

2015

Can Nurse-Facilitated Support Groups Foster Self-Awareness?

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Walden University

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Althea Phillips

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the review committee have been made.

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2015

Abstract

Can Nurse-Facilitated Support Groups Foster Self-Awareness?

by

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MS, Walden University, 2013

BSN, Liberty University, 2009

Project Submitted in Partial Fulfillment
of the Requirements for the Degree of
Doctor of Nursing Practice

Walden University

November 2015

Abstract

Students with learning disabilities (LDs) represent 9% of students attending college, and college administrators must comply with a large number of federal requirements outlining the provision of educational services for students with LDs, including offering support groups. Nurse-facilitated support groups, held within the university setting, could provide effective social support, increasing likelihood of college success among students with LDs. The purpose of this project was to develop a plan for implementing nurse-facilitated support groups for students with LDs within the student health services (SHS) department at a university designed to improve their coping skills on personal, social, and academic levels. Guided by the Logic Model, a plan for implementing nurse-facilitated support groups within the SHS department was developed and presented to university stakeholders. Components of the plan included a support group structure, curriculum, evaluation tools, steps for piloting the program, and a proposed timeline for implementing the program. The stakeholders acknowledged the potential benefits of initiating a program of nurse-facilitated support groups for students with LDs to assist in attaining their academic goals. However, additional analysis of the program and refining and other disabilities to assist in attaining their academic goals; however, additional analysis of the program and refining the proposed student self-evaluation tool were needed before implementing the program. This study holds the potential for positive social change by enhancing personal, social, and academic coping skills with nurse-facilitated support groups who may help students with LDs reduce their risk of experiencing burnout and enhance the likelihood of academic success.

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Dedication

This project is dedicated to all students who have a learning disability. Your willingness to receive support from others and become aware of resources to help cope more effectively is a reflection of your commitment to improve your academic success and receive optimal outcomes in the future.

Acknowledgments

First I would like to thank God, for in him I live, move and have my being. I would like to thank the Virginia State University faculty, Walden University committee members, Dr. De Gagne, Dr. Anna Valdez and especially Dr. Ellen Fowles for her expertise, leadership and believing in my vision. I would also like to thank my family, particularly my parents Rev. Howard L. Phillips and Rev. Jeannette J. Phillips for their dedication, guidance, support and inspiration through the years. And last but not least, I am indebted in gratitude to my friend Jeffrey.

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Section 1: Nature of the Project

Introduction

College student attendance increased considerably in recent year, resulting in a significant rise in the enrollment of students with disabilities in postsecondary institutions (Lombardi & Murray, 2011). Students with an LD represent 9% of students who attend college. As a result of this increase, college administrators were obliged to comply with many federal requirements, outlining the provision of educational services for students with LDs, including offering support groups. Percy et al. (2009) suggested that support groups offer both effective coping skills and knowledgeable social support. Members of support groups have stated that being part of such a group has helped to decrease loneliness by providing a valuable social opportunity. As people-oriented professionals who work with an emphasis on humanism, nurses would be highly qualified to address the needs of college students with LDs by establishing nurse-facilitated support groups.

Problem Statement

Hartley (2010) suggested that an LD is not an uncommon form of disability in a college setting; however, it is commonly unidentified. LDs have increased the fastest among disabilities in postsecondary institutions. In 1991, roughly 25% of all full-time freshmen who expressed having a disability had an LD, (Hartley, 2010).

Lombardi and Murray (2011) emphasized the importance of faculty awareness of the needs and resources available for students with LDs. Federal and state guidelines outline essential educational supports and services that must be provided to students with LDs in postsecondary educational settings. However, access to educational programs

designed to reinforce faculty's understanding of the special needs of students with LDs may be limited for some teachers and schools. Although some faculty programs that address the needs of students with LDs are attended on a voluntary basis, published reports of these programs are not readily available (Lombardi & Murray, 2011).

As a result, teachers may be uninformed as to current practices that can be adopted in the classroom that may potentially improve the learning environment of students with LDs. Students with LDs report experiencing undesirable attitudes and opinions from faculty toward their LDs, particularly related to their need for additional support. Coping with unwelcoming faculty attitudes can negatively affect their learning experience. Further, some teachers may not have a complete understanding of the holistic needs of students with LDs (Lombardi & Murray, 2011).

Although evidence-based research that supports the benefits of implementing a nurse-facilitated support group for students with LDs, adequate research supports the benefits of implementing nurse-facilitated support groups for other populations. Kruske et al. (2004) reported that the Early Bird Program, a support group facilitated by child and family health nurses, was offered to families of infants aged 0 to 8 weeks in southeastern Sydney, Australia. Key findings show that the Early Bird Program mothers received knowledgeable support from both the nurses and each other, whereas the women who used the individual nurse consultations received only specific services and information that focused on the baby (Kruske et al., 2004).

The group approach was shown to promote communal relationships and empower mothers by de-emphasizing the sole expertise of the professional. With the aim of

increasing confidence in women, nurses and midwives have adopted more client-directed groups in which the participants set the agenda and determine their own goals and resources. By allowing these women to identify their own needs within the group, the facilitating nurse promoted empowerment, which can result in enhanced self-esteem, the ability to set and reach goals and a sense of control over one's life. In this small sample, the women who attended groups maintained better breastfeeding duration rates than those who did not attend groups. Research is currently underway to determine whether the groups have a positive effect on breastfeeding rates (Kruske et al., 2004).

Students with LDs who participate in support groups are more likely to improve coping skills on personal, social, and academic levels (Lombardi & Murray, 2011). Nurse-facilitated groups could provide effective, social support so that students with LDs have a greater likelihood of being successful in college. Lombardi and Murray (2011) discussed that although more students with LDs attend 4-year institutions, many struggle to succeed within these settings. Faculty attitudes and academic practices have often influenced the success or failure of students in these postsecondary settings. Mejias et al. (2014) reported that students with LDs need to cultivate more effective coping skills to overcome obstacles to feeling self-assured in a college setting. One analysis reported that 22.4% of students who had an LD found social interaction among their peers challenging, whereas 3.9% of those without an LD reported no difficulty in "fitting in" with their peers. Moreover, 14.8% of students with LDs verbalized feelings of isolation as compared with 5.3% of students without LDs. College students with LDs may need additional academic and social support in comparison with students who do not have an

LD (Mejias et al., 2014)

Background

Virginia State University (2013) disclosed in 2010 that the United States Department of Education initiated a 5-year funding program to 27 higher education institutions in the United States to facilitate an all-inclusive Transition Program for Students with Intellectual Disabilities (TPSID) in connection with the Free Application to Federal Student Aid (FAFSA), beginning with \$10.9 million for the 2010–2011 financial year. A historically black university, Virginia State University (VSU) was accredited as a learning institution by the Commission on Colleges of the Southern Association of Colleges and Schools with a current student enrolment of 5,300. VSU offers a counseling center in addition to diverse health care providers within the department who are available to aid any student with an LD.

VSU employs 20 advanced register nurses, 15 of which are nurse practitioners (NPs) and five registered nurses (RNs) who have their bachelor's degree in nursing. VSU employs 10 full-time RNs as teachers in the School of Nursing's associate and bachelor's degree programs. Ten NPs work in the student's health and counseling department and five nurse practitioners work in the student health center. Nurse-facilitated support groups would complement the other counseling services offered. In 2013, VSU stated that the Student Health Center provided medical care to all VSU students and made referrals for medical cases beyond its capacity.

Student Health Services (SHS) provides education on women's health care with the nurse practitioner providing routine gynecological care, including an annual Pap

smear beginning at age 21 years. Other services include diagnosis and treatment of sexually transmitted infections, contraceptive counseling and prescriptions, pregnancy testing, and information on disease prevention. The Students with Disabilities Program (SWDP) provides services to university students who meet program guidelines. In addition, VSU provides mental health services through the counseling services department. These counseling services provide individual, couple and group therapy, addressing a variety of issues that affect the student population. Psychiatric services are also offered as an optional mental health treatment component.

Purpose Statement and Project Objectives

The overall purpose of this evidence-based program was to demonstrate the benefits of implementing and evaluating nurse-facilitated support groups for students with LDs to the stakeholders at VSU. This quality-improvement project addressed the development of a plan to implement nurse-facilitated support groups for student with LDs within the SHS department at a university. Percy et al. (2009) discussed that support groups help participants to become part of a network that can have a positive personal effect and empower them with effective stress-coping behaviors.

Orzek (1984) stated that students with LDs might ineffectively cope with the stress of being misunderstood by their professors when unable to interact with other students. College classes have placed significance on the necessity of verbal skills to obtain academic success. If the student's LD affects the use of verbal skills, his or her competency may be adversely judged. Some students with LDs have a limited ability to proficiently discern what to say or how to actively listen when participating in a

classroom discussion. In addition, students with LDs may not be aware of the effect of personal body space or be able to discern when or how to start or end a discussion. Percy et al. (2009) discussed that supports groups help participants become part of a group, which can have a positive personal effect on them. By participating in support groups, students are empowered to improve their coping skills with effective behaviors.

Relevance to Practice

Marquis and Huston (2012) described nurses as change agents and positive role models who can make changes in practice despite barriers. Nurses who facilitate support groups are change agents who offer the necessary tools to encourage and empower students to cope with their LDs. Hootman, Houck and King (2003) reported that students gain more when nurse-facilitated support groups work in collaboration with support services already provided within the academic setting.

