a feeling of oneness or belonging (Mael & Ashforth, 1992). The professional association is removed from the workplace and are therefore not responsible for the job duties, the management, and access to supplies. A professional association is a guide to the profession and to guide well, they must accurately reflect members' experiences as it is already known the challenge for attaching professionals to an organization (Brown, et al., 2006; Lammers & Garcia, 2009; Mael & Ashforth, 1992; Roberts, 2005) and the risk for professional identity conflict when self-image and role are disconnected.

Theoretical Implications/Contributions

This project makes several theoretical contributions. First, it contributes to our understanding of how a crisis progresses. Next, it expands on the notion that professional identities are contested and salient. Finally, it shows how professionals may narrow their understanding of their professional identity as a way to avoid conflict using identity (re)construction.

To begin, the shift across the three milestones showed learning in the first milestone, preparing in the second milestone, and adapting in the third milestone. This evolution of managing a novel crisis aligns with how one might move toward normalcy with the onset of change and how temporality impacts identity negotiations. NASN's efforts fatigued as well as the messages from the president became shorter and shorter and the new resources linked for COVID-19 increased. NASN's organizational identity struggled in line with the professional

identities of their members during crisis, which highlights how a professional organization can be seen striving for identity (re)construction through their inability to connect with members. NASN was clear about their school nurse prototype having value, but in crisis, the prototype was unrealistic to achieve, which was alienating as a struggling member. Identity negotiations are ongoing and circumstantial (Pratt, et al., 2006), and even in an ongoing crisis, there is constant negotiation that occurs.

I did not feel respected because I did not feel like my situation was adequately acknowledged and I say this coming from a large enough district that we have over 70 school nurses. I am lucky enough to have the support of other school nurses at my ready, I can only imagine how school nurses on their own felt from the comparison. If I were them, I would have felt even more like a failure. I saw the value NASN placed on the 'we' but not on the many me's that make up their membership.

Next, this research expanded on the idea that professional identities are salient and contested; how that awareness in COVID-19 adds to our understanding by exploring this nuance during a crisis scenario; and how professionals will narrow their professional identity when in an identity crisis. Professionals will rely on their professional identity in a way that supports their job duties, their status, and how their professional identity aligns with their own self-image (Garcia & Barbour, 2018). During a crisis, salience of professional identity becomes polarizing, and professionals will turn towards their identity with increased commitment or turn away to mitigate identity conflict. NASN prioritized school nursing, while not adequately dealing with identity negotiation or (re)construction. My personal experience was to move away from other professionals outside my experience in a time of crisis seeking authenticity of experience and acknowledgement of identity crises. Pratt, et al. (2006) spoke of how professionals will strive to

adapt to avoid professional identity violations and while this is true, in crisis it may not be realistic. Instead, this project suggests that professionals may rely on professional identity salience that is conflicted and stress-inducing by narrowing their scope of connection with other professionals.

Finally, professionals will push for identity (re)construction when faced with change (Chreim, et al., 2007) and the identity customization (Pratt, et al., 2006) that arises may be more specific to experience. Exclusionary practices increase during crises as identity violations increase emotional responses (Cain, et al., 2019) and lead to inability to connect with previous peers. NASN focused on the national legislature, which was not applicable to a school nurse's everyday challenges. Belonging to the profession impacts a successfully unified professional identity (Barbour & Lammers, 2015), crisis challenges a sense of belonging as peers may not be experiencing the crisis in the same way, which narrows the focus of what your profession means. The context changed with COVID-19 and I no longer felt oneness with NASN. I did not position myself farther away from my school nurse coworkers, I did not position myself farther away from my school nurse identity, I positioned myself farther away from NASN as a leading source in my field of work because their narrative lacked authenticity. NASN provided a concept of self that no longer showed me how to "navigate [my life]" (Ashforth, et al., 2008, p. 334) because my life was and continues to be not just school nursing.

Practical Implications/Contributions

In this project there are several practical implications for school nurses, crisis communicators, and professional associations. To begin, school nurses should know that their experiences as professionals are not negated by what is absent in the communication from professional associations. Next, crisis communications should understand the importance of the

impact of identity fatigue. Lastly, professional associations should reflect and honor the personal experiences of the professional.

First, school nurses should know that professional associations serve a purpose and while they may employ professionals from the specific field, their opinion as the organization representing your profession does not negate your experiences. Having staff that understand a profession is integral to a successful professional organization. However, not all staff in a professional organization are currently working in the profession and will not have the same experience if the context changes drastically like in a crisis. School nurses should also know that as members of a professional association their feedback should be valued and they can take the opportunity to ask for an association that reflects their experience or for example, write research on their experience. NASN may have been in crisis too, as individuals in varying roles, as an organization, as contractors, but we cannot claim their experience, just as they cannot claim ours and our voices matter to better reflect our experience as a profession.

Second, crisis communicators should know that in an extended crisis, there is identity fatigue and how to negotiate and aid in identity (re)construction. Therefore, the ability to ask the right questions to discover what job duties and emotional needs may exist that need support and to define that distinction becomes critical. Crisis communicators should know that in crisis, the individual struggles to think beyond their own existence and that to help them, they need to have actionable steps that they can achieve. Asking for action on a macro-level, when they are unable to think beyond the micro-level, only adds to the stress they are feeling.

Lastly, professional organizations should know the importance of the personal narrative of their individual members who make up the profession. This transparency expands beyond winners of a professional organization's awards, for example, and instead includes that our

members have varying experiences and their narratives hold value and are worth repeating to understand the depth of our profession. A professional organization should know the benefit of talking about the struggles and challenges their members are facing within their job duties and beyond. The content a professional organization publishes will not apply to every member. However, striving to meet members where they are at in their career is a necessary goal. Whether that be facing issues like retirement, parenting struggles, or pay insufficiency. The professional association is not meant to solve all the problems of the professional but listening and acknowledging increases visibility and shows members respect. I did not expect NASN to have the answers. What I wanted from them as a member was for them to ask me what I needed and include voices of members in crisis. I did not have the capacity to celebrate scholarships for other members, but I would have appreciated hearing from other school nurses who were struggling. I wanted NASN to honestly talk about the challenges instead of just focusing on lifting me up.

