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Eating Disorders and the Gap of Education

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This is to certify that the doctoral study by

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Walden University
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Abstract

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MS, Western Governors University, 2018

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Project Submitted in Partial Fulfillment

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Abstract

Eating disorders are described as excessive dieting, limiting food intake, and withholding of food. Over 30 million people suffer from eating disorders. Some people may also have preconceived notions that this disease is easily fixable and that eating more and stopping dieting will solve the problem. Registered nurses struggle with having preconceived ideas, a lack of confidence in their assessment skills, and fear of using the eating disorder diagnosis. Barriers that have surrounded the eating disorder mental health disease need to be addressed. The staff development project was based on the question if nursing knowledge would improve on eating disorders and decrease the knowledge gap that was identified. The function of the program was to educate RNs how to identify high risk patients and increase their knowledge base about symptoms of eating disorders. The Roy adaptation model and Watson's theory of caring were used to provide direction in development of the educational program on eating disorders. The project provided education to 30 staff nurses regarding the need for misconceptions, misperceptions, and attitudes to change in order to deal with this disease process. Registered nurses were educated on understanding, treating, and attitudes regarding eating disorders. The project included pre- and post-tests as a tool to measure nursing knowledge, PowerPoint Presentation, and a program survey. After completing a data analysis of the questions on the tests, a p value of 0.04 was the result. The focus for the project was proven to increase nursing knowledge. As nurses learn to better their skills, positive social change will be inevitable as better health outcomes are promoted and the health of society will continue to transform.

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Dedication

I dedicate this project to my mom who is blinded by body dysmorphia and cannot see her own beauty.

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Section 1: Nature of Project

Introduction

Eating disorders have affected Americans of all ages, genders, socioeconomic status, and cultural- religious backgrounds (Beihl et al., 2020). Millions of people have suffered at some point in their life from an eating disorder. The National Institute of Health and Medicine (NIHM) reported an estimated 10 million males and 20 million females have suffered from a form of eating disorder yearly. An eating disorder is a medical condition wherein a person believes that eating will impact their weight and health negatively, and this belief has been so real for the individual that the person goes to extreme measures to prevent weight gain and control of their life (Eckern, 2018).

There are many kinds of eating disorders including: rumination disorder, anorexia nervosa, bulimia nervosa, avoidant and restrictive meals, orthorexia, binge-eating disorder, diabulimia, other- specified food disorder (Biehl et al., 2020). Eating disorders can cause dangerous and irreversible impact on the physical, mental, and emotional well-being of an individual (Biehl et al., 2020). Eating disorders have been noted to develop as early as 7 years of age, but more commonly occurs in individuals between 9 to 11 years old (NIHM, 2016). The complete breakdown of the family unit, unsteady status of society, and weakened communities has caused an even further spread of eating disorders in order to deal with the current pressures (Biehl et al., 2020).

Problem Statement

According to the Eating Disorder Coalition over 30 million Americans suffer from an eating disorder yearly (NIHM, 2016). Every 62 minutes someone has died as the result of an untreated eating disorder (NIHM, 2016). There are many types of eating

disorders that range from anorexia nervosa to aversion to food. Studies have shown that 80% of people that suffer from anorexia or bulimia nervosa are predisposed to the disease (Esposito, 2020). Holmqvist et al. (2020) challenged themselves to find the key reason the development of eating disorders. Studies show there has been a compilation of triggers, rather than a specific reason that causes an eating disorder (Eckhern, 2018). Furthermore, there are dispositions that make children and adults more susceptible to these types of comforting behaviors (Eckern, 2018). In fact, an eating disorder is very comforting to the person experiencing the process because it is the only control they have over their own lives (Esposito, 2020; Thompson-Bremer, 2012).

The distortion that social media and the media itself have instilled in the minds of U.S. youth regarding and what is considered beautiful has caused this problem to skyrocket (Biehl et al., 2020). In the healthcare field, most RNs have limited experience with how to recognize the symptoms and note symptomatology related to eating disorders (Eckern, 2018). Society looks at eating disorders with skepticism and criticism as though this group of individuals have a choice in their disease process (NIHM, 2016). In this project, I will identify RNs on the gap of education, lack of empathy related to, and understanding of persons with eating disorders as well as RNs lack of clarity as to the steps to take to advocate for persons with eating disorders (see Eckern, 2018).