As a psychiatric registered nurse, I worked in an inpatient mental health locked unit that serves many veterans. When the unit initially became a locked psychiatric unit, a new smoking cessation policy was implemented at the same time. The veterans demonstrated ineffective coping skills as a reaction to the new smoking cessation policy on all locked acute psychiatric units. Their basic desire for cigarettes was met by prescribed treatments for nicotine withdrawals. However, it became obvious to the staff that the veterans were still having emotional challenges in accepting the hospital's non-smoking policy on the unit. I noted that the veterans as well as staff were being challenged by the change. In addition, the construction work on the locked unit delayed the veterans from going outside to the patio for fresh air. I was able to evaluate the

increased level of acuity among the veterans as it related to the increased levels of stressors brought on by the changes. As a coping mechanism I developed an expressive art /journal group. This nurse-facilitated support group was implemented and became a success. Stakeholders were able to observe a decrease in the level of anxiety in the veterans. They were offered various mediums to express their creativity; however they were also instructed to create a journal on the back of each work. The organization's decision was to implement a nurse-facilitated Expressive Art support group as an alternative to assist veterans in developing improved coping skills when suffering nicotine withdrawals and receiving mental health services in a locked unit. Nurse-facilitated support groups were effective in improving coping skills for mentally ill veterans. Nurse-facilitated support groups also proved to be effecting in improving coping skills for students with LDs.

Significance of the Project

There are increasing numbers of factors linked with academic success in obtaining a postsecondary degree. Banks (2014) reported that postsecondary African American students with LD did not share their LD nor seek out resources for the support needed to be successful. Some students with LD perceived that professors' attitudes toward race and LD status adversely affected the students' feelings. Thus they were unsure as to how they would be treated if they were to ask for extra help or support, which could result in stigmatization for the students with LDs and have an adverse effect on obtaining their academic goal. Banks (2014) noted that having a combination of non-Anglo racial identity and LDs status may have lasting adverse psychological effects for

African American college students with LDs.

Implications for Social Change in Practice

Bradley et al. (2012) suggested that help comes from positive communication with facilitators in academic settings, as well as from informal personal peer support, such as that from family and friends. Peer relationships in the broader professional community have also been cited as essential sources of support for those in the nursing field. Professional support is especially important in helping others since students with LDs are at a great risk of experiencing burnout, a condition that has significant negative consequences on the student's ability to thrive in an academic setting. The most important factor in the prevention of burnout is through support groups facilitated by a professional who is competent in treating individuals. Orzek (1984) argued local counseling services in schools are poorly equipped to respond to the unique needs of students that have LDs.

Educating staff or increasing the numbers of experts who have more training to assess students with LDs would foster a more supportive learning setting and assist students to cope with stress more effectively. McCleary (2008) stressed how crucial it is for teachers and management to create an environment that is supportive of students with LDs. Without this setting students would be at a higher risk of discontinuing their college education. Langford (2014) discussed the importance of schools to acknowledge the means of promoting effective coping in students with LDs. There is a strong link between young people's health status and their capacity to learn. Kato (2012) stated that students who continue to use ineffective coping strategies have an increased chance that

their circumstance will not get better and may even worsen. The evaluation of coping occurs when a person begins to abandon the coping strategy that produces the undesirable outcomes.

Hootman et al. (2003) stated that school nurses are the largest providers of health services in schools, with an estimated 58,000 school nurses in 89,000 schools. Students often turn to school nurses who become the primary contact for their entry into the healthcare system. The need increases in part as a result of the lack of health insurance or access to a primary care provider. Hootman et al. noted how school nurses and school-based clinics identified many students with diagnoses that reflected visits for non-medical or psychosocial reasons, such as relationship challenges while in an academic setting. Studies have shown that the role of school nurses is evolving into one that centers mostly on aiding students who cope ineffectively with daily challenges. Results from a survey of 477 of the previously mentioned school nurses showed that 67% of the nurses surveyed had identified or counseled a depressed or suicidal student (Hootman et al., 2003). Further, 82% of those surveyed had identified or counseled an abused child.

Finally, more than half of the surveyed school nurses had identified or counseled a student who was a substance abuser. The image of the school nurse belied the required sophistication of assessment, the essential sensitivity and creativity for reporting and referral processes and the necessary complex of intervention skills for young adults (Hootman et al., 2003). In the context of a relationship, school nurses were able to carry out assessments, monitor health status, coach the development of personal health management and facilitate referral and access to health services (Hootman et al., 2003)

The Definitions of Terms Related to this Project

Learning disability: (LD) a condition in one or several of the central nervous system processes involved in recognizing, understanding, or using concepts through verbal (spoken or written) language or body language. This condition demonstrates itself with an insufficiency in one or several of the following areas: attention, cognitive, processing, recollection, communication, reading, writing, spelling, calculation, dexterity, social competence, and emotional maturity (Harrison (2012).

Coping: Kato (2012) defined coping as “Constantly changing cognitive and behavioral efforts to manage specific external and/or internal demands that are appraised as taxing or exceeding the resources of the person.”(pg.263)

Support groups: A group of individuals, often at times facilitated by a professional who is specialized and offers moral support, knowledge and assistance concerning the issues that have similar characteristics or life occurrences (Plumridge et al., 2012).

Assumptions and Limitations

Not all students with LD would be willing to participate in a nurse-facilitated support group. Hartley (2010) described several risk factors that could have an influence on students with an LD, causing them to drop out of a postsecondary institution. First, a college setting provides far less academic encouragement compared to what is available in high school; second, having administrators and professors who are less accessible than high school teachers and therapists; third, being at risk for social isolation and distancing

as students become acquainted in their new setting; and last, fostering the stigma of having an LD and decreasing academic self-esteem. The objective was to provide a snapshot into the benefits of planning and implementing a nurse-facilitated support group at VSU and the current awareness and training needs of counselors in-depth.

There were limitations as to the use of the close-ended self-assessment survey. The participant's response did not offer them an opportunity to expand on or explain the reasons for their choice. Nevertheless, the overall results suggested that some areas of possible concern across the range of students with an LD required additional support to help improve ineffective coping skills. Banks (2014) emphasized that African American and Spanish-speaking students with LDs, who often attend community colleges, fail to acknowledge their LD because keeping their LD a secret may offer a sense of security against harmful stereotypes. Equipping teachers, professors, administrators and postsecondary institutions with increased knowledge of psychological evaluation and to have these testing centers available on campus would increase cultural diversity. McPheat (2014) described the Equality Act 2010 as having a physical or mental deficit, thus companies must legally take the responsibility to offer alternatives in the work setting to empower staff with disabilities. However, this assumption can be challenging because individuals with LDs have different needs. Universities must make reliable modifications in order to consider the needs of students with LDs.

Summary

There is a noted increase in students with LDs attending college. Because of this rise of increase, administration needs to develop distinctive methods of identifying and providing appropriate programs for students with LDs. Higher educational settings who have methods in place to accommodate the significant rise in number of requirements to provide educational services for those with LDs will be prepared in fostering students with LDs to be empowered. Students with LDs may need additional support in comparison to students who do not have an LD. Support groups should offer both socio-emotional and knowledgeable social support. Section 2 will offer a review of specific and general LD literature linked to the benefits of having nurse-facilitated support groups as evidenced by short-term improved coping skills.

Section 2: Review of Literature and Theoretical and Conceptual Framework

Introduction

The overall purpose of this quality-improvement program plan was to demonstrate the benefits of implementing and evaluating nurse-facilitated support groups for students who have LDs. This evidence-based program was designed to illustrate that nurse-facilitated support groups can provide short-term skills training to college students with LDs. Hartley (2010) pointed out several risk factors that can influence students with LDs, causing them to drop out of postsecondary institutions. A literature review was imperative to this project to expose the evidence of the benefits of a nurse-facilitated support group for students with LDs. The study included an evidence-based educational intervention. This section address the evaluation of the literature on the effects of having LDs as well as nurse-facilitated support groups as an intervention. The section then addresses how nurse-facilitated support groups can increase academic success for students with LDs. The literature review also incorporates a review of the evidence-based practice model and the selected theoretical framework to direct this project.

Literature Search Strategy

A review of the literature was undertaken using the following key words: nursing, interventions, community learning disability nurse, learning disability, therapeutic relationship, therapeutic role, students with learning disabilities, academic persistence, academic advisors, study groups, education, nurse-facilitator support groups and supervised or nurse run groups. The *Health Belief Model (HBM)*, *psychological distress*, *effective coping* and *ineffective coping* were key search terms and combinations of search

terms used in the review of literature to establish a solid foundation of the EBP material. Additional research was developed to illustrate the HBM concepts to identify the beliefs and attitudes concerning ineffective coping in other groups.

A number of databases were queried for literature, as well as more than 30 scholarly articles including CINAHL Plus with Full Text Database, Nursing Journals Full Text Database, Academic Search Complete Database, CINAHL and MEDLINE Simultaneous Search, Cochrane Database of Systematic Review, and Evidence Based Resources from the Joanna Briggs Institute. In addition to research from the Centers for Disease Control and Preventions, three textbooks on nurse leadership and management were also incorporated into the proposal for support. Although the majority of the articles were written between August 2009, and March 2014, some articles date back as far as 1984 to add validity to the conceptual model of the proposal.

Collecting peer-reviewed research articles from the Walden Library databases, 14 articles were identified with high levels of evidence to support the argument of the benefits of having nurse-facilitated support groups for college students with LDs. Fineout-Overholt et al. (2010) described Level 4 evidence in research literature as being used to identify a high level of quality research information used for qualitative or descriptive studies.

Specific Literature Related to LDs

Bates et al. (2004) identified several areas of difficulty, including intellectual distortion and psychological masking. Intellectual distortion occurs when a low level of skill and function of a person with an LD leads to a difficulty in expressing or

communicating internal feelings. Orzek (1984) stated that a student with an LD might not realize body space or understand how to initiate a conversation or end a discussion. Students with LDs cope with both expected developmental concerns encountered by all college students and those concerns related specifically to their LD.

Response from individuals who have had comparable incidents increases the probability of selecting to effectively cope and demonstrate better skills. The viability found in implementing a support group delivers not only support for the specific issues of students with LDs but also creates an opportunity to gain significant knowledge and demonstrate effective coping skills.

General Literature Related to LDs

Bates et al. (2004) discussed how nurses provide the majority of services to individuals with LDs. Sparks and Lovett (2013) discussed how the number of college students with LD diagnoses has increased considerably in the past 20 years, as has the amount of research being conducted on this population. Considerable empirical data has now been published on the assessment of these students, their cognitive and personality characteristics and the efficacy of interventions to promote their academic success.

Academic support programs commonly provide services to undergraduate students.