This research showed there can be fatigue of the organization as well as the individual. Professional organizations who are communicating with dispersed members during a crisis should not shy away from talking about the challenges members may be facing. NASN not addressing the potential conflicting identities for members missed an opportunity at engaging members in a more meaningful way. Professional organizations can lend authenticity and understanding in connecting with members about the challenging parts of the job that remain unspoken instead of leaving members to feel abandoned or lacking professionally if struggles exist. In NASN's case, to have a profession that draws parents who want to have matching schedules with their children, not addressing the challenge of parenting during COVID-19 as a professional was a missed an opportunity to ingratiate themselves with their members who do

this job because of having children. NASN's minimal approach to conflicting identities, especially parenthood, read as tone deaf to talk about school families struggling and not talk more about school nurses with families. Looking at how other professional associations approach multiple identities of their members, like parenthood, race, gender, also present areas for future research that would benefit from further study.

Limitations/Directions for Future Research

Limitations for this research point to opportunities for further research to deepen the understanding of professional identity crisis. First, this study is limited by the single organization analyzed. Second, adding additional personal narratives from professionals in crisis could expand the depth of findings. Third, extending the study as the COVID-19 pandemic continues to add additional temporal milestones could continue to show the progression of professional identity crisis. Fourth, looking at the organizational identity crisis as opposed to individual members could provide the reasoning behind organizational identity (re)construction challenges.

To begin, one limitation is that this research is an in depth case study of one organization, NASN. Although looking at one organization allows us to see nuance, future studies should expand to use additional professional associations. Instead of looking at a specific organization, future research could compare multiple professional organizations in crisis settings to compare how identity (re)construction varied across fields or professions.

Additionally, another area for potential expansion is to increase the number of personal narratives used. While this paper focused on the lived experience of one individual, adding multiple experiences would benefit the variety of future research and variation in individual identity management in crisis. For a mixed methods study of auto-ethnography and textual analysis, my positionality drew out implications that would not have necessarily been drawn out

before. However, additional voices could deepen that area of analysis and add to the understanding of identity violations for professionals.

Next, an additional area for further research as the COVID-19 pandemic continues would be to increasing the scope of the research to include more data as the crisis continues. For example, since this analysis occurred there could has been a 4th milestone marked by the lifting of COVID-19 restrictions in the school setting and the introduction of the COVID-19 vaccine. And now we may even be seeing a 5th milestone that speaks to the seemingly cyclical nature of the beginning of the 21/22 school year, the increase in COVID-19 variants, and restrictions returning. Indeed, this crisis continues as does the negotiation of identities for school nurses.

Finally, while this study focused on the professional identity (re)construction by NASN to members, it would also be beneficial to look at the identity crisis that NASN had in the face of COVID-19. This research showed signs that NASN may have been experiencing an identity crisis of their own. For example, NASN's newsletters became shorter and less detailed as the pandemic continued in the sections reviewed by this study, their resources were repeated more frequently as time went on, and the newsletter became more detached from members. Changing the scope of this research to review NASN's fatigue, could compare how the subject matter changed throughout the pandemic in relation to their mission and vision statement, as well as the signs of fatigue in terms of length and depth of articles. Thus, delving further into this area of study could be beneficial for understanding NASN's strategies for interacting with members and how and why their struggles may have limited their ability to fulfill their mission and may provide important insight for other organizations negotiating crises.

Personal Narrative: Conclusion

My phone buzzed. I was on my way to pick up my son from early release on the last day of school for the 20/21 school year. Somehow, I made it through this year. I picked up the call and it was my health aide at my elementary school. I heard the panic in her voice as she described the symptoms of a student she believed was having an allergic reaction. That was the third time I had to have one of my schools call 911 that week. “Is there a full moon?” I thought to myself. This health aide had never given epinephrine to a student and I told her I was 5 minutes away from the school and adjusted my route. I would have to text Nick when I got there to pick up Prescott from school. Again. My health aide was nervous, but she was doing great. I put my blinker on to turn right and have her go grab the stock epinephrine for this student with no known allergies. She was still nervous and she said so, but I assured her that she identified the correct signs and we walked through her administration together. I let her know I was pulling up and she hung up to call the parents to meet EMS at the school, if possible. I shoot Nick a quick apology text and let him know an emergency came up and I need help. I put on my mask and swiped my fob to enter the building and was met with a swarm of students excited for summer. Masks bobbed up and down as staff tried to keep students contained for the last 10 minutes of the school year. The fact that we required epinephrine on the last day of school right before the last bell rang was indicative of this year. A fire truck pulled up and the kids gasped. My staff led EMS into the building and parents arrived shortly after. I walked them through what happened and connected them to the information needed and pulled up a seat and settled in. My health aide would need to fill out the proper paperwork next and I know it would take some time. The unpredictability of health needs served as a reminder of the long list of responsibilities on my plate. What a year this has been.

12 nurses left our district after this year and at this time, only 3 applications have been received. I was talking to my supervisor and she said that we just are not getting applicants. NASN advocated for a national budget line item for school nurses, but we have the funding and cannot get nurses to apply. The stress of increased caseloads looms over the start of the upcoming 21/22 school year. I'm trying not to think about it, but that hasn't been very successful. Our district is working with our county and state public health and in the fall, masks will not be required for vaccinated parties or children under 11-years-old. When I saw that email come across, I groaned. Who will manage that witch hunt? The school nurse. Staff and students won't comply, just like they didn't comply with mask wearing. Everything seems so different with mask guidelines being removed and people talking about COVID-19 being "over." It doesn't feel over yet and I wonder how long it will take me to feel like my job is back to normal, like I am back to normal. I felt progress in my individual (re)construction with every COVID-19 vaccine I gave this spring, but I still have a way to go.