Purpose Statement

The purpose of the staff development program was to identify if the development of an eating disorder program for RNs in the emergency room (ER) would increase their knowledge on eating disorders and decrease the knowledge gap that has been identified.

The function of the program would be to educate RNs how to identify high risk adolescents and increase their knowledge base about symptoms of eating disorders.

Nature of Doctoral Project

Eating disorders are not recognized early by RNs during acute emergency room visits (Waller et al., 2014). Adolescents are at high risk for eating disorders because they have genetic predisposition, submersion of media, pressure from peers, patterns of domestic violence relationships, and poor coping measures (Eckern, 2018). Furthermore, adolescents typically have child wellness exams and routine visits in which providers have may have access to assess and review concerns with the child (Eckern, 2018). That being said, routine visits have not been used for analysis of eating patterns and habits of adolescents (Waller et al., 2014). Adolescents experiencing eating disorders and the side effects related are less likely to attend routine care visits (Thompson-Bremer, 2012); consequently, emergency room visits are a routine treatment measure when eating disorder symptoms are not controlled (Eckern, 2018). The expansion of a staff development program would educate RNs on how to recognize adolescents at risk, teach a basic knowledge of the disease process, and improve nursing skills.

Significance

Closing the knowledge gap related to eating disorders is essential because eating disorders are related to the highest outcome of death that coincides with mental health illness (Hurley et al., 2020). The media plays a large role in the development of young children and adolescents having distorted views on what is beautiful and acceptable (Mascolo et al., 2012). Healthy views have been exponentially distorted to children and

become overwhelmingly present by the age of 9 years old in preadolescence (Thompson-Bremer, 2012). Parents further exacerbate this issue by encouraging poor eating habits such as eating on the go and quick meals (Eckern, 2018). Weight changes begin at this age and without the development of healthy eating habits they continue to create a cycle. Hormones, anxiety, emotions, violence, self-identity issues, relationship problems, lack of acceptance for themselves, or from family or friends and day-to-day stressors continue to plague adolescents (Hurley et al., 2020). This mixture of factors and having no accountability, can lead to suicide attempts, bullying, domestic violence, substance abuse, and self harm; therefore, creating a way to close the identified gap is essential (Keel & Haedt, 2008).

Summary

RNs must be well educated and versed in understanding pathophysiology and psychology when providing care. Part of their job is to develop relationships with patients and to promote healthy changes, and best outcomes (Jennings, 2017). Many RNs have a minimal amount of education on eating disorders and their causes and effects (Waller et al., 2014). Basic pathophysiology can educate a person on what will occur if a person is anorexic (Jennings, 2017). However, the pathophysiology of what happens to the physical being of the human was not the most important discovery in this project. The most important discovery was providing a sound foundation of education and a way for RNs to identify risks early to increase learning about eating disorders. One out of 4 adolescent females will have a battle with an eating disorder; and 1out of 6 males (NIHM, 2016). Addressing eating disorders is significant because it will save lives and

improve health care outcomes for the said population (Keel & Haedt, 2008). RNs must be educated to have the empathy, and skills to address, and prevent poor outcomes related to eating disorders.

The background history and outcomes for eating disorders are complicated and heavily influenced by society (Beihl et al., 2020). Eating disorders are not created overnight and leave long lasting effects on every person involved.

Section 2: Background and Context

Introduction

Eating disorders ranks second to opioid use when it concerns mortality (Thompson-Bremer et al., 2012). Society chooses what they believe about eating disorders and who they assume has those (Thompson-Bremer et al., 2012). Society assumes that those affected with eating disorders are very thin or very overweight (Jennings, 2017). The real issue lies in the fact that this illness has not been subjective to either of these (Waller et al., 2014). Eating disorders have many complicated levels of the disease process. Some of those are an individual and their ability to visualize themselves as disproportionate and that perception becomes their reality (Keel & Haedt, 2008).