Troiano et al. (2010) discussed how the number of support programs available to college students with LDs is expanding each year, and the services provided vary considerably from institution to institution. These services are often offered by academic skill centers that provide support in specific areas such as writing, note-taking and test preparation. However, more comprehensive programs have been designed in recent years to foster

independence through enhanced self-esteem, self-advocacy and self-determination. As a result, a continuum of support services is now available to students with LDs, ranging from compliance programs that meet the requirements established by law to comprehensive programs that offer a high degree of structure and support (Troiano et al., 2010).

Marsham (2012) stated that where therapeutic services are offered, students with LD have an enriched experience. Subsequently, students with LDs have developed effective coping skills to improve their state of well-being. There is a clear understanding of the significance of communication. Evaluating the ability of a student with an LD to communicate effectively warrants a personalized strategy to make communication successful, clear and concise.

Banks (2014) reported that people with LDs are more likely to be unemployed than those without LDs. For instance, a student with a high school degree with no LD will gross one million dollars more in their lifetime than a student with an LD. Banks (2014) argued ethnic and racial disparities significantly contributed to the negative effects of having an LD. In postsecondary educational settings, European American students with LDs have greater registration rates when compared to African American students with LDs. These findings also suggest that African Americans with LD are less likely to earn a college degree. Although there has been an increase in the opportunities to gain a higher education for many young adults with LDs, African American with LDs remain underrepresented in college settings (Banks, 2014).

Literature Related to the Benefits of Nurse-Facilitated Support Groups

Chang, Fritschi, and Kim (2012) described nurse-facilitated groups as an empowerment-based intervention incorporated into standard care on metabolic syndrome risk factors, self- management performances, and physical activity in Korean hypertensive patients. Empowerment approach is the latest method to self-govern behavior coaching and patients' capability to conserve positive changes after discharge. Kruske et al. (2004) has discussed that, with the aim of improving the self-confidence of the women participating in support groups, nurses and midwives are now adopting more client-directed groups whereby the participants set the agenda and determine their own goals and resources. By allowing the women to identify their own needs and set their own agenda within the group, the nurse promotes empowerment which can result in enhanced self-esteem, the ability to set and reach goals and a sense of control over one's life.

Nurse-Facilitated Groups as an Intervention Increases Academic Success

Seebohm (2013) reported findings that showed that groups made a strong contribution to members' mental well-being by enhancing a sense of control, increasing resilience and facilitating participation. Exchanging emotional and practical support can uplift group members. As group members gain self-esteem, knowledge and confidence they increase their control over a situation. Healthier lifestyles, better physical health, improved recovery from illness, fewer limitations in daily living, higher educational attainment, greater productivity, employment and earnings, better relationships with adults and with children, more social cohesion and engagement and an improved quality

of life were all results.

McCleary (2008) emphasized how important it is for teachers, professors and college administrators to design settings that encourage students with LD to excel. In the absence of encouraging academic settings, these students would be at risk for dropping out of college and abandoning their hopes and dreams for a better future. Nevill and White (2011) discussed support group programs which will offer opportunities for students with LDs to enter the college setting. In addition, Nevill and White (2011) stated facts about improved access to academics, social activities, job training, and help in establishing a self-determining living atmosphere.

Mamiseishvili and Koch (2012) argued the correlation between the achievement of a college degree and improved employment opportunities, which have been well recognized in the post academic education and psychotherapy writing. Hanson (2004) examined caring as a human characteristic, vital and essential to fostering a positive interpersonal collaboration and a therapeutic intermediation. The results of several works strengthen the framework by providing findings that caring toward patients builds and support their personal understanding of the services that nurses provide when caring is demonstrated.

Theoretical Framework Literature

The theoretical basis to guide this DNP project was the HBM, one of the first theories developed to study health behavior. The HBM originated in the 1950s with social psychologists in the U.S Public Health Service who sought to clarify why many people were not actively a part of health programs that offered intervention and early

evaluation of disease. The HBM has become a popular theory for health prevention and evaluation, particularly when examining patient's personal involvement and precautionary health care preparation. The HBM provides a guide to understand and predict how a person will act in relationship to their well-being and how they view health care services.

Adams et al. (2014) stated that according to the HBM changes in behavior are achieved through changes in knowledge and beliefs. Two major assumptions of the model are that individuals cognitively value avoiding illness and expect that taking a defined health action will prohibit illness. The HBM correlates the individual's perceived susceptibility to illness to the perceived probability of decreasing the threat of illness. The higher the individual's perceived threat of illness, the higher the probability that the individual will take a specific health action to prevent the illness. HBM constructs have been successfully utilized to study health behaviors and there is some prospective and retrospective empirical evidence to support the application of the model to a broad range of health behaviors (Adams et al., 2014).

The HBM was adopted from the behavior sciences and has been used for years to predict health behaviors (McEwen & Wills, 2011). The model was first developed by social psychologists. Adams et al. (2014) discussed working in the U.S. Public Health Services in response to the participation failure of free tuberculosis (TB) health screening programs. Through the use of this model the psychologists sought to gain insight into the public's utilization of available disease preventive measures (see Appendix A). The HBM's conceptual framework constructs are characteristic of a middle-range theory.

The constructs are easily understood, direct, contain a limited number of variables and undeniably focus on an individual's motivation toward a desired health outcome. There are variables that influence the health-promoting, decision-making process (Adams et al., 2014).

Rosenstock et al. (1988) argued that HBM addressed why people were not actively involved in health related programs that provide intervention and early assessment of illness. According to the HBM, behavioral modification can be effective if individuals are motivated to change and are ready to take a more active role in a positive change. Individuals must feel they are made vulnerable by their present activities and trust that modification of a particular activity will be favorable by causing a more appreciated result at a suitable price. In addition, they must express capability (self-efficacious) in order to make that modification (Rosenstock et al., 1988).

Selecting to use the HBM as a framework for this project offered participants an intervention and early evaluation of their perceived beliefs of their LD and how it relates to their life holistically. The goal of implementing nurse-facilitated supports groups to students with LDs was to illustrate that students will be more apt to seek positive short-term skills training from nurse-facilitated support groups. Further, the HBM empowered participants by increasing their capability for identifying a range of behaviors linked with positive health outcomes (see Appendix A). The nurse-facilitator assessed the students' level of knowledge about LDs and assessed how they perceived their behaviors associated with LDs. Finally, the nurse facilitator gathered all information and evaluated it in order for them to gain self-actualization as positive outcome. In this project, the pre

and post self-assessment surveys were used to measure an increase of self-awareness as an expected outcome. The evaluation reinforced project design and promoted the data collection on health beliefs about self-efficacy along with other information important to the person or group of people within their setting which supported the planning of more effective interventions (Rosenstock et al., 1988).

Summary

The HBM researched has become the assessment tool to assist people who are not actively involved in health related programs that provide intervention and early assessment of illness. This tool can be used to change their belief about they view their health. The HBM concept map explains the theoretical significance from a person's perception, refashioning factors and how they reply to help alternatives. Using nurse-facilitated supports has improved coping-skills as a preventive behavior for college students with LDs at VSU. The HBM was selected as a framework to guide actions related to the project question. An assessment of the learner understanding and the effects of having an LD are necessary in order to implement a plan to engage in effective coping mechanisms designed to enhance the likelihood of academic success. Section 3 offers a review of the research method, data collection, review of evidence, population, and sampling of participants from the nurse-facilitated support group pilot study, expanded implementation, content of validation, and a plan for evaluation.

Section 3: Methodology

Introduction

The purpose of this project was to develop an evidence-based plan outlining the implementation of a nurse-facilitated support group program and an evaluation plan to help determine its effectiveness during an 8-week pilot program. To address this nursing practice intervention and the effectiveness of the nurse-facilitated support group, a self-assessment survey was administered before and after the counselor-facilitated support group and again after the nurse-facilitated support group. The focus of the project was on the benefits of having nurse-facilitated support groups to guide students in selecting effective coping skills. Evaluation of the program consisted of a monthly assessment of students following the 8-week pilot program for the first year and then annually, unless more frequent evaluation is warranted. A timeline was established to outline the implementation and evaluation plan as well as the pilot program (see Appendix B).

Program Overview

The overall goal of this project was to implement a weekly support group program for students with LDs at VSU facilitated by a nurse in conjunction with the staff counselors. These counselor and nurse-facilitated support groups will take place during the academic year starting in September of 2016 and end during the first week of May, 2017. The collaborative counselor and nurse-facilitated support group program were piloted over 8 weeks during the fall semester.

An interdisciplinary project team developed the nurse-facilitated support group discussion modules for VSU students with LDs, collected and analyzed the evaluation data

from the pilot program, and determined the processes needed to implement nurse-facilitated support groups on an ongoing basis. The interdisciplinary team included an RN as team leader, a project developer, a graphic designer, a therapist, a nurse practitioner, a psychologist, the attending physician and representatives from the departments of student services, special education, finance, recreation, and human resources (see Appendix B).

Population and Sampling for Pilot Study

The target population for this project was students of both genders ranging in age from 18 to 34 years, employed and unemployed and from all races and cultural backgrounds who may have an LD. Individuals who were recruited for this study had access to disability support services. Grove et al. (2013) suggested avoiding or limiting extraneous variables between the independent and dependent variables. The sample objective should be designed to make populations as similar as possible and have less effect on the dependent variable results. Grove et al. described homogeneous sampling as criteria that foster the selection of a population to have similar characteristics such as the ability to read, write, understand, and respond to the questions from the self-assessment survey (see Appendix C). A convenience sample similar to a nonprobability sampling method is often used when participants are included as a result of their accessibility or propinquity (Grove et al., 2013).

A convenience sample was selected for the students who were expected to participate in their scheduled support group. The sample for this project came from the participants currently attending support groups in progress. This project had a sample size of a minimum of 60 students with LDs. Previously, 60 students participated in

counselor-facilitated support groups at the project site. Recruitment of participants started following the VSU and Walden University institutional review board (IRB). In addition, flyers with researcher contact information were used for recruitment as well as in-person interaction where students congregate outside of the supports groups at VSU.