This research journey has brought to the surface the feelings I still hold about being a school nurse in COVID-19. I feel both that NASN as the national association representing my profession did not understand what I was going through as they were not working in the schools like I was, and I feel imposter syndrome when I receive external accolades for being called "a front line healthcare worker" when the nuance of not working bedside in a hospital does not escape me. I didn't realize the anger I still harbored, but I feel it come bubbling to the surface and I don't know how to reconcile some of those feelings as COVID-19 continues. Things will be different next year at school, but the impact from this school year lingers. We are down nurses, our school budget is dipping into reserves, and everyone is exhausted. Sometimes I don't know what I was thinking, but I ran for the executive board of the Colorado Association of

School Nurses (CASN) and was elected to the secretary position. If I feel like NASN could do better at connecting with constituents, I want to find a way to contribute that feedback in a meaningful way. We were discussing our annual CASN conference for the fall, which will be held virtually, and subject areas for presentations were being discussed. One of the ideas brought forth was a facilitated discussion for school nurses in Colorado to understand how similar and different their policies and procedures are. I jumped at the opportunity to direct it towards COVID-19. An opportunity to hear and be heard in our struggles. I want to get us, the school nurse community, to a place where we are talking about what is hard and naming the conflicts. I know I will learn something about what it means to be a school nurse and I think hearing the struggles, hearing the variation, hearing the voices will help me with my school nurse identity (re)construction.

References

- Abbott, A. (1988). *The systems of professions: An essay on the division of expert labor*. The University of Chicago Press.
- Albert, S., & Whetten, D. A. (1985). Organizational identity. In B. M. Straw & L. L. Cummings (Eds.), *Research in organizational behavior* (Vol. 7, pp. 263-295). Greenwich, CT: JAI Press.
- Ashcraft, K. L. (2007). Appreciating the ‘work’ of discourse: Occupational identity and difference as organizing mechanisms in the case of commercial airline pilots. *Discourse & Communication, 1*, 9-36.
- Ashcraft, K. L. (2013). The glass slipper: ‘Incorporating’ occupational identity in management studies. *Academy of Management Review, 38*(1), 6-31.
- Ashforth, B. E., Harrison, S. H., & Corley, K. G. (2008). Identification in organizations: An examination of four fundamental questions. *Journal of Management, 34*(3), 325-374.
- Ashforth, B. E., & Mael, F. (1989). Social identity theory and the organization. *The Academy of Management Review, 14*(1), 20-39.
- Ashforth, B. E., Rogers, K. M., & Corley, K. (2011). Identity in organizations: Exploring cross-level dynamics. *Organization Science, 22*, 1144-1156.
- Atkinson, P. (1990). *The Ethnographic Texts*. Newbury Park, CA: Sage.
- Atkinson, P., & Silverman, D. (1997). *Kundera’s immortality: The interview society and the invention of the self*. 3(3) 3-4-325.
- Atouba, Y. C. A., Carlson, E. J., & Lammers, J. C. (2019) Directives and dialogue: Examining the relationship between participative organizational communication practices and

- organizational identification among IT workers. *International Journal of Business Communication*, 56(4), 530-59.
- Barbour, J. B., & Lammers, J. C. (2015). Measuring professional identity: A review of the literature and a multilevel confirmatory factor analysis of professional identity constructs. *Journal of Professions and Organization*, 2(1), 1-55.
- Barley, S. R. (1989). Careers, identity and institutions: The legacy of the Chicago School of Sociology. In M. B. Arthur, D. T. Hall, & B. S. Lawrence (Eds.) *Handbook of career theory* (pp. 41-65). Cambridge University Press.
- Bayerl, P. S., Horton, K. E., & Jacobs, G. (2018). How do we describe our professional selves? Investigating collective identity configurations across professions. *Journal of Vocational Behavior*, 107, 168-181.
- Brown, T. J, Dacin, P. A., Pratt, M. G., & Whetten, D. A. (2006). Identity, intended image, construed image, and reputation: An interdisciplinary framework and suggested terminology. *Journal of Academy of Marketing Science*, 34, 99-106.
- Burke, K. (2001). From a rhetoric of motives, In P. Bizzell & B. Herzberg (Eds), *The rhetorical tradition: Readings from classical times to the present* (2nd ed., pp. 1324-1340). Bedford/St. Martin's.
- Cain, C. L., Frazer, M., & Kilaberia, T. R. (2019). Identity work within attempts to transform healthcare: Invisible team processes. *Human Relations*, 2(2), 370-396.
- Carmeli, A., Cohen-Meitar, R., & Elizur, D. (2011). The role of job challenge and organizational identification in enhancing creative behavior among employees in the workplace. *The Journal of Creative Behavior*, 41(2), 75-90.

- Carmeli, A., Gershon, G., & Waldman, D. A. (2007). The role of perceived organizational performance in organizational identification, adjustment and job performance. *Journal of Management Studies*, 44(6), 972-992
- Centers for Disease Control and Prevention. (2021, July 7). *CDC COVID-19 data tracker* [Data set, Infographic]. CDC. Retrieved July 7, 2021, from https://COVID-19.cdc.gov/COVID-19-data-tracker/#cases_casesper100klast7days
- Charmaz, K. (2006). *Constructing grounded theory: A practical guide through qualitative analysis*. Thousand Oaks, CA: Sage.
- Cheney, G. (1983). The rhetoric of identification and the study of organizational communication. *Quarterly Journal of Speech*, 69, 143-158.
- Cheney, G., & Ashcraft, K. L. (2007). Considering ‘the professional’ in communication studies: Implications for theory and research within and beyond the boundaries of organizational communication. *Communication Theory*, 17, 146-175.
- Chreim, S. (2002). Influencing organizational identification during major: A communication-based perspective. *Human Relations*, 55(9), 1117-1137.
- Chreim, S., Williams, B. E., & Hinings, C. R. (2007). Interlevel influences on the reconstruction of professional role identity. *Academy of Management Journal*, 50(6), 1515-1539.
- Clark, C. (1997). *Misery and company” Sympathy in everyday life*. Chicago: University of Chicago Press.
- Coffey, A. (1999). *The ethnographic self: Fieldwork and the representation of identity*. Sage.
- Croft, C., Currie, G., & Lockett, A. (2015). Broken ‘two-way windows’? An exploration of professional hybrids. *Public Administration*, 93(2). 380-394.

