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Spring 4-29-2017

Poster: Communication strategies for the school nurse mentor: A pilot training program

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Recommended Citation

Hotler, Amy DNP, RN, LSN, APHN-BC, "Poster: Communication strategies for the school nurse mentor: A pilot training program" (2017). *Doctor of Nursing Practice Scholarly Projects*. 30.
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Communication Strategies for the School Nurse Mentor: A Pilot Study

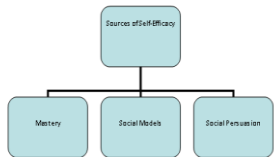
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Problem

New School Nurses lack confidence in their new role as mentors and have not received formalized training for the role.

Mentorship has widespread support among many disciplines for the impact on improved job satisfaction, decreased job turnover and decreased costs to organizations. Ongoing support through mentorship is critical to nurses transitioning to a new role and nurse mentors must be prepared for the role. Unfortunately, literature describing effective training programs for mentors is scarce, though some studies have reported an increase in confidence among mentors after training, especially for topics in communication skills.

Theoretical Framework Bandura: Self-Efficacy



According to Bandura, experienced school nurses who believe they can succeed at mentorship should be more effective mentors. Social modeling involves providing learners with examples of communication that encouraged mentees. Providing an environment where nurses can practice mentoring skills in a safe environment and receive constructive feedback should lead to mastery. Using encouragement as a source of social persuasion as well as fostering networking among nurse mentors through group meetings is another way to maximize self-efficacy among new nurse mentors.

Background

School nursing is a specialized autonomous practice of nursing that involves working with students, families, educators and community members to help students succeed in school. Because the role is broad in scope, involving knowledge of school law, health promotion, interdisciplinary teamwork and community health, helping a nurse assimilate to the new role can be challenging.

Registered nurses (RN) enter the school health field with various backgrounds including critical care, medical-surgical and psychiatric nursing to name a few. In fact, because of the scope of school nursing, a diverse work experience is preferred. School nurses need to be able to care for both adult and pediatric populations as they see staff members for various medical issues, and care for students in need of mental health counseling, chronic disease management and/or health promotion (Board et al., 2011). Health disparities among racial groups and those in poverty require the nurse to be well versed in strategies to overcome many barriers to student learning resulting from poor health care such as uncontrolled asthma, diabetes, or uncorrected vision or hearing problems.

In Ohio, the process of obtaining school nurse licensure through the Ohio Department of Education (ODE) can help nurses learn about the role of the school nurse, but licensure is not required by law and school nurses are not mandated. According to an Ohio Department of Health survey in 2008, only 69% of nurses in Ohio schools held school nurse licensure. Even after obtaining school nurse licensure, nurses entering school health can struggle with role transition and socialization in the new setting until they gain experience in the role. The very nature of nursing practice in an educational setting without the support of other health care professionals can lead to role confusion and subsequent anxiety, therefore, mentorship is vital in helping new school nurses adjust to the new role.

Strengths and Limitations of Study

Strengths	Limitations
<ul style="list-style-type: none"> Ability to address needs of mentors in the school district of study Online delivery method allowed participants to complete training at their own pace 	<ul style="list-style-type: none"> Small sample size Limited diversity of sample

Important Components of Mentor Training:

- Training, especially in communication strategies
- Safe environment to practice skills
- Time to meet with mentor colleagues

Clinical Initiative

The purpose of this DNP project was to develop a training module for school nurse mentors and determine how the program affected their confidence in mentoring new school nurses. The literature suggests communication is an important component of mentor training programs and Bandura suggests boosting mentor self-efficacy will

improve mentoring. An educational module with an emphasis on communication skills for the school nurse mentor was developed using Bandura's sources of self-efficacy and presented to school nurse mentors in an online format. Mentor perceived confidence was measured in a pre/post-questionnaire.

Outcomes

Measuring self-perceived confidence before and after a mentor training program						
Variable	Pre-training mean	Std Dev	Post-training mean	Std Dev	t-value	Significance
Confidence in mentoring	3.300	0.657	3.555	0.510	2.03	0.058
Communicating to nurse they have made an error	3.200	0.616	3.450	0.510	1.75	0.096
Developing a professional growth plan	2.550	0.759	3.30	0.571	5.25	0.000
Initiating a difficult conversation	2.800	0.834	3.450	0.510	4.33	0.000
Maintaining boundaries in the mentoring relationship	3.000	0.649	3.555	0.510	3.58	0.002

Values correspond to mean scores where 1=no confidence, 2=little confidence, 3=confident, 4=very confident.