Components of the Project Plan

Development and implementation of the nurse-facilitated support group project took place among the team leaders in communication with the interdisciplinary team members. Aligning the implementation and evaluation plan for establishing nurse-facilitated support groups with the VSU mission was central. The interdisciplinary project team had access to the most recent research and trends as related to nurse-facilitated support groups; and team members had the opportunity to review program related data at meetings. Outcome objectives were assessed through a self-assessment survey completed by students before and after a support group session. Academic outcomes were measured through student attendance records, enrollment and improved student services. A summary of the program-related data was used for discussion during meetings. The interdisciplinary project team met in a room available at the SHC located on the campus of VSU in Petersburg, Virginia.

A user-friendly version of the Logic Model functioned as the framework for the project design (see Appendix D). The Centers for Disease Control, Division for Heart Disease and Stroke Prevention (2008) described logic models as tools for planning, describing, running, communicating, and assessing a program or intervention that can enhance efforts to support the program. Initial data were gathered to determine inputs,

outputs, outcomes, and effectiveness based on the adapted logic model. A budget was created and additional consideration was given to available funding for students at VSU with LDs. The interdisciplinary team members created an outline of the implementation plan for the nurse-facilitated support group project pilot. Every member of the interdisciplinary team received topics of discussions for the nurse-facilitated support groups prior to the implementation of the pilot program. Pre and post self-assessment surveys were disseminated to participants.

The interdisciplinary team was also involved in determining the professional qualifications of the nurse hired to facilitate the support groups as well as developing a job description. The suggested qualifications of the nurse-facilitator consisted of a minimum of 3 years of experience working with students with LDs, acute care hospital experience, a current certified Healthcare Provider Basic Life support card, a minimum of three years working as a mental health provider in a school setting and experience in facilitating support groups. It was necessary for the selected nurse to have at minimum a master of science degree of nursing. Good assessment and communications skills were also deemed essential.

Components of Nurse-Facilitated Support Group Program

The nurse-facilitated support groups were a weekly 45-minute directed discussion that addressed strategies to develop or improve effective coping skills in a social setting. The proposed plan was to select a group already in process led by a counselor that met twice per week. The RN met with the group once a week as a facilitator and the counselor also met weekly with same group as scheduled. The learning objective for the

nurse-facilitated support group proposal was to improve students' effective coping skills through the discussions led by the nurse facilitator. Students participating in the nurse-facilitated support group had the opportunity to discover effective coping skills from their peers as they participated in the discussion led by the nurse (see Figure 2).

Toward the end of each discussion, the nurse-facilitator highlighted the effective coping skills mentioned during the discussion and gave examples of how effective coping skills could foster better personal, social and academic goals. The nurse-facilitated support group will end with a summary of the presentation, attendance record, questions and a review of the discussion in order to evaluate the support performance and effectiveness every two months for 1 year.

Curriculum Development

The proposed intervention was geared toward developing a model curriculum that gave added structure to nurse-facilitated support groups at VSU. The Interdisciplinary team developed the nurse-facilitated support group discussion modules for VSU students with LD (see Appendix B). Required topics included medication and side effects, relaxation techniques, nutritional benefits and unique qualities of effective coping skills that could be applied in academic and social settings.

Evaluation of Plan Development

The creation of the evaluation plan needed to be considered during the initial phases of developing a plan of this project design. A basic evaluation plan was presented to the interdisciplinary team to start developing the full evaluation plan, including the pilot proposal for the nurse-facilitated support group project. Friis and Sellers (2014)

discussed the four stages of evaluation; formative, process, impact, and outcome. Program outcomes can be measured by the validity of their goals and if they have achieved their intended purpose. Hodges and Videto (2011) described formative evaluations as collecting data which one would use to develop or modify a program into completion. The formative phase of the evaluation took place during the implementation of the program. The evaluation of the nurse-facilitated support group project began during the pilot testing. Students with LDs and who were attending support groups were selected to participate in the study. The team leader performed a formative evaluation midway through the first semester and a more summative (outcome) assessment at the end of the first semester. The participants were instructed for this project to sign an attendance list, which was used as a secondary form of data collection and evaluation.

A 10-minute LD fact and fabrication Power Point presentation was shown at the start and midway through the first semester, followed by questions and answers. In addition, secondary data was collected from pre and post self-assessment surveys. The self-assessment survey was used to help evaluate their perception of ineffective coping skills and what personal gains they would receive if they would choose to learn effective coping skills. The self-assessment survey acted as a self-report data that validated the participant's level of knowledge and need to improve ineffective coping skills (see Appendix C).

Expanded Implementation

Base-line data from the pre and post self-assessment surveys was collected to help establish inputs, outputs, outcomes, and effectiveness based on the adapted Logic Model (see Appendix D). A budget for the nurse-facilitated support group project was developed. The interdisciplinary team designed a plan to implement the nurse-facilitated support group project as a part of the student nursing and counseling services.

Instrument

A self-assessment survey was created to provide the data needed to evaluate student-learning objectives (see Appendix C). The self-assessment consisted of 10 questions assessing students' knowledge of LDs and the effects associated with their personal strengths and weaknesses. Participants rated their level of knowledge on an ordinal scale; 0 – Low, 5 – Moderate, 10 – High). A score of 100 would suggest that the participant has a high level of knowledge and readiness to learn more. A score result of 0 to 50 would illustrate the participant's need to learn more. The expected time for completion of this survey was 10 minutes.

Validation of Self-Assessment Survey

According to Grove et al. (2013), an evaluation of face validity for an instrument is conducted to verify that it measures the content of the study. Three licensed special education counselors and four school nurse practitioners were given an opportunity to review the self-assessment surveys for face validity and feedback. The nurses requested for the face validity review were nurse practitioners for at least three years, had a formal school nursing experience in which they provided services for students with LDs, and did

not work at the project facility. In addition, there were no supervisory or work-related relationships that might create a conflict of interest or hinder reliability.

Grove et al., (2013) noted how evaluation of face validity for an instrument is conducted in order to verify that it measures the content of the study. Three licensed special education counselors and four school nurse practitioners were given an opportunity to review the self-assessment surveys for face validity and feedback. The nurses requested for the face validity review group were nurse practitioners for at least three years, had formal school nursing experience in which they provided services for students with LDs, and did not work at the project facility. In addition, there were no supervisory or work-related relationships that might create a conflict of interest. I instructed the validity review group to evaluate the validity of the self-assessment survey. The group met and reported that the self-assessment survey was found appropriate and would be highly effective in assessing the need for nurse facilitated support groups for college students with LDs at VSU.

Components of the Pilot Study

A selected support group was used as a pilot study in order to evaluate the effects of a nurse-facilitated group in collaboration with counseling and non-nursing staff. The pilot study was held in the student's learning center located in the Health and Counseling Services building. Conducting the 8-week pilot study prior to implementing the nurse-facilitated support groups on an ongoing basis provided essential data needed for evaluation. During the pilot study students were assessed using a self-assessment survey completed before and after group sessions on a random basis during the 8 weeks. The

self-assessment survey questions were used to measure the students' perceptions of the effectiveness of the group and perceptions of their need to improve effective coping skills while attending the nurse-facilitated support group. The HBM fostered the students' perception of their ineffective coping skills through self-identification and a readiness to change. A support group already in session was used as a pilot to evaluate the effects of a nurse-facilitated group in collaboration with counseling services. Students attending the selected counseling support group were informed of their use in the pilot project before the facilitator introduced the nurse who observed the support group for four consecutive weeks and then facilitated the same group for the following four (see Appendix B).

Data Collection

The counselor or nurse leading the support group would ask the students to complete the self-assessment surveys at the beginning and end of two support group sessions selected randomly over four weeks. Staff members would allow time before and after the support group for data collection to be completed and assist students when necessary. Students from the support group who selected to participate were instructed to sign the consent forms and complete the self-assessment survey using only their initials and date of birth as identifiers, thus safeguarding everyone in the support group.

In the first week, students completed the self-assessment survey. An assigned team member would ask students to complete the self-assessment survey during a randomly selected support group session between weeks two and four. After each group had finished, the assigned team member would collect the self-assessment surveys. A

self-assessment survey was given out to participants in week five and another was given at random between weeks 5 and 8.

Protection of Human Subjects

Ethical consideration of the population was considered prior to having a written informed consent, offered to recruited participants. Measures were taken to insure that the participants' rights and privacy were protected. Students were instructed by staff to place the day's date on the survey. Students were given the right to refuse to participate in the study group and permitted to leave at any time without penalty. After surveys were completed, participants were instructed to place the consent forms and self-assessment surveys face down.

Team members conducted a project study without recording any names or other identities of individuals in the research records. Students were given information about the intention and content of the study group, in addition to the survey given pre and post sessions. Participants were informed that anticipated risks would be minimal but might include the risks of participants perceiving the pre/post self-assessment survey questions as a tool that had the potential to expose their inner most feelings concerning their LDs (see Appendix C).

Manion (2011) discussed healthy relationships, which consists of trust, honesty, having the same respect for each other, effective communication, and support from other disciplines. Participants were given information about the intention and content of the project group. Team members would also emphasize the data collected as an important component of the project and the information from the self-assessment surveys. The data

collected could be used as a valuable tool to illustrate the positive results of implementing nurse-facilitated support groups. Consents forms and pre/post surveys were collected by me and placed in a locked metal box, which was kept in the director of student's health and counseling services office. An assigned team member held the key to the locked box and had sole access to it. This assigned team member would gather the consents forms and place them separately in a concealed envelope inside the locked box as well. In doing so, I was not aware who participated in the survey. After the fourth week, the pre and post surveys that were code blue would be selected from the concealed box. The assigned team member would attempt to ensure that the recruitment and data collection would occur in such a way that no one, not even the assigned team member, would know who participated in the project. Color coded pre and post surveys other than the color blue and red were used to help differentiate the data from the first four-weeks and the last 4 weeks of the project.