- Dickler, J. (2021, January 20). *Teachers are next in line for the Covid vaccine, paving the way for school to reopen*. msn. Retrieved January 21, 2021, from <https://www.msn.com/en-us/money/careersandeducation/teachers-are-next-in-line-for-the-covid-vaccine-paving-the-way-for-schools-to-reopen/ar-BB1cTDcq>
- DiMaggio, P. J., & Powell, W. W. (1983). The iron cage revisited: Institutional isomorphism and collective rationality in organizational fields. *American Sociological Review*, 48, 147-160.
- DiSanza, J. R., & Bullis, C. (1999). 'Everyone identifies with Smokey the Bear': Employee responses to newsletter identification inducement at the US Forest Service. *Management Communication Quarterly*, 12, 347-399.
- Dorn, E., Hancock, B', Sarakatsannis, J, & Wiruleg, E. (2020, December 8). *COVID-19 and learning loss—disparities grow and students need help*. McKinsey&Company. Retrieved January 21, 2020, from, <https://www.mckinsey.com/industries/public-and-social-sector/our-insights/covid-19-and-learning-loss-disparities-grow-and-students-need-help#>
- Dovidio, J. F., Gaertner, S. L., & Saguy, T. (2007). Another view of 'we': Majority and minority group perspectives on a common ingroup identity. *European Review of Social Psychology*, 18(1), 296-330.
- Dutton, J. E., Dukerich, J. M., & Harquail, C. V. (1994). Organizational images and member identification. *Administrative Science Quarterly*, 39(2), 239-263.
- Eckel, C. C., & Grossman, P. J. (2005). Managing diversity by creating team identity. *Journal of Economic Behavior & Organization*, 58(3), 371-392.
- Ellingson, L. L. (1998). "Then you know how I feel": Empathy, identification, and reflexivity in fieldwork. *Qualitative Inquiry*, 4(4), 492-514.

- Elsbach, K. D. (1999). Organizational identity. In B. M. Staw & R. I. Sutton (Eds.), *Research in organizational behavior* (Vol. 21, pp. 163-200). Greenwich, CT: JAI Press.
- Fiol, M. (2002). Capitalizing on paradox: The role of language in transforming organizational identities. *Organizational Science*, 13(6), 653-666.
- Gaertner, S. L., Rust, M. C., Dovidio, J. F., Bachman, B. A., & Anastasio, P. A. (1994). The contact hypothesis: the role of a common ingroup identity on reducing intergroup bias among majority and minority group members. *Small Group Research*, 25(2), 224-249.
- Garcia, M. A., & Barbour, J. B. (2018). 'Ask a professional—ask a librarian': Librarianship and the chronic struggle for professional status. *Management Communication Quarterly*, 32(4), 565-592.
- Gardner, H., & Shulman, L. S. (2005). The professions in America today: Crucial but fragile. *Daedalus*, 134(3), 13-18.
- Glaser, B. G.; & Strauss, A. L. (1967). *The discovery of grounded theory*. New York, NY: Aldine de Gruyter.
- Haslam, S. A., & Ellemers, N. (2005). Social identity in industrial and organizational psychology: Concepts, controversies and contributions. *International Review of Industrial and Organizational Psychology*, 20, 39-118
- Hendrikx, W. (2018). Priced not praised: Professional identity of GPs within market-oriented healthcare reform. *Journal of Professions and Organizations*, 5, 12-27.
- Hogg, M. A., & Terry, D. J. (2001). Social identity theory and organizational processes. In M. A. Hogg & D. J. Terry (Eds.), *Social identity processes in organizational contexts* (pp. 1-12). Philadelphia, PA: Psychology Press.

- Hornsey, M. J. (2008). Social identity theory and self-categorization theory: A historical review. *Social and Personality Psychology Compass*, 2(1), 204-222.
- Hubler, S., Taylor, K., & Nierenberg, A. (2020, December 22). *COVID-19 impact: Public schools face funding 'death spiral' as enrolment drops*. moneycontrol. Retrieved January 21, 2021, from <https://www.moneycontrol.com/news/world/covid-19-impact-public-schools-face-funding-death-spiral-as-enrolment-drops-6260951.html>
- Kreiner, G. E., & Ashforth, B. E. (2004). Evidence toward an expanded model of organizational identification. *Journal of Organizational Behavior*, 25, 1-27.
- Kruesi, K., & Mattise, J. (2021, January 19). *Education in virus era dominates Tennessee special session*. Washington Times. Retrieved January 21, 2021, from <https://www.washingtontimes.com/news/2021/jan/19/education-in-virus-era-dominates-tennessee-special/>
- Kuhn, T., & Nelson, N. (2002). Reengineering identity: A case study of multiplicity and duality in organization identification. *Management Communication Quarterly*, 16, 5-38.
- Lammers, J. C., Atouba, Y. L., & Carlson, E. J. (2013). "Which identities matter? A mixed-method study of group, organizational, and professional identities and their relationship to burnout." *Management Communication Quarterly*, 27(4). 503-536.
- Lammers, J. C., & Garcia, M. A. (2009). Exploring the concept of 'profession' for organizational communication research: Institutional influences in a veterinary organization. *Management Communication Quarterly*, 22(3), 357-384.
- Larson, G. S., & Pepper, G. L. (2003). Strategies for managing multiple organizational identifications: A case of competing identities. *Management Communication Quarterly*, 16, 528-557.