Eating disorders are often described by people who are uninformed as an individual that desires to be thin so they will do whatever it takes to accomplish this (Davies, 2017). Starving, purging, binging, fasting, and other varying forms of food aversion are actually behaviors to try and cope with stress and emotions (Linville et al., 2012). The challenge is convincing the person afflicted with this disease process that the outcome is not going to help in the long run; and it will make their ability to deal with change and emotions more difficult (Thompson et al., 2018).

Eating disorders were documented as early as the 12th and 13th century when royalty fasted in order to demonstrate their faith in God (Waller et al., 2014). From the 1600s to the 1800s devotion as a religious practice was described on multiple occasions

in observance as a way to separate from sin (Waller et al., 2014). Keel and Haedt (2008) found that there have been multiple considerations over the past centuries of differing motivations for food refusal or lack of ability or desire to eat. Bulimia has always been referred to as a more modern- day discovery, but it has been noted in several accounts from early cultural history that men and women purged to prevent certain diseases from food consumption (Mascolo et al., 2012). By 1979, the psychologist Christopher Fairborn had begun researching bulimia nervosa looking for the cause and effect (Linville et al., 2012). Researchers also established that 50% to 80% of the times, eating disorders were caused by the individuals' genetic makeup, and that external factors such as environmental stressors are only triggers (Linville et al., 2012).

Educational and assessment tools are available for RNs, but they are not using them on a routine basis (Waller et al., 2014). In addition, the lack of education for RNs in regard to clinical development of an eating disorder is limited (Waller et al., 2014). The development of the staff education program on eating disorders was feasible; because there was sufficient data to support the practice problem with numbers indicating the need. The staff development program was supported by the statistics represented in all of the studies reviewed for this project. The buy in must be demonstrated by achieving the emotional connection between the care professional and their purpose (Bradatsch et al., 2020). The nursing education program will improve nursing practice by increasing the staffs nursing knowledge.

Davenport, 2015, found that incidences of eating disorders went down dramatically with sufficient education to the client and families. Education is a standard

method of learning for any new practice, or newly gathered knowledge or the development of new programs (Biehl et al., 2020). RNs in the emergency room must learn ways to identify early or late symptoms of eating disorders in young adults and children (Waller et al., 2014). The adverse outcomes of eating disorders are attempted suicides, organ failure, other nutrition illnesses, and even death (Biehl et al., 2020). Decreasing the identified knowledge gap among RNs would increase their knowledge base. The nurse is the first health care provider to have access to the patient, and their clinical assessment skills are essential in identifying risks and problems that might arise for the patient (Jennings, 2017).

Concepts, Models and Theories

The Roy adaptation model (RAM) has been used for years by interdisciplinary teams in order to provide guidance for education, the development of information, practice changes, and new developments for theories and processes (Jennings, 2017). The RAM model has also been used to treat patients with eating disorders because it helps guide the team while they are attempting to stabilize the weight loss and restoration of health (Bradatsch et al., 2020). Researchers have completed studies trying to determine the factors of eating disorders and their relevance in the disease process (Eckern, 2018). An eating disorder is not a choice but a result of an action (Bradatsch et al., 2020).

The RAM has been used to examine the link between emotional regulation difficulties, autonomy, sense of control, self perception of weight and size, and loss (Jennings, 2017). One example is the use of RAM to address the disease process of anorexia nervosa, and its perceived threat (Jennings, 2017). People suffering from these

conditions have developed a learned response, and the core response to the environment surrounding them prompts the defensive behavior. The major parts of RAM include the ability to adapt, understand the surrounding environment, accept health, and figure out what is the end goal (Jennings, 2017).

RNs are often the first people who have the ability to establish a trusting relationship with the patient, since they are the first person to assess the patient (Jennings, 2017). Trust is an essential process when nurses are establishing care for the patient and that includes: acknowledging and trying to understand the patient may have a problem. It is essential for RNs to receive training to gain the knowledge, insights, necessary to creating a trusting bond with the patient in order to recognize symptoms and behaviors that indicate an eating disorder. One of the challenges that create barriers is the misinformation or lack of information that nurses possess in recognition of clinical symptoms (Waller et al., 2014). RNs that have proper training and are clinically familiar with pathology of eating disorders and symptomatology will improve their knowledge (Davies, 2017).