Summary

This project presented additional evidence that students with LDs can develop social networks through nurse-facilitated support groups that positively affect their academic college experience. Themes resulting from the self-assessment survey were evident within the students' perceptions of their own coping abilities. These themes included how students are perceived by teachers and peers as it relates to their LD, how the students' inadequate knowledge of their LD is subjective to their readiness to receive disability support services, and students' increased desire to seek support for their LD. The students participating in nurse-facilitated support groups in collaboration with

counseling at VSU were measured by a pre and post self-assessment surveys given at random during the 8 weeks. Team members used anonymous methods to protect participants while addressing Health Insurance Portability and Accountability (HIPAA) issues. Implementing the HBM facilitated nurse support groups however, in collaboration with other clinicians, would foster health and other areas of concerns for those students at VSU with an LD.

Section 4: Introduction of the Plan

Mejias, Gill, and Shpigelman (2014) pointed to one survey which reported that 22.4% of students who had an LD had difficulty socializing, whereas 3.9% of those without an LD who had some academic reported no difficulty in “fitting in” with their peers. Furthermore, 14.8% of students with some form of academic support verbalized feelings of isolation, compared to 5.3% of students without an LD. However, college students with LDs who may need more support may find that actively participating in support groups could be an effective strategy for effective coping with LDs. Nurse-facilitated groups could provide effective, social support so that students with LDs could be successful at VSU. What will be covered in this section is a brief description of the implementation and evaluation of a nurse-facilitated support group program for college students with LDs in collaboration with counseling services at VSU. All support groups were previously led by counseling services at VSU. The nursing staff welcomed the change, but they stressed how taking on additional job related assignments could weaken the quality time needed for optimal outcomes in student’s health care services. Providing evidence to the counseling services department in collaboration with nursing services would improve the academic and social outcomes of students with LDs and improve the VSU retention rate. Brown et al. (2010) noted how researchers should consider potential barriers that may affect how research is accomplished. Researchers need to investigate all potential variables to eliminate as many barriers as possible in order to support the implementation of evidence-based practice among nurses.

Kettner et al. (2008) noted the importance of a leader of a support group to

understand the existing conditions and be aware of the risk of unexpected barriers prior to assessing the needs of the group and implementing a plan. A meeting was held among the stakeholders for whom an Executive Summary and a PowerPoint presentation were prepared to illustrate how the plan would work at VSU. The PICO analysis was selected to illustrate to the stakeholders how the nurse-facilitated support groups would be an effective program for students with LD at VSU. The PICO analysis would also highlight what to look for when the plan is evaluated. Elkins (2010) suggested that using the brief report method for disseminating systematic reviews can help one to overcome the barrier of lack of time when it comes to reading and synthesizing literature. For maximum clarity and efficiency, the acronym PICO can be used to frame and focus clinical questions. PICO stands for:

P: *P*atient or *P*opulation

I: proposed *I*ntervention of *I*nterest

C: *C*omparison group or *C*urrent standard

O: *O*utcome desired.

Stakeholders Outcome

A stakeholders meeting was held at VSU to present the plan of implementation and evaluation of the nurse-facilitated support groups project. The general response from the stakeholders indicated that this would be a project that had potential and ideal for future evaluation. The stakeholders suggested a thorough analysis of the plan for the project and proposed a future study which would offer guidance to further enhance the services of VSU to assist students with LDs, as well as other disabled students, and help

them achieve their educational goals through the use of nurse-facilitated support groups. The stakeholders acknowledged the experience of students with LDs and identified many characteristics that would help to facilitate their progression, retention, and educational goal attainment. They also identified areas which would require additional attention from VSU such as the availability of services, attitudinal barriers, and processes for evaluation.

PICO Analysis of Research Topic: Nurse-Facilitated Support Group

P: Patient or Population Students of both genders ranging in age from 18 to 34 years, both employed and unemployed, and from all races and cultural backgrounds who may have an LD.

I: Anticipated Intervention

A nurse-facilitated support group designed to encourage students with LD to have an increased level of self-awareness.

C: Comparison group or Current standard

Students with LD who have decreased levels of self-awareness and no access to nurse-facilitated support groups.

O: Outcome desired

The short term goal for students with LD of having an increased level of self-awareness which can be measured within one to four weeks of the program.

Source: Adapted from Elkins (2010)

The creation of this evaluation plan will need to be considered during the initial phase of the project design. A basic evaluation plan will be presented to the interdisciplinary team in order to start developing the full evaluation plan, including the

pilot proposal for the nurse-facilitated support group project. Friis and Sellers (2014) discussed the four stages of evaluation; formative, process, impact, and outcome. Program outcomes can be measured by the validity of their goals and if they have achieved their intended purpose (see Appendix D). A 20-minute PowerPoint was created to illustrate the proposed implementation and evaluation plan for nurse-facilitated support groups to stakeholders and the “Ad hoc” interdisciplinary team members of VSU. Time was allotted for responses and questions from stakeholders following the PowerPoint presentation.

The Overall Purpose

This evidence-based plan was to demonstrate the benefits of implementing and evaluating nurse-facilitated support groups for students with LDs to the stakeholders at VSU. This quality-improvement project will address the development of a plan to implement nurse-facilitated support groups for student with LDs within the SHS department at a university. The implementation has never been executed at VSU as the uniqueness of having nurse-facilitated groups poses a potential barrier for both nursing and counseling services. All support groups in the past have been led by counseling services at VSU. Reviewing staff, budget and the needs of students with LDs for long range planning is a best practice as opportunities for improvement can best be implemented during the evaluation phase. Forward (2012) discussed the difficulties, for the project designer in presenting outcome measurement tools as part of the plan for implementation. Developing a tool that is accessible for both the project designer and the client is a big concern when evaluating the appropriateness of a measuring tool to make a

project successful.

Policy

Shortell et al. (2002) noted that using a combined approach helps to increase the community's ability to create a healthy environment that improves opportunities for reaching a positive and holistic outcome. VSU policies incorporate their vision and mission statement in new ideals and projects to enhance a student's academic experience for implementation. Following suit, the plan for nurse-facilitated support groups for students with LDs at VSU took into consideration the policies, mission, and vision statement in the proposal and in the final plan. In preparation for the presentation to the stakeholders and the executive summary, I assessed the progress of what is to be achieved in the plan in order to implement nurse facilitated support groups; explicitly giving attention to issues of partnership among nursing, counseling services and administration and the impact of the partnership between the education department and the student center for LDs.

I developed a timeline using a Gant Chart (see Appendix B) with a tracking system to illustrate multiple phases of a partnership's stakeholder development. In addition to this, the Grant Chart assesses the sustainability and effectiveness of its efforts over a 1-year time period. A Seven Point Likert Scale Survey (see Appendix C) was created to assess the readiness level of the student to learn about self-awareness. The Nurse-Facilitated Support Group Ad Hoc Committee (NFSGAH) was incorporated to give the plan structure and to illustrate the importance of partnership and teamwork. I explicitly examined the role played by the partnership of nursing, counseling services,

and administration at VSU in implementing nurse-facilitated support groups for college students with LDs. The proposal addressed objectives, team management, strategy, implementation, and both short term and long terms goals.

The Practice

The primary benefit of nurse-facilitated support groups for college students with LDs is the acquisition of effective coping skills. As an intervention, the nurse-facilitated support groups were designed so that nursing services, student counseling services, the education department, and the student center for LDs and related sectors could join in efforts to address the underlying determinants of the lack of self-awareness and ineffective coping skills exhibited by students with LDs at VSU. The purpose of the plan was to improve access, services, and outcomes for these students with nursing and counseling services collaborating on an intervention to improve student self-assessment and ultimately effective coping skills and the student retention rate. McMurray et al. (2010) noted that the more that staff is encouraged to participate in opportunities for team collaboration, the more they will want to be a part of the change. Although the purpose of this proposal is to provide students with LDs effective coping skills, the challenge to having key stakeholders accept the proposal is the simple fact it has never been done before at VSU. Nursing staff have expressed that their plate is already full and counseling services is content with how they are already doing the job. Dixon and Dougherty (2010) suggested that culture is developed and re-developed through the exchanges from everyone within the organization.

Brown et al. (2010) noted how a randomized controlled trial is an effective way to demonstrate the causal relationship between barriers and the implementation of evidence-based practice. However, based on the outcome of the present analysis, it remains unclear whether decreasing barriers will give rise to the acceptance of evidence-based practice among general nursing staff. During the 8-week study, data for this project will be collected at random from the pilot support group in an assigned room in the students counseling service building. Participants of the pilot support groups led by counseling for 4 weeks will also attend the same support group facilitated by a nurse. The participants could potentially perceive the self-assessment survey questions as a barrier, and as a result any incomplete survey will affect the data collection. A continuous reviewing of the evaluation of a project will prepare the researcher to modify variables or threats. What is most significant about this project is that it provides an opportunity for the nursing department to collaborate with counseling services to provide the most holistic support group possible for students with LDs at VSU. As a result of this change, students with a LDs would be empowered and better equipped to utilize effective coping skills to decrease their risk of dropping out of university. The change will promote and increase autonomy among the nurses at VSU and improve the retention rate of students with LDs.

Research

Chang et al. (2010) discussed how RNs perceived lack of authority as an instigator of change as the most substantial barrier to research utilization in a clinical setting. This concurs with other findings and may correlate with the low status and

autonomy of nurses across all of the countries investigated. Chaffee et al. (2007) suggested that if there are leaders that are hesitant about supporting a new policy, one should develop a convincing evidence-based case to promote the need for change. The focus group was able to meet and review the current plan and, as a result, modified the self-assessment survey. In addition, they recommended that nursing services teach counseling services how best to address and present topics pertaining to the nurse-facilitated support groups in the absence of a nurse. Implementing nurse-facilitated support groups in collaboration with the counseling department would increase enrollment as well as federal funding from the United States Department of Education. Having the nursing and counseling services partner as stakeholders would help ensure that the health care system at VSU maintains its affordability, quality, and accessibility to students. Godwin (2009) stated that nurses functioning in a SHS clinic have a vital role in delivering services to students by providing them with the tools needed to flourish in a postsecondary setting. Sherwin and Kieff (2009) suggested that school nurses are the most suitable professionals in an academic setting to support the health and wellbeing of students with LDs. Nurses are in the optimal position to provide effective interventions that could impact the emotional and physical health outcomes of these students. McMurray et al. (2010) noted that the more staff are encouraged to participate in opportunities for team collaboration, the more they will want to be a part of the change.