- Larson, M. S. (2017) *The rise of professionalism: Monopolies of competence and sheltered markets*. (1st Ed.) Routledge. (Original work published 2013).
- Levinson, H., Molinari, J., & Spohn, A. G. (1972). *Organizational Diagnosis*. Cambridge, MA: Harvard University Press.
- Lincoln, Y.S., Lynham, S.A., & Guba, E.G. (2018). Paradigmatic controversies, contradictions, and emerging confluences, revisited. In N. K. Denizan & Y. S. Lincoln (Eds.), *The Sage Handbook for Qualitative Research* (5th ed., 108-150). Sage.
- Locke, K. (2001). *Grounded theory in management research*. London, UK: Sage.
- Mael, F., & Ashforth, B. E. (1992). Alumni and their alma mater: A partial test of the reformulated model of organizational identification. *Journal of Organizational Behavior*, *13*, 103-123.
- Mael, F., & Ashforth, B. E. (1995). Loyal from day one: Biodata, organizational identification, and turnover among newcomers. *Personnel Psychology*, *48*(2), 309-333.
- Meisenbach, R. J. (2008). Working with tensions: Materiality, discourse and (dis) empowerment in occupational identity negotiation among higher education fundraisers. *Management Communication Quarterly*, *22*, 258-287.
- Meisenbach, R. J., & Kramer, M. W. (2014). Exploring nested identities: Voluntary membership, social category identity, and identification in a community choir. *Management Communication Quarterly*, *28*(2), 187-213.
- Miles, M. B.; & Huberman, A. M. (1994). *Qualitative data analysis*. Thousand Oaks, CA: Sage.
- Miller, V. D., Allen, M., Casey, M. K., & Johnson, J. R. (200). Reconsidering the organizational identification questionnaire. *Management Communication Quarterly*, *13*, 626-658.

- Minority Nurse. (2015). *Nursing statistics* [Infographic]. Minoritynurse.com. Retrieved November 8, 2020, from <https://minoritynurse.com/nursing-statistics/>
- Morgan, J. M., Reynolds, C. M., Nelson, T. J., Johannigmeier, A. R., Griffin, M., & Andrade, P. (2004) Tales from the fields: Sources of employee identification in agribusiness. *Management Communication Quarterly*, 17, 360-395.
- National Association of School Nurses. (2020). *NASN weekly digest*. NASN. Retrieved November 8, 2020, from <https://www.nasn.org/nasn/nasn-resources/publications/weekly-digest>
- National Association of School Nurses. (2021). *About NASN*. NASN. Retrieved January 20, 2021, from <https://www.nasn.org/about-nasn/about>
- Noordegraaf, M. (2011). Remaking professionals? How associations and professional education connect professionalism and organizations. *Current Sociology*, 59(4), 465-488.
- Pratt, M. G. (2000). The good, the bad, and the ambivalent: Managing identification among Amway distributors. *Administrative Science Quarterly*, 45, 456-493.
- Pratt, M. G., Rockmann, K. W., & Kaufmann, J. B. (2006). Constructing professional identity: The role of work and identity learning cycles in the customization of identity among medical residents. *Academy of Management Journal*, 49(2), 235-262.
- Putnam, L. (2003). Dialectical tensions and rhetorical tropes in negotiations. *Organization Studies*, 25(1), 35-53.
- Richardson, L. (2001). Getting personal: Writing stories. *International Journal of Qualitative Studies in Education*, 14(1), 33-38.
- Richardson, L. (2000). Writing: A method of inquiry. In N. K. Denzin & Y. S. Lincoln (Eds.), *Handbook of qualitative research* (2nd ed., pp. 923-948). Sage.

- Riketta, M. (2005). Organizational identification: A meta-analysis. *Journal of Vocational Behavior, 66*, 358-384.
- Riketta, M., & van Dick, R. (2005). Foci of attachment in organizations: A meta-analytic comparison of the strength and correlates of workgroup versus organizational identification and commitment. *Journal of Vocational Behavior, 67*, 490-510.
- Riketta, M., van Dick, R., & Rousseau, D. M. (2006). Employee attachment in the short and long run: Antecedents and consequences of situated and deep-structure identification. *Zeitschrift fur Personalpsychologie, 5*(3), 85-93.
- Roberts, L. M. (2005). Changing faces: Professional image construction in diverse organizational settings. *The Academy of Management Review, 30*, 91-119.
- Robson, C.; & McCartan, K. (2016). *Real world research: A resource for users of social research methods in applied settings* (4th ed). London, UK: Wiley.
- Rogers, K. M., & Ashforth, B. E. (2017). Respect in organizations: Feeling valued as ‘we’ and ‘me’. *Journal of Management, 43*(5), 1578-1608.
- Rousseau, D. M. (1998). Why workers will still identify with organizations. *Journal of Organizational Behavior, 19*, 217-233.
- Saldaña, J. (2009). *The coding manual for qualitative researchers*. Thousand Oaks, CA: Sage.
- Saldaña, J. (2011). *Fundamentals of qualitative research*. New York, NY: Oxford University Press.
- Saldaña, J. (2016). *The coding manual for qualitative researchers*. (3rd ed.), London, UK: Sage.
- Sass, J. S., & Canary, D. J. (1991). Organizational commitment and identification: An examination of conceptual and operational convergence. *Western Journal of Speech Communication, 55*, 275-293.