Comparing reports of confidence with school nurse age and experience												
Variable	Educational Level			Age			Experience as a formal mentor			Length of employment with district		
	Bachelors	Masters	Significance	Under 35	Over 35	Significance	<2 yrs	3-11 yrs	Significance	<5yrs	11yrs+	Significance
Confidence in mentoring	3.000 0.632	3.423 0.645	p=0.188	3.883 0.753	3.500 0.519	p=0.033	3.250 0.683	3.500 0.707	p=0.633	3.000 0.816	3.375 0.619	p=0.454
Communicating to nurse they made an error	3.167 0.408	3.242 0.699	p=0.879	3.000 0.632	3.286 0.611	p=0.355	3.500 0.707	3.500 0.707	p=0.435	3.200 0.360	3.186 0.360	p=0.843
Developing a professional growth plan	2.533 0.516	2.643 0.842	p=0.910	2.167 0.715	2.114 0.724	p=0.144	2.500 0.730	3.000 1.41	p=0.309	2.75 0.5	2.5 0.816	p=0.330
Initiating difficult conversation	2.833 0.753	2.785 0.893	p=0.950	2.667 0.816	2.857 0.894	p=0.602	2.668 0.798	3.000 0.707	p=0.188	3.200 0.5	2.66 0.873	p=0.129
Maintaining boundaries in a mentoring relationship	3.000 0.632	3.000 0.679	p=1.000	3.000 0.632	3.000 0.679	p=1.000	3.000 0.632	3.500 0.707	p=0.111	3.500 0.512	3.562 0.512	p=0.833

Values correspond to mean scores where 1=no confidence, 2=little confidence, 3=confident, 4=very confident.

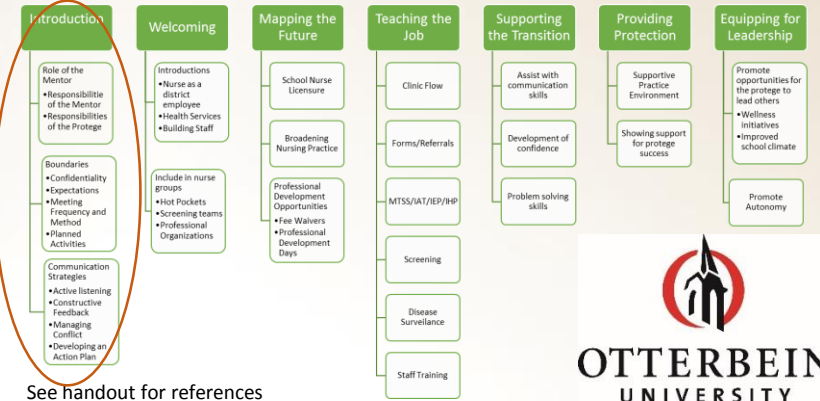
Report of self-perceived confidence

Significant improvement	No significant Improvement
<ul style="list-style-type: none"> Developing a professional growth plan Initiating a difficult conversation Maintaining professional boundaries in the mentoring relationship 	<ul style="list-style-type: none"> General confidence in mentoring Telling a nurse they have made an error

When taking into account the educational level of participants, school nurses with Master's Degrees had no advantage over those with Bachelor's. School nurses over the age of 50 did report significantly more confidence than younger nurses, yet measures of other variables showed no significant difference between groups.

Framework for Module on Communication Skills

Weese et al., (2015) have identified mentoring practices that have been shown to predict mentoring benefits, such as welcoming, mapping the future, teaching the job, supporting the transition, providing protection and equipping for leadership. These mentoring benefits were adapted to create a framework for planning mentor training. Ultimately, seven learning modules will be developed to address each of the mentoring benefits. For the purposes of this DNP project, the introductory module was designed and implemented, emphasizing the importance of communication skills for the school nurse mentor



See handout for references

Conclusions

Results of this pilot training program are consistent with the literature supporting education in communication strategies as an important component of training for mentors. It is interesting to note that nurses in this study reported overall confidence in mentoring before completing the training, as well as communicating to a nurse that they have made an error, presumably a difficult conversation to initiate. It may be that the age of the participants, their longevity in the career of nursing and their tenure with the district provided the confidence to mentor new nurses. Bandura (1994) would suggest the mastery and social modeling that come with nursing experience would be a strong source of self-efficacy for mentors, even in the absence of a formal mentoring experience. As school nurses reflect on past experiences with informal mentoring, they should be able to draw on skills which will have a positive impact on formal school nurse mentorship, therefore reflection should be an important part of mentorship training.

Confidence with developing a professional growth plan demonstrated the largest positive change after training. This may be because only two respondents identified as formal mentors. The majority of participants identified informal mentoring experience, which is assumed to be less dependent on documentation of protégé progress. Participants may not have had opportunity to develop growth plans throughout their nursing careers.

It could be argued that confidence in mentoring does not mean a school nurse mentor will be competent, though according to Bandura (1994), high self-efficacy leads to success. While promoting self-efficacy through training is important, creating a system of supports for the school nurse mentor is also key. Opportunities to meet as a group to discuss challenges and provide peer and administrative encouragement are important elements to a school mentorship program.