Project Strengths and Limitations

Strengths

Threats and weaknesses can be viewed as opportunities as opposed to barriers. It is through these challenges that nurse leaders are inspired to become change agents by identifying resistance when using appropriate forecasting tools. Hootman et al. (2003) reported that students gain more when nurse-facilitated support groups work in collaboration with support services already provided within the academic setting. Dickerson (2010) noted how taking advantage of opportunities for professional growth allows the nurse not only to discover new information but also to implement this new knowledge in practice. Brown et al. (2010) noted how prior to the introduction of interventional studies there was a need to determine the strength of the relationship between perceived barriers and the adoption of evidence-based practice among nurses. After consulting other universities and colleges with successful nurse-facilitated support groups for students with LDs in collaboration with counseling services, I would use VSU's vision and mission statement in a strategic plan to increase the quality of service performance as an opportunity to increase the number of stakeholders.

Limitations

Jackson et al. (2012) stressed that as health care professionals we need to be able to bring education, support, information, and care to communities while presenting our interventions in ways that are culturally and socially acceptable to a diverse consumer group. A PowerPoint presentation of the nurse-facilitated support group was prepared for the focus group. After actively listening to the concerns of the stakeholders, I had to

consider their argument; utilizing a focus group to reassess changes that will assist the nurse-facilitated support groups to be accepted both by nursing and counseling services at VSU who are major stakeholders. As part of the nurse-facilitated support groups' proposal, a curriculum was designed that included counseling services continuing to facilitate all supports groups, but now in collaboration with nursing services which would provide them with in-services. Kettner et al. (2008) discussed how most social programs are warranted on the ideal of one intention: to solve identified social problems, which are later developed into the needs of a consumer or a community of people. Implementing an evaluation of the program's effectiveness would measure its level of performance. Remaining unaware of the social challenges and problems can negatively affect program planning. Projects are created and developed because of an identified problem. The first step in project development should be asking the question, "What is the problem?" Once all of the vital questions have been answered, the next step is to ensure project sustainability. The initial approach or project design must be reassessed in order to maintain its intention (see Appendix B). A focus group was created to help resolve the challenges of implementing the nurse-facilitated support group at VSU and to best evaluate its strengths, weaknesses, threats and opportunities. Tzeng, Yin and Schneider (2013) discussed how the role of nurse educators in school and working environments is to provide insight and awareness to others. This type of insight fosters critical thinking, awareness, and can be used to teach staff to improve their performance quality. Murphy-Hoefer et al. (2011) suggested that leaders encourage stakeholders to develop a task force to address their involvement including role descriptions, expectations, accountability, and

common vocabulary. The focus group would consist of two nurse practitioners, two licensed members of the counseling services team, a member of the ethics committee, and two VSU faculty members. Schaffner (2009) went on to say strategic analysis is a stage that can help direct the planning process and be used to measure to allow an organization to travel in the direction of success. It orients the organization towards expressed goals, emphasizes resource distribution, and allows priorities to be stated without confusion. Schaffner (2009) goes on to say that strategic analysis is a stage that can be accomplished behind the scenes. It offers information from several different areas that can help direct the planning process and be used to measure the core of nursing. Schaffner (2009) noted how SWOT strategies (strengths, weaknesses, opportunities, and threats) could help strengthen areas that are weak and improve the strength of those already strong (see Appendix D). The focus group was able to complete the pre and post self-assessment surveys and suggested that the survey be put into a Likert scale (see Appendix C) to obtain the best-recorded results from participants. The focus group was able to develop an addendum to the proposed curriculum in which nursing services would provide an annual in-service to counseling services to instruct them on how to teach health related topics of discussion.

Recommendations for Remediation of Limitations in Future Work

Chaffee et al. (2007) suggested that if there are leaders that are hesitant about supporting a new policy, develop a convincing evidence-based case to promote the need for change. The focus group was able to meet and review the current plan and, as a result, modified the self-assessment survey. In addition, they recommended that nursing

services teach counseling services how best to address and present topics pertaining to the nurse-facilitated support groups in the absence of a nurse. As previously mentioned, implementing nurse-facilitated support groups in collaboration with the counseling department would increase enrollment and federal funding from the United States Department of Education. Having the nursing and counseling services partner as stakeholders would help ensure that the health care system at VSU maintains its affordability, quality and accessibility to students. After consulting other universities and colleges with successful nurse-facilitated support groups for students with LDs in collaboration with counseling services, I would use VSU's vision and mission statement in a strategic plan to increase the quality of service performance as an opportunity to increase the number of stakeholders. Jackson et al. (2012) stressed that as health care professionals we need to be able to bring education, support, information, and care to communities while presenting our interventions in ways that are culturally and socially acceptable to a diverse consumer group. A PowerPoint presentation of the nurse-facilitated support group was prepared for the focus group.

Analysis of Self

Nesse et al. (2010) suggested that the victory of a change enterprise is founded not in the structure of the organization but rather in the dynamics of behavior and capabilities of the team. Lambert (2012) suggested that becoming a registered practitioner, a nurse leader needs to be able to evaluate and design the holistic care of consumers, discuss public health concerns from several evidence based practices, revitalize his or her skills when imperative, and remain proficient in many areas in order

to address issues presented by clients. A nurse practitioner who is proficient will appreciate the importance of having to know the consumer's personality and level of readiness toward change as well as their weaknesses and strengths. What I have learned through identifying problems and the process of implementation and evaluation as a DNP candidate has solidly prepared me for my future career. It is through my practicum experience and understanding of research literature that I have been prepared to successfully demonstrate evidence-based project implementation, evaluation, and dissemination as part of my development as a nurse leader. Miake-Lye et al. (2011) discussed how in order to gain feedback on how to improve an idea, the creation and implementation of a formative assessment, described as an ongoing assessment process integrated from the beginning to the end of an idea's lifespan, is key.

As a Scholar

After actively listening to the concerns of the stakeholders, I had to consider their argument; utilizing a focus group to reassess changes that will assist the nurse-facilitated support groups to be accepted both by nursing and counseling services at VSU who are major stakeholders. As part of the nurse-facilitated support groups' proposal, a curriculum was designed that included counseling services continuing to facilitate all supports groups but in collaboration with nursing services that would provide them with in-services using the recommended curriculum. Counseling services would be familiarized with the topics of discussion in the nurse-facilitated support group's curriculum and would implement them in collaboration. The specific goal of the plan for nurse-facilitated

support groups project is to decrease ineffective coping and increase self-awareness for student with LDs at VSU (see Appendix D).

As a Practitioner

Lambert (2012) suggested that to become RN practitioners, nurses need to evaluate and design the holistic care of clients, discuss public health concerns from several evidence base practice, recharge their skills when vital and remain proficient in various areas in order to address any issue that is presented by their clients. A nurse practitioner should use data from evidence-based research resources as part of a strategic process to identify problems in order to foster positive changes within a health care system. Kindig, Asada, and Booske (2008) explained that the definitive goal of population health strategy is to increase the health of individuals and communities. A prepared DNP nurse will be empowered as a practitioner to provide care for students with LDs by closing the gaps that keep health care providers from delivering services to those who are in need but may not have access or be aware of alternative methods. An effective role of the nurse practitioner in the primary care setting is that of a provider who combines medical knowledge, diagnostic ability, and prescriptive authority with disease and lifestyle management education and works in partnership with stakeholders, leaders, management, and other clinicians to bring about change.

As a Project Developer

McMurray et al. (2010) identified several stages that need to fall into place in order to build an effective team, identify goals, and measure outcomes. The nurse leader must assemble baseline information, educate the staff, and provide up to date progress

data to the team members. As a project developer for the nurse-facilitated support groups for student with LDs at VSU, designing a successful plan required the collaboration of the stakeholders. McDonald et al. (2011) noted how the grade of collaboration sometimes varies from low to high levels of support and commitment from stakeholders. Gathering target stakeholders with influence in the community can also help increase the program acceptance and provide valuable insight in addition to financial resources. The line-item budget for the smoking cessation program at VSU will support the quality of this program outcome through funding opportunities of soft money, such as grants.

What Does This Project mean for Future Professional Development?

Shortell et al. (2002) noted that most stakeholders, policy makers, and leaders miscalculate or disregard the level of struggle in inspiring diverse team members to collaborate in order to achieve meaningful results. The plan to make a positive change requires the stakeholders and the project developer to conquer any barriers in order to see the plan come to fruition. Using nurse-facilitated support groups as an alternative intervention would foster holistic, healthy choices and improve self-awareness of students with LDs. United Nations (2011) explained that treating the disease could be affordable, with preventing them costing almost nothing, and eventually saving a significant amount of money. It is the responsibility of leaders to support people in making choices that will protect their health. Students with LDs who participate in support groups are more likely to improve coping skills on a personal, social, and academic level (Lombardi and Murray 2011). Nurse-facilitated groups could provide effective social support so that students with LDs have a greater likelihood of being

successful in college. Fawcett and Garity (2009) defined knowledge, theory, research, and evidence-based practice (EBP) as necessary components that work and complement each other in developing optimal research. This thought process aligns with my understanding of knowledge, theory, research, and EBP.

Summary

The purpose of this plan was to illustrate to the stakeholders at VSU the benefits of implementing nurse-facilitated support groups and how the results of the plan will be evaluated. The short-term goal was to improve self-awareness through alternative effective coping skills in social and academic settings. Percy et al. (2009) noted how support groups assist students in feeling personally connected which subsequently motivates them to use effective stress-coping behaviors. Strubhar (2011) described how the benefit of strategic planning activity transpires when one identifies and plans for sources that affect the goal of an organizational structure. Thus, for effective strategic planning to happen, the situation must be scanned for threats and opportunities. Authenticity Consulting suggested that strategic planners view various SWOT as they relate to one's facility. Wang, Chen, Lin and Hsu (2010) stated that identifying the attitudes of stakeholders involved in change processes is imperative. This facilitates the use of specific strategies to enhance the effectiveness of stakeholder engagement in the process and the outcome of the initiative. The focus group reviewed the self-assessment survey and the curriculum created by the NFSGAH committee and suggested necessary changes to the plan to increase its effectiveness.