- Scott, C. R. (2007). Communication and Social Identity Theory: Existing and potential connections in organizational identification research. *Communication Studies*, 58, 123-138.
- Scott, C. R., Corman, S. R., & Cheney, G. (1998). Development of a structural model of identification in the organization. *Communication Theory*, 8, 298-336.
- Scott, C. R., & Stephens, K. K. (2009). It depends on who you're talking to...: Predictors and outcomes of situated measures of organizational identification. *Western Journal of Communication*, 73, 370-394.
- Scott, C. R., & Timmerman, C. E. (1999). Communication technology use and multiple workplace identification among organizational teleworkers with varied degrees of virtuality. *IEEE Transactions of Professional Communication*, 42, 240-260.
- Sillince, J. A. (1999). The role of political language forms and language coherence in the organizational change process. *Organizational Studies*, 20, 485-518.
- Silva, D., & Sias, P. M. (2010). Connection, restructuring, and buffering: How groups link individuals and organizations. *Journal of Applied Communication Research*. 38, 145-166.
- Strauss, A. L.; & Corbin, J. M. (1990). *Basics of qualitative research: Grounded theory procedures and techniques*. Newbury Park, CA: Sage.
- Strauss, A. L.; & Corbin, J. M. (1998). *Basics of qualitative research: Techniques and procedures for developing grounded theory* (2nd ed.). Thousand Oaks, CA: Sage.
- Swann, W. B. (1987). Identity negotiation: Where two roads meet. *Journal of Personality and Social Psychology*, 53, 1038-1051.

- Tajfel, H., & Turner, J. C. (1979). An integrative theory of intergroup conflict. In W. G. Austin & S. Worchel (Eds.), *The social psychology of group relations* (pp. 33-47). Monterey, CA: Brooks-Cole.
- Tajfel, H., & Turner, J. C. (1986). The social identity theory of intergroup behavior. In S. Worchel & W. G. Austin (Eds.), *Psychology of intergroup relations* (2nd ed., pp.7-24). Chicago, IL: Nelson-Hall.
- Tajfel, H., & Turner, J. C. (2004). The social identity theory of intergroup behavior. In J.T. Jost & P. Sidanius (Eds), *Political psychology: Key readings in social psychology*. New York, NY: Psychology Press.
- Thornton, P. H.; Ocasio, W.; & Lounsbury, M. (2012). *The institutional logics perspective: A new approach to culture, structure and process*. Oxford University Press.
- Tompkins, P. K., & Cheney, G. (1985). Communication and unobtrusive control in contemporary organizations. In R. D. McPhee & P. K. Tompkins (Eds.), *Organizational communication: Traditional themes and new directions* (pp. 179-210). Beverly Hills, CA: Sage.
- Tracy, S. J. (2013). *Qualitative research methods: Collective evidence, crafting analysis, communicating impact*. United Kingdom: Wiley-Blackwell.
- Tracy, S. J. (2018). A phronetic iterative approach to data analysis in qualitative research. *질적연구*, 19(2), 61–76.
- Willgerodt, M, & Brock, D. (2016). *School nurses in the U.S.* [Infographic]. NASN School Nurse Workforce Study, University of Washington.
<https://higherlogicdownload.s3.amazonaws.com/NASN/3870c72d-fff9-4ed7-833f->

215de278d256/UploadedImages/PDFs/Advocacy/2017 School Nurses in the Nation I
nfographic .pdf

Williams, E. A., & Connaughton, S. L. (2012). Expressions of identifications: The nature of talk and identify tensions among organizational members in a struggling organization.

Communication Studies, 63(4), 457-481.

Williams, E. A., & Jensen, R. E. (2016). Conflicted identification in the sex education classroom:

Balancing professional values with organizational mandates. *Qualitative Health*

Research, 26(11), 1574-1586.

Wrzesniewski, A., & Dutton, J. E. (2001). Crafting a job: Revisioning employees as active

crafters of their work. *The Academy of Management Review*, 26, 179-201.

Appendix 1: 1st Milestone: 1st Level Codes

(Changing) Job Duties	In crisis	NASN benefits	Value of connection	Not just a school nurse	Thank You	(Unsolicited) advice
(contribute to) safety	acuity	advocacy	collaboration	mental health	congratulations	be strong
adaptable	clinical	call to action	collective	not just a school nurse	good luck	control what you can
education focused	COVID	connecting to other nurses	community	outside of school	heroes	cope and move forward
experienced	crisis	external validation	connection to members	working from home	importance of SN	hard for everyone
health education	crisis management	good news	Diversity	work-life balance	past SNs in crisis	job to do
increase in acuity	guided by science	increase visibility	emotion based		thank you	keep going
increase in job duties	higher level of care	individual advocacy	emotion management		words of support	limit consumption
instability	low supplies	influence	interdisciplinary		you are needed	not easy
job duties extend out of school	novel	interdisciplinary validation	participatory		your voice matters	not just you
leaders	ongoing	investing in members	president involvement			patronizing
new job duties	risk	macro scale	speaking to individual			protect yourself
old job duties		member benefit	teamwork			self-care
overworked		member highlight				self-preservation
parent connections		member recognition				shaming
pride in profession		members matter				still have a job to do
professional		membership benefits				wellness
purpose		organizational advocacy				
re-entry		protection				
reliable		recognition				
remote learning		resources				
remote working		self-promotion				
re-opening		up to date				
school setting/job setting						
symptoms						
timeliness						
uncertainty						
vulnerable						