Watson's theory of caring focuses on the healing energy of human kindness, presence, spiritual enlightenment, and the belief in others and self (Clark, 2016). This theory along with RAM may be extremely beneficial to incorporate into learning the treatment of eating disorders. The eating disorder psychology has created this burden of ugliness when the person sees themselves and the absolute distrust to heal themselves and their surroundings (Bradatsch et al., 2020). RAM and theory of caring provide a sound, trusting environment for the patient to be open and honest without regard to shame,

which will help them move in the right direction concerning their care (Bradatsch et al., 2020).

The theory of caring model encourages the development of the relationship between the nurse and the patient (Clark, 2016). By being presented with a trusting environment the patient is provided an opportunity to let the nurse know they need help. The problem has been that patients are not always forthright in regards to the disease process that they are facing, and many times they are not even able to put it into words (Clark, 2016). Along with the mental health stigma that surrounds eating disorders, a patient's recognition that they have the disease increases feelings of shame, not power (Thompson-Bremer, 2012).

Limited experience with identifying eating disorders has caused RNs to be cautious about trusting their intuition if they are suspicious about an outcome (Linville et al., 2012). On average, RNs do not follow their intuition because they have been compromised by lack of education, correct information, myths, their own perceptions, and reality, and the idea of what a said victim appears like in person (Davies, 2017). A patient suffering from the pathophysiology of an eating disorder can appear completely normal physically and have no outward signs of extreme weight loss or they can be significantly overweight based on body mass index. Therefore, each relationship built should be based on the current presence of the person and not on perceived thoughts, opinions, or ideas (Waller et al., 2014).

The staff development program I developed for this project utilized these two theories because they are essential for promoting best practices for nursing care, and have

an outline for how to treat patients with a specific clinical outlook. Caring is one of the most important measures in reaching a patient experiencing an eating disorder (Jennings, 2017); which is why the caring theory to help nurses develop an understanding of eating disorders treatments.

Relevance to Nursing Practice

Eating disorder recognition, identification, understanding, treatment, acknowledgement, and care require the RNs to have empathy (Davies, 2017). Empathy is the signature characteristic of a true caring health care professional (American Nurses Association (ANA), 2015). A nurse must follow the ANA guidelines in how they provide ethical care and make a commitment to care for the ill that are suffering from both physical and mental problems. In the case of patients with an eating disorder, they are suffering from both. Nursing practice is defined by the ANA (2015) as the process to apply treatment and diagnosis for health and illness of the patient. In other words, an RN is educated with the skill and abilities to provide care in their scope of practice (ANA, 2015). However, eating disorders recognition and treatment is a specialty and requires tender handling which produces the need for further education (Davies, 2017).

Due to the 30 million patients reportedly suffering from an eating disorder it is imperative, that RNs have the skills to identify this disorder as well as treat and care for this growing patient population (Linville et al., 2012). This disease process has no victim of one specific disparity (ANA, 2020; Thompson et al., 2016). By identifying and addressing this gap in practice, health care knowledge will be improved.

Local Background and Context

Many patients that have an eating disorder feel that they are covered in shame (Beihl et al., 2020). With one person dying every 62 minutes from as a result of an untreated eating disorder, this gap must be addressed (NIHM, 2016). Individuals with an eating disorder feel bound to their disease and have no current way to resolve their urges (Eckern, 2018). This becomes a mental fight that changes the way their brain is able to understand and perceive loaded information. The patient may be a 90 lb person but views themselves as a 300 or 400 lb individual. In Oregon, where this project was developed and implemented, there is one main hospital organization and many clinics. The hospital and clinics are not set up for outpatient treatment, nor do they specialize in inpatient treatments. Statistics demonstrated that there are over 15,000 men and women in active treatment in Oregon (Bielh et al., 2020). Waller et al. (2014) described the reported numbers as skewed due to underreporting and individuals not receiving treatments in facilities that do not specialize in eating disorder recovery. Locally, speaking a primary care provider reports that there has been no slowing of this disease process and that there is only one mental health provider for adolescents in this area. She also mentioned that nurses need improvement in recognizing eating disorders and increased education.