Section 5: Scholarly Product Executive Summary

Scholarly Product for Dissemination

Markowitz (2010) described how in creating an executive summary the writer needs to incorporate a timeline into their systematic plan of development. Asking “Why now” in the executive summary stresses to the reader the importance of why the current issues need to be addressed immediately. In developing the executive summary, it was necessary to reflect back to “Why now” in order to justify the change. Holden and Zimmerman (2009) suggested that an evaluation plan be put in place to address the predictable restrictions from the resources that are presented during the evaluation attempt. The critical properties consist of funding, time allowed to finish the job, related technical proficiency, program and stakeholder teamwork and access to vital data and program material.

A balance must be established between what is anticipated from an evaluation standpoint and what is reasonable in relationship to available resources. Sridharan and Nakaima (2011) reported that knowing the variances in anticipations of timelines may aid in incorporating mixed opinions that affect the development, execution and assessment of programs. Furthermore, based on numerous assessments of community programs, our research has shown that stakeholders in community surroundings often have a realistic understanding of the challenges of community change processes.

Executive Summary

The overall purpose of this proposed evidence based program is to demonstrate the benefits of implementing and evaluating nurse-facilitated support groups for students that have an LD to the stakeholders at VSU. This quality-improvement project will address the development of a plan to implement nurse-facilitated support groups for students with LD within the SHS department at a university. The VSU budget is driven by the student enrollment and retention rate. VSU is funded based on the number of students and additional funding is allocated for students who have LDs both by state and federal resources. Implementing nurse-facilitated support groups for students with LDs would improve student's self-awareness in eight weeks, and in four years increase the student retention and graduation rate. VSU (2013) disclosed in 2010 that the United States Department of Education initiated a five-year funding program to 27 higher education institutions in America to facilitate an all-inclusive TPSID in connection with the FAFSA beginning with \$10.9 million for the 2010–2011 fiscal year.

Business Offering:

The SWDP provides services to university students who meet program guidelines. In addition, VSU provides mental health services through the counseling services department. These counseling services provide individual, couple, and group therapy, addressing a variety of issues that impact the student population. Psychiatric services are also offered as an optional mental health treatment component. Hartley (2010) suggested that an LD is not an uncommon disability in a college setting, though it is commonly unidentified. The classification of LDs has had the fastest rate of increase among all

types of disabilities in postsecondary institutions. In 1991, roughly 25% of all full-time freshmen that expressed having a disability had an LD (Hartley 2010). Lombardi and Murray (2011) emphasized the importance of faculty being aware of the needs and resources available for students with LDs. Federal and state guidelines outline essential educational supports and services that must be provided to students with LDs in postsecondary educational settings. However, access to educational programs designed to reinforce faculty's understanding of the special needs of students with LDs may be limited for some teachers and schools. While some faculty programs that address the needs of students with LDs are attended on a voluntary basis, published reports of these programs are not readily available (Lombardi & Murray, 2011). As a result, teachers may be uninformed about current practices that can be adopted in the classroom that may potentially improve the learning environment of students with LDs. Students with LDs report experiencing undesirable attitudes and opinions from faculty toward their LD, particularly related to their need for additional support. Coping with unwelcoming faculty attitudes can negatively affect their learning experience in postsecondary settings. Furthermore, some teachers may not have a complete understanding of the holistic needs of students with LDs (Lombardi & Murray, 2011). Students with LDs who participate in support groups are more likely to improve coping skills on a personal, social and academic level (Lombardi & Murray, 2011). Nurse-facilitated groups could provide effective social support so that students with LDs have a greater likelihood of being successful in college. A basic evaluation plan will be presented to the interdisciplinary team in order to start developing the full evaluation plan, including the pilot proposal for

the nurse-facilitated support group project.

Marketing Plan and Analysis

Reviewing staffing, budget and needs of the students with LDs for long range planning would support best practice. In support of the VSU mission statement, having the nursing and counseling services partner as stakeholders can help ensure that the health care system at VSU maintains its affordability and that quality care is made accessible to students. As previously mentioned, the VSU budget is driven by student enrollment. What is most significant about this project is that it provides an opportunity for the nursing department to collaborate with counseling services to provide a holistic support group for students with LDs at VSU. As a result of this change, students with LDs will be empowered and better equipped to utilize effective coping skills which have the potential to decrease their risk of dropping out of school. The change will promote and increase autonomy among the nurses at VSU, moving theory to practice, while improving the retention rate of students with LDs. Approaching the Vice President of Student Services and the President of VSU, who is an RN, would be a strong buy-in in supporting nurse-facilitated support groups.

My purpose is to argue that by having nurse-facilitated support groups in collaboration with the counseling services department would increase student enrollment and thus increase federal funding from the United States Department of Education. The Nurse-Facilitated Support Group Ad hoc committee (NFSGAH) will develop a focus group that will create a self-assessment survey for participants, which will aid in evaluating the plans for implementation of this project. The NFSGAH members will

design recruitment flyers to disseminate to potential students in Students Health Services, Foster Hall, Residence Halls, at Student Counseling Services, and other student social gathering spots. Other opportunities for the NFSGAH team to recruit potential participants will take place during student orientation sessions and at the Student Counseling Services Center. The NFSGAH team would verbally inform students of the study, and during special events a table with flyers about the study will be set up in a common area in SHS. The NFSGAH team will use also airtime on VSU 91.3 FM WVST, the campus radio station, to promote the pilot study.

Nurses are in an optimal position to provide effective preventions that could impact the emotional and physical outcomes of student with LDs. Krause-Parello and Samms (2011) noted how the school nurse participates in collaborating modalities into the well-being of all students. Nurses who provide health care services in a school setting can use primary prevention as a therapeutic treatment that can reduce susceptibility to disease or dysfunction. A school nurse can use tertiary prevention to reduce the effects of disability and disease while preventing ill effects resulting from poor coping skills.

Strategy and Implementation

This presentation will outline the steps that are recommended to reach the goal. The initial planning phase will start September 24, 2015, when the Nurse-Facilitated Support Group NFSGAH will have their first meeting to establish its goals, objectives, timeline and the role of the focus group. The NFSGAH will also establish the executive leader for this committee.

- 9/30/15: NFSGAH committee will meet for one hour to select members from nursing services and counseling services to participate in the focus group.
- 10/9/15: NFSGAH committee will meet to review the most recent research and trends as it relates to nurse-facilitated support groups for college students with LDs and available funding to support the project.
- 10/16/15: NFSGAH committee will meet to create a user-friendly version of the Logic Model for it to function as the framework for the project design.
- 10/30/15: NFSGAH committee will meet with the focus group to determine which topics would be most appropriate and effective in discussions among the students participating in the Nurse-Facilitated Support Group project. The selected topics will serve as part of the curriculum.
- 11/13/15: NFSGAH committee will meet to develop the pre/post survey and set a date with the focus group to review and modify if necessary. NFSGAH committee will delegate to the ethics representative member to review the consent to participate in research, collect data, how the data will be stored, and dispose of data after study is completed. The ethics representative member will complete the Institutional Review Board (IRB) application for approval by 11/18/15.
- 11/18/15: NFSGAH committee will review and submit the application to VSU IRB for approval.
- 11/20/15: NFSGAH committee will meet to make necessary modifications to the pre/post self-assessment survey. A support group, already established and

managed by counseling services, will be selected for the Nurse-Facilitated Support Group project.

- 12/1/15: NFSGAH committee will meet to discuss using a pilot group to evaluate the Nurse-Facilitated Support Group project. The NFSGAH committee also will review the survey and focus group as resources to be used to evaluate the project.
- 12/11/15: NFSGAH committee will meet to discuss the location for the pilot group and how long the pilot group would need to meet. They will meet with the graphic art design staff to develop posters and pamphlets.
- 12/21/15: NFSGAH committee will meet to discuss ways to best disseminate the Nurse-Facilitated Support Group project outcomes and available public media to promote the project to the local community. NFSGAH committee will meet with focus group to discuss and plan in-services with counseling services by 1/12/16.
- 1/29/16: Focus group will meet to discuss the dates for implementation of in-services with counseling services.
- 2/ 7/16: Focus group will provide a PowerPoint to counseling services, handouts, and a time for questions and comments of Nurse-Facilitated Support Group project topics to be led by counseling services once a month for one hour from 2/15-9/5/16.
- 4/13/16: NFSGAH committee will meet with the focus group to review the curriculum and follow up with in-services with counseling services.

- 8/21/16: NFSGAH will meet to discuss distribution of a press release to promote the project on local cable TV stations, newspapers, and the VSU web page by 8/13/16.
- 8/27/16: NFSGAH committee will meet to organize the dissemination the Nurse-Facilitated Support Group project flyers, pamphlets, and posters by 8/29/16.
- 9/ 9/16: Nurse-Facilitated Support Group to Foster Self-Awareness Evaluation Pilot Project goes live in Foster Hall Student Counseling Services Building.

Management Team: An executive leadership team leader and chairperson were appointed to oversee the Nurse-Facilitated Support Group Ad hoc committee (NFSGAH).

The NFSGAH Committee

1. Nursing Services, MSN, RN, Chair
2. Counseling Services, MSN, RN, Co-Chair
3. Counseling Services, MSN, RN, Co-Chair
4. Counseling Services, MSN, RN, Co-Chair
5. Nursing Services, BSN, RN Co-Chair
6. Dr. of Psychology, Co-Chair
7. Faculty member, Co-Chair
8. Faculty member, Co-Chair
9. Faculty member of the Graphic Art Design, Co-Chair
10. Accounting and Budgeting, Co-Chair
11. Student Government Council, Co-Chair
12. Student Government Council, Co-Chair

13. Admission Office, Co-Chair
14. Financial Advisor, Co-Chair
15. Program Developer, Co-Chair

A 15 person committee was assembled to develop a strategic planning process for nurse-facilitated support groups. The NFSGAH leadership team members were appointed from a diverse pool of internal stakeholders.