Appendix 2: 1st Milestone: 2nd Level Codes Compiled

Date:	3.5.20	3.12.20	3.18.20	3.26.20	4.2.20	4.9.20	4.16.20	4.23.20	4.29.20	5.7.20	5.14.20	5.21.20	Total #	Total %
PM:														
(Changing) job duties	6	2	5	2	4	6	5	0	3	3	1	0	37	18%
In crisis	3	6	3	1	2	3	2	0	0	1	0	1	22	11%
NASN benefits	6	2	3	3	3	1	3	6	8	8	4	1	46	22%
Value of connection	6	0	6	10	5	1	5	3	7	6	4	6	59	29%
Not just a school nurse	1	0	0	6	1	0	1	0	0	0	0	6	15	7%
Thank you	1	0	1	0	2	0	0	0	0	2	0	0	6	3%
(Unsolicited) advice	2	0	1	5	0	1	2	0	0	1	0	8	20	10%
												Total:	205	
CVD:														
(Changing) job duties	N/A	N/A	10	6	5	4	3	0	14	7	5	2	56	37%
In crisis	N/A	N/A	13	3	5	3	2	0	9	2	2	1	40	26%
NASN benefits	N/A	N/A	13	5	9	5	2	0	11	3	3	0	51	33%
Value of connection	N/A	N/A	1	2	0	0	0	0	0	0	2	0	5	3%
Not just a school nurse	N/A	N/A	0	0	0	0	0	0	0	0	0	0	0	0%
Thank you	N/A	N/A	0	0	0	1	0	0	0	0	0	0	1	1%
(Unsolicited) advice	N/A	N/A	0	0	0	0	0	0	0	0	0	0	0	0%
												Total:	153	
Overall:														
(Changing) job duties	7	2	15	8	9	10	8	0	17	10	6	2	94	26%
In crisis	3	6	16	4	7	6	4	0	9	3	2	2	62	17%
NASN benefits	6	2	16	6	12	6	5	6	19	11	7	1	97	27%
Value of connection	6	0	7	12	5	1	5	3	7	6	6	6	64	18%
Not just a school nurse	1	0	0	6	1	0	1	0	0	0	0	6	15	4%
Thank you	1	0	1	0	2	1	0	0	0	2	0	0	7	2%
(Unsolicited) advice	2	0	1	5	0	1	2	0	0	1	0	8	20	6%
												Total:	359	

Appendix 3: 1st Milestone: Value of Connection: 3rd Level Codes Compiled

Date:	3.5.20	3.12.20	3.18.20	3.26.20	4.2.20	4.9.20	4.16.20	4.23.20	4.29.20	5.7.20	5.14.20	5.21.20	Total #	Total %
PM:														
Collective (we/us/our)	0	0	0	9	4	8	2	3	4	4	7	3	0	44
NASN	2	1	0	0	0	0	0	0	0	1	0	1	0	5
Individual (I/you/me)	12	0	6	11	6	6	0	4	1	8	11	0	9	68
School nurses	0	0	0	0	1	3	1	0	0	4	2	1	0	12
												Total:	129	
CVD:														
Collective	N/A	N/A	0	0	0	0	0	0	0	0	0	0	0	0
NASN	N/A	N/A	0	0	0	0	0	0	0	0	0	0	0	0
Individual	N/A	N/A	3	5	0	0	0	0	0	0	0	0	0	8
School nurses	N/A	N/A	0	1	0	1	2	0	8	6	3	0	21	72%
												Total:	29	
Total:														
Collective	0	0	0	9	4	8	2	3	4	4	7	3	0	44
NASN	2	1	0	0	0	0	0	0	0	1	0	1	0	5
Individual	12	0	6	9	16	6	0	4	1	8	11	0	9	76
School nurses	0	0	0	0	2	3	2	2	0	12	8	4	0	33
												Total:	158	

Appendix 4: 2nd Milestone: 1st Level Codes

Back to School	What NASN Does for You	Whole Child	A Seat at the Table	SN (Identity) Stress
hybrid learning	call for advocacy	asthma	essential	coping strategies
learning	call for donations	childhood obesity	importance of SNs	increased stress
importance of academic success	call to action	eliminate racism	infectious disease readiness	commitment to being SN
increase access	emotion management	health concerns	critical role	connection to SN-ing
different	invest in SNs	health education	public health	mental health
ready to learn	member benefit	healthy kids	public health threat	mental stress
re-entry	member contributions	immunizations	pandemic	monetary stress
remote learning	membership involvement	new normal	COVID crisis	need more SNs
re-opening	membership opportunity	oral health needs	PPE	new job duties
challenging	data creation	vision screening	preparing	SN identities
return to school	increase awareness	whole child	safer return to school	working from home
not prepared	NASN adapting	disabilities	safety priority	
school setting changes	NASN advocacy		safety protocols	
start of school year	NASN benefits		SN feedback	
students served	NASN commitment		SN influence	
insufficient funding	NASN community		SNs provide support	
unique circumstances	NASN conference		SN recognition	
virtual	NASN resources		work together	
	NASN sponsors			
	call for individual advocacy			
	personal approach			
	positive feedback			
	purpose			
	quality content			
	recommendations			
	resources			
	self-promotion			
	social media presence			
	support NASN support SNs			
	thank you NASN			
	visibility			