Role of the DNP Student

As a previous emergency room RN, it is not uncommon to see 70 plus patients in a 12 hour shift per day. Many of these patients that flow through the ER likely had symptomatology that indicated somatic complaints that were related to eating disorders. RNs in the ER are less likely to note potential eating disorders even if organ failure is

paramount because they work in the mode of "treat it and street it" (Camden, 2020). An ER RN is constantly in the triage mode, awaiting the next crisis or trauma to arrive (Davies, 2017). Therefore, patients arriving with complaints of dizziness, nausea, emesis, diarrhea or unknown etiology of generalized discomforts are noted as triage level and given the standard treatment. In fact, Waller et al. (2014) stated that 70% of eating disorders cases are clear and have been missed in ER triage and treatment. There is sufficient data to support the practice problem with Center for Disease Prevention and Control (CDC) (2016); Thompson-Bremer (2012); Waller et al. (2014) with numbers indicating a need for further intervention.

The staff development program was supported by evidence, addressed the identified gap in the practice the RNs, and justified why a practice change must be implemented. Buy-in by staff is demonstrated by achieving the emotional connection between the RN and their patients need (Clark, 2016). The education program will be promoted by the organization to improve nursing knowledge.

Financially this staff development program focused on education will impact the facility in salary for the time it takes to educate the nurses. However, the education of the RNs to learn ways to identify early or late symptoms of eating disorders in young adults and children would ultimately decrease the potential health costs. Davenport (2015) indicated that incidences of eating disorders went down dramatically with sufficient education to the client and families. The adverse outcomes would be attempted suicides, organ failure, other nutrition illnesses, and even death (Keel & Haedt, 2008).

The staff development program created after analysis occurred and a gap of education was identified in nursing practice. The gap showed areas of deficit and gave way to develop a plan to address the gap. The first steps of that program development included: the Doctor of Nursing Practice (DNP) student analyzing a potential gap, meeting with stakeholders to present the idea of what is the identified risk, create the plan to decrease the gap, and how this will be measured for improvement. The staff development plan objectives created were based off of the need and the current literature that supported the identified gap. An evaluation of the staff development program was created to determine if nursing knowledge had been improved. Participants in the staff development program received a letter with the course objectives. The participants were able to take an anonymous pre- and post-test with questions related to the learning objectives of the program. The online test evaluated if there was increase in RN knowledge and awareness related to the identified gap. The objectives of the staff development program included the following:

- Educate nurses regarding the etiology, treatment, diagnoses, and current issues in the field of eating disorders.
- Promote awareness about eating disorders.
- Disseminate up-to-date information on research and best-practices in the field of eating disorders.
- Advocate for greater awareness surrounding the prevalence, consequences, and treatment needs and outcomes of eating disorders.

- Collaborate with resources for treatment options and referrals.

The goal was to create awareness and provide a gap closure to the education needed for RNs. The outcome would be that RNs have increased their knowledge base, allowing them to identify risk, and symptoms in adolescents early.

After support was received from the stakeholders the following steps occurred: learning objectives established implementation of the staff development program, letter with implied consent, and course objectives will be distributed, pre -and post-test questions online, and an evaluation of the learned data was presented to stakeholders of the organization. The focus of the evaluation was based on answering the practice focused question. Will creating a staff development program for eating disorders close the gap of education for RNs in the ER and increase their knowledge?

Some biases I may have in regards to eating disorder education for RNs is personal history. I made every attempt to keep personal opinions and emotions separate from staff education project to assimilate accurate data only.

Summary

With the evolution of healthcare delivery over the past several years best practice outcomes appear to be on the forefront for improving health (Kadzin et al., 2017). IN the 21st century, eating disorders though common subjects are surrounded by misperception, shame, and guilt still plague adolescents and adults (Keel & Haedt, 2008). People think that the media plays a significant role in the development of an eating disorder; however,

it may be recognized as a trigger it is not the sole cause (Mascolo et al., 2012). The constant submersion of what is perceived as beautiful or desirable has created this person that strives to be thin or acceptable (Jennings, 2017). However, my project will clearly demonstrate that an eating disorder is the direct result of coping measures and the predisposition genetically to control their environment (Waller et al., 2014). By incorporating trust as the goal, and adding the modifications of the theories by Watson and RAM, a person may be able to help with an individual breakdown.