Financial Projections

Students with LDs who participate in support groups are more likely to improve coping skills on a personal, social and academic level (Lombardi and Murray 2011). Nurse-facilitated groups could provide the necessary social support to enable students with LDs to have a greater likelihood of being successful in college. A structured budget plan overseen by an expense forecast was created by the NFSGAH committee to facilitate its proposed plan to implement the Nurse-Facilitated Support Group (NFSG). Costs related to this quality improvement project included purchases made to create a self-assessment survey, posters, radio airtime, and pamphlets to announce the NFSG project. Light refreshments purchased for in-service training will be provided by nursing staff for counseling services. Pens and pocket notes books were purchased, with 75% of the funding for the supplies allocated from the nursing budget and 25% from the VSU supplies for stationary and office needs budget. The total cost for the project was just under \$1,000.00. The aim of this quality improvement initiative is to publicly expose the need for college students with LDs at VSU to increase self-awareness through support groups managed by nursing services and to encourage the public to support the change by

raising community awareness around the issue. The NFSG project financial forecast over the next 3 years would pay for itself in 12 months and add additional federal funding to VSU as a result of the increased numbers of student attendance and enrollment.

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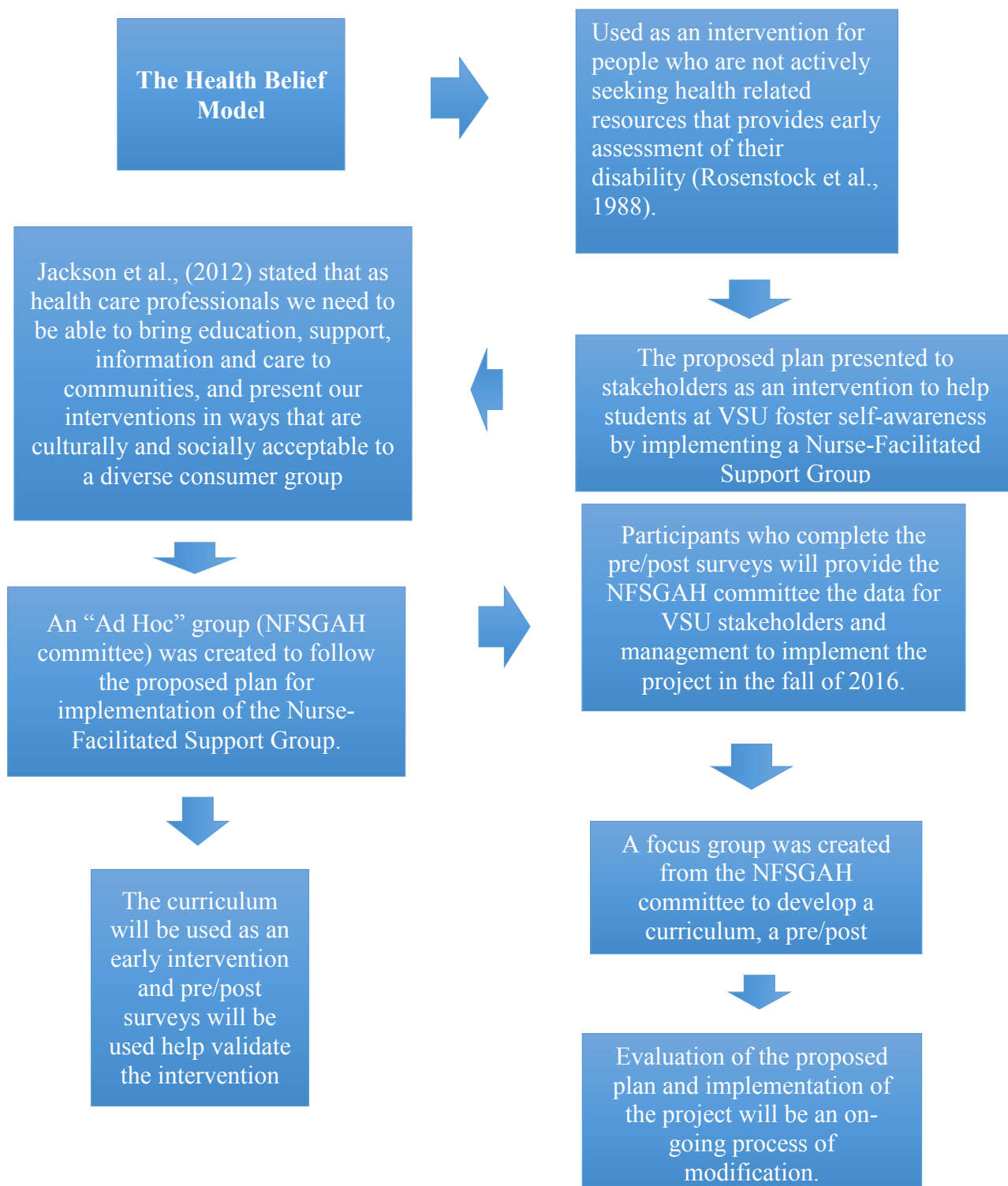
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Appendix A

The Health Belief Model



Appendix B

Gantt Chart

Propose Time Line: The implementation of the Nurse-Facilitated Support Group to Foster
Self-Awareness Evaluation Project

Time frame: September 2015-March 2, 2016

The overall purpose of this proposed evidence based program is to demonstrate the benefits of implementing and evaluating nurse-facilitated support groups for students that have LDs to the stakeholders at VSU. This quality-improvement project will address the development of a plan to implement nurse-facilitated support groups for students with LD within the student health services department at VSU.

Not Completed	Planning	9/24/15	The Nurse-Facilitated Support Group Ad hoc committee (NFSGAH) will meet to establish its goals, objectives, timeline and the role of the focus group. The NFSGAH will also establish the executive leader for this committee.
Not Completed	Planning	9/30/15	NFSGAH committee will meet for one hour to select members from nursing services and counseling services to participate in the focus group.
Not Completed	Planning	10/9/15	NFSGAH committee will meet to review most recent research and trends as it relates to nurse-facilitated support groups for colleges students with LD in addition to available funding to support

			the project.
Not Completed		10/16/15	NFSGAH committee will meet to create a user-friendly version of the Logic Model for it to function as the framework for the project design.
Not Completed		10/30/15	NFSGAH committee will meet with the focus group to determine which topics would be most appropriate and effective in discussions among the students participating in the Nurse-Facilitated Support Group project. The selected topics will serve as part of the curriculum.
Not Completed		11/13/15	NFSGAH committee will meet to develop the pre/post survey and set a date with focus group to review and modify if necessary. NFSGAH committee will delegate to the ethics representative member to review the consent to participate in research, collect data, determine how the data will be stored and dispose of data after study is completed. The ethics representative member will complete the Institutional Review Board (IRB) application for approval by 11/18/15
Not Completed		11/18/15	NFSGAH committee will review and submit the application to Virginia State University IRB for approval.
Not Completed		11/20/15	NFSGAH committee will meet to make necessary modifications to the pre/post self-assessment survey. A support group already

			established managed by counseling services will be selected for the Nurse-Facilitated Support Group project.
Not Completed		12/1/15	NFSGAH committee will meet to discuss using a pilot group to evaluate Nurse-Facilitated Support Group project. The NFSGAH committee also reviewed the survey and the focus group as resources to be used to evaluate the project.
Not Completed	Preparation	12/11/15	NFSGAH committee will meet to discuss location for pilot group and how long the pilot group would need to meet. Met with graphic art design staff to develop posters, and pamphlets.
Not Completed	Preparation	12/21/15	NFSGAH committee will meet to discuss ways to best disseminate the Nurse-Facilitated Support Group project outcomes and available public media to promote the project to the local community. NFSGAH committee will meet with the focus group to discuss and to plan in-services with counseling services by 1/12/16.
Not Completed		1/29/16	Focus group will meet to discuss the dates for implementation of in-services with counseling services.
Not Completed		2/7/16	Focus group will provide a PowerPoint in-service to counseling services, handouts and a time for questions and comments of Nurse-Facilitated Support Group project topics

			to be led by counseling services once a month for one hour from 2/15-9/5/16.
Not Completed		4/13/16	NFSGAH committee will meet with the focus group to review the curriculum and follow up with in-services with counseling services.
Not Completed		8/21/16	NFSGAH will meet to discuss and implement the press release to promote the project on local cable TV stations, newspapers and the VSU web page by 8/13/16.
Not Completed		8/27/16	NFSGAH committee will meet to organize the dissemination of the Nurse-Facilitated Support Group project flyers, pamphlets and posters by 8/29/16.
Not Completed	Live	9/9/16 Spring Semester	Nurse-Facilitated Support Group to Foster Self-Awareness Evaluation Pilot Project goes live in Foster Hall Student Counseling Services Building.

Appendix C

7 Point Likert Scale Survey

PRE/POST-Self-Assessment Survey Questions

Project:

Nurse-Facilitated Support Group Fosters Self-Awareness

Questions	STRONGLY DISAGREE			NEITHER		STRONGLY AGREE	
	1	2	3	4	5	6	7
1. Are you interested in learning more about effective coping skills to aid you with your learning disability?							
2. Are you interested in increasing your knowledge level of knowing where to seek help before feeling overly anxious?							
3. Are you interested in gaining more knowledge concerning your learning disability?							
4. Do you have negative feelings towards learning disabilities?							

5. Do you have positive feelings toward learning disabilities?							
6. I seek other alternatives to help me cope with my learning disabilities.							
7. Are you interested in learning how to increase your level of self-esteem?							
8. Do you think it's important to adhere to prescribed medication to aid effective coping with a learning disability?							
9. Do you think your level of comfort is important as it relates to knowing that you have a learning disability?							
10. How would you rate the effect of your learning disability on your mental health status?							

Appendix D

The implementation of the Nurse-Facilitated Support Group to Foster Self-Awareness Evaluation Project:

THE LOGIC MODEL