Appendix 5: 2nd Milestone: 2nd Level Codes Compiled

Date:	5.28.20	6.4.20	6.11.20	6.18.20	6.25.20	7.2.20	7.9.20	7.16.20	7.23.20	7.30.20	8.6.20	8.13.20	8.20.20	8.27.20	9.3.20	Total #	Total %	
PM:																		
Back to School	3	0	0	0	0	0 N/A	0	0	1	3	4	1	0	2	1	4	19	16%
What NASN Does for You	2	3	4	7	7	6 N/A	7	4	4	3	4	1	6	2	1	5	55	45%
Whole Child	0	2	0	0	0	0 N/A	0	0	0	0	0	7	6	0	5	0	20	17%
A Seat at the Table	3	0	0	0	0	0 N/A	0	6	0	4	4	0	0	0	1	2	16	13%
SN (Identity) Stress	3	0	0	0	0	0 N/A	0	0	0	0	0	0	2	6	0	0	11	9%
																Total:	121	
CVD:																		
Back to School	0	0	0	0	0	0 N/A	3	0	0	0	0	1	0	0	2	0	6	16%
What NASN Does for You	0	0	0	0	0	0 N/A	5	0	0	0	0	1	0	2	2	1	11	30%
Whole Child	0	0	0	0	0	0 N/A	0	0	0	0	1	1	1	3	3	0	9	24%
A Seat at the Table	0	0	0	0	0	0 N/A	3	0	0	0	0	2	3	1	2	0	11	30%
SN (Identity) Stress	0	0	0	0	0	0 N/A	0	0	0	0	0	0	0	0	0	0	0	0%
																Total:	37	
Overall:																		
Back to School	3	0	0	0	0	0 N/A	3	1	3	4	4	2	0	2	3	4	25	16%
What NASN Does for You	2	3	4	7	7	6 N/A	12	4	4	3	4	2	6	4	3	6	66	42%
Whole Child	0	2	0	0	0	0 N/A	0	0	0	0	1	8	7	3	8	0	29	18%
A Seat at the Table	3	0	0	0	0	0 N/A	3	6	0	4	4	2	3	1	3	2	27	17%
SN (Identity) Stress	3	0	0	0	0	0 N/A	0	0	0	0	0	0	2	6	0	0	11	7%
																Total:	158	

Appendix 6: 3rd Milestone: 1st Level Codes

COVID-19 Crisis Continues	Reclaiming Job Duties	Shifting Settings	A School Nurse e...	A School Nurse Uses	We at NASN See You	Looking Forward
COVID accommodations	asthma management	back to school	adaptability	CDC guidance	call for membership	20-21 school year
COVID tracking tool	back to basics	challenging year	caaring for each other	community interventions	call to action	antibodies
COVID-19 pandemic	best practices	different learning setting	data collection	community resources	confidence in SNs	challenging but inspiring
diagnosis screening	chronic absenteeism	different than in years past	healthcare workers	culture of active engagement	data guidance	COVID vax in progress
grieving students	chronic health conditions	hard work	hygiene education	current evidence	encouragement	CVD immunity
in-person transmission	common chronic conditions	hybrid	important work	equity lens	evidence-based research	healthy new year
PPE	diabetes awareness	in-person learning	integral members of school team	latest research	free for members	look forward to 2021
sick students at school	every student counts	integrate safety	lead the way	learning resources	member benefits	moving into 2021
social distancing	food allergies	new challenges	minimize effect	local health department	NASN advocacy	vaccine information
symptom screening	health-related absences	plan to reopen	professional development	mitigation strategies	NASN creates	
times of crisis and uncertainty	healthy, safe, and ready to learn	possibly closing soon	protect general health and welfare	new policies and practices	NASN lead guidance	
unprecedented time	mental health issues	remote learning	reduce risk	resources	NASN membership	
vaccine hesitant	mental illness awareness	re-opening	resilience	safety protocols	NASN mission	
when to quarantine	physical activity	reopening safely	school nurses can help	school guidance	NASN networking	
	school meal programs	school under way	passion for school nursing	school nurse voices	NASN partners	
	stuttering awareness	schools reopened		school nursing practice	NASN priorities	
		virtual learning environment		social media posts	NASN provides	
		working in schools			NASN publications	
					NASN resource	
					NASN supports data	
					NASN supports you	
					NASN vision	
					nurses retained long-term	
					participation leads to greater funds	
					provide funding for every school	
					SN health and well-being	
					thankful for you	

Appendix 7: 3rd Milestone: 2nd Level Codes Compiled

Date:	9.10.20	9.17.20	9.24.20	10.1.20	10.8.20	10.15.20	10.22.20	10.29.20	11.5.20	11.12.20	11.19.20	12.3.20	12.10.20	12.17.20	Total #	Total %	
PMI:																	
COVID-19 Crisis Continues	1	1	0	2	0	4	1	1	0	0	4	4	1	0	0	15	12%
Reclaiming Job Duties	1	0	0	2	4	2	5	3	2	0	0	0	0	0	0	19	16%
Shifting Settings	5	0	0	0	0	2	3	1	0	2	0	1	1	1	1	16	13%
A School Nurse...	5	2	4	1	1	4	3	3	4	2	1	2	0	1	33	27%	
We at NASN See You	3	2	4	4	2	3	1	0	2	3	3	4	3	1	35	29%	
Looking Forward	0	0	0	0	0	0	0	0	0	0	1	0	0	3	4	3%	
															Total:	122	
CVD:																	
COVID-19 Crisis Continues	2	1	2	0	0	1	3	0	4	2	4	5	9	5	38	34%	
Reclaiming Job Duties	3	0	2	0	0	0	1	0	4	0	2	0	2	0	14	13%	
Shifting Settings	1	2	0	0	0	0	0	0	2	1	0	0	5	5	16	14%	
A School Nurse...	0	1	0	0	0	0	3	0	3	2	6	4	6	1	26	23%	
We at NASN See You	0	2	2	0	0	0	0	0	1	0	2	1	0	0	8	7%	
Looking Forward	0	0	0	0	0	2	0	0	0	1	0	3	2	2	10	9%	
															Total:	112	
Overall:																	
COVID-19 Crisis Continues	3	2	2	2	0	5	4	1	4	2	8	6	9	5	53	23%	
Reclaiming Job Duties	4	0	2	2	4	2	6	3	6	0	2	0	2	0	33	14%	
Shifting Settings	6	2	0	0	0	2	3	1	2	3	0	1	6	6	32	14%	
A School Nurse...	5	3	4	1	1	4	6	3	7	4	7	6	6	2	59	25%	
We at NASN See You	3	4	6	4	2	3	1	0	3	3	5	5	3	1	43	18%	
Looking Forward	0	0	0	0	0	2	0	0	0	1	1	3	2	5	14	6%	
															Total:	234	

Appendix 8: Figures 1-3: Lydia Makes Memes: An Attempt at Humor