The ultimate goal of RNs is to be educated about eating disorders and the triggers would be the improvement of their knowledge base. RNs would be able to recognize symptoms and educate fellow nurses, patients, and families on potential causes. The hope would be to spark a fire in health care professionals to notice when young children or adolescents are struggling before they enter adulthood. It would also be beneficial for RNs to observe varying sizes and outcomes of patients that have eating disorders to help create the trust bond, drive empathy, and awareness.

Section 3: Collection and Analysis of Evidence

Introduction

In a review of the extant literature, I found eating disorders have been clearly defined along with the varying types of disorders and including the symptomology that goes along with the disease process. Previous researchers have consistently demonstrated evidence that RNs lacked education, skills, and training regarding eating disorders (Jennings, 2017). The documentation included evidence of risks and triggers evident in early onset symptoms where RNs saw patients and did not feel comfortable treating them (Jennings, 2017). The literature also indicated a need for more education in this area for RNs to develop care plans for eating disorders (Jennings, 2017). Previous researchers found that emotional empathy, emotional regulation, and empathy skills are missing from nurses during their visits with adolescents with eating disorders (Linville et al., 2012). In this section, I reviewed the extant literature on the topic that demonstrated the need for early identification, early intervention, and indicated nurses' lack of skill, empathy, and tools to treat individuals with eating disorders, which I used to help develop the program (see Bremer-Thompson et al., 2012; Jennings, 2017; Linville et al., 2012).

Practice-Focused Question

Will creating a staff development program for eating disorders close the gap of education for RNs in the ER and increase their knowledge?

P=RNs

I= Assessment of knowledge of eating disorders and education on assessment and treatment of eating disorders

C=pre- and post-test assessment of knowledge about eating disorders

O= Development of an eating disorder education program that increases RN knowledge of eating disorders.

Sources of Evidence

I used the following key word terms to search the peer reviewed literature available in EBSCO and CINAHL databases. "*-teens-", "-adolescents-", "-eating disorders-", "anorexia-", "-bulimia-", "-food aversion-", "-rumination-", "-other specified food disorders-", "-anxiety-", "-binging-", "-purging-", "-genetics and eating disorders-", '-weight control-", "-self-harm-", "-pica-", "-dysmorphia-", "-weight loss-teens-", "-bullying-", "-food and teens-", "-children and divorce-", "-orthorexia-", "-food aversion-", "-treatments for eating aversion-", "-treatment of eating disorders-", "-physician awareness-", "-teaching tools-" , "-body dissatisfaction-."* These key words resulted in 7,898 articles. Independent searches of The Center for Disease Prevention and Control website and, American Journal of Academy of Pediatrics were also conducted. Of over 50 articles found in relation to eating disorders, I did not select some articles because their populations were a variety of mental health disorders not related to eating disorders; or the articles did not address the practice question directly. Twenty-four articles remained, which I appraised and evaluated for strength, and quality of the evidence, as well as the overall evidence to support this DNP staff development project.

Studies have indicated that 90% of teens that experience an eating disorder attempt suicide at one point (Esposito, 2020). They may even have a mood disorder or depression. Typically a nurse does not become involved with a person suffering from an identified eating disorder until they are experiencing some kind of adverse condition (Davies, 2017). After talking further with the health care provider they may be able to identify the patient is suffering from an eating disorder; however, this step is typically after an extended period of time. The ability for RNs to receive the appropriate training will help them address and treat patients that suffer from an eating disorder. If assessment is done at the earliest identified stage of the disorder the consequences for the physical and mental consequences will be greatly improved (Jennings, 2017).

Increasing RNs knowledge of eating disorders and their treatments will improve their ability to handle episodes when brought to their attention. Education will also help the nurses to improve their capacity to have compassion for this kind of diagnosis. As RNs learn about this topic from the education program, the gap will continue to close (Kazdin et al., 2017). The RN will value their newfound confidence and empathy in this arena of care.

The evidence heavily supports the need for a change and the program to be developed (Mcleod, n.d.). The staff development program will provide RNs with evidence-based information on battling and recognizing eating disorders. The education project includes objectives that are supported by the literature on eating disorders. Education should be ongoing and customized per organization to ensure a safe

environment for addressing such sensitive subject matter, and this teaching should be done to decrease social stigmatism and increase awareness (Biehl et al., 2020).

This staff development project will create social change by teaching nurses to recognize the symptoms or signs of eating disorders in its early stages. The ability to quickly identify early signs of eating disabilities will potentially prevent rapid decline of the patient or decrease the likelihood of organ damage, bullying, suicide attempts, and further body dysmorphia (Waller et al., 2014). This new program would also create a positive social change by increasing RNs knowledge and their abilities to recognize eating disorders.

Eating disorders are serious mental health illnesses (Linville et al., 2012). Hanley et al. (2020) completed a systematic review on identifying eating disorders early and the study determined that it was crucial for RNs to learn skills how to identify and recognize symptoms of eating disorders. Because RNs have experience with recognizing clinical pathways they must learn to differentiate between myths, fact, and put preconceived ideas away. RNs must be made aware of clinical symptoms of eating disorders that include above or below body mass index, cardiac irregularities, menstruation challenges, skin changes, dehydration, hair loss, body temperature changes, and physical weakness with mobility (Hanley et al., 2020).

Kazdin et al., (2017) reported that potential predictors and early onset indicators divulged that onset of eating disorders was related to the dieting results that adolescents incurred during a diet regimen. In a 3- year study involving 888 female and 811 male participants ages 14 to 15 years old, researchers discovered that 30% developed an eating

disorder after significant dieting (Linville et al., 2012). Furthermore, nursing responses to patients in ER visits for less than traumatic complaints identified risk factors that cause reason for concern. Linville et al. (2012) reported that 62% nurses missed the eating disorder diagnosis even with the following: organ irregularities, hypokalemia, cardiac tamponade, dizziness, syncopal episodes, and seizures. On average, a patient has to be seen with approximately four visits prior to the discovery of an eating disorder (Biehl et al., 2020).

The early detection and discovery of eating disorders can prevent full blown the development of one (Kazdin et al., 2017). Early recognition, screening and quick intervention is the best method to prevent poor outcomes (Jennings, 2017). Hanley et al., (2020) stated that adolescents are 7 times more likely to develop a serious eating disorder if they have been dieting. This is one of the biggest predictors of early onset. Freire et al., (2020) this finding reporting that eating disorders are 18 times more likely to develop after incidences of excessive worry over food, dieting, and obsessive exercise.

The evidence shows early intervention is the first step to discovery of eating disorders. When risk levels for adolescents are high, it is imperative to start interventions (Kazdin et al., 2017). Recognition is the first step toward treatment (Davies, 2017). It has been reported that 6 out of 10 times symptoms are present for greater than a 24 month period without any intervention indicating serious evidence of organ dysfunction (Hanley et al., 2020).

Linville et al., (2012) stated that not only is identifying risks early a primary intervention, but intervening to make change is necessary. Intervention is the second most

important step but typically not acted up. Kazdin et al., (2017) demonstrated that rapid early intervention for eating disorder is necessary. Their study was essential to discovering a rapid response, is a person-centered-evidence based treatment based on illness level (Kazdin et al., 2017). Congruently, Hanley et al. (2020) reported similar evidence that supported early response and recognition from eating disorder symptoms had a turnaround of less than 12 months to prevent the evolvement of the eating disorder. Family intervention has a significant impact upon suppressing weight loss, and increasing weight restoration balance (Kazdin et al., 2017). By closing the gap and educating RNs on early identification, recognition, and intervention RNs would improve their knowledge on the disease process.

RNs have had a history of negative reactions and connotations related to eating disorders (Davies, 2017). Their beliefs were negatively attached to expressing feelings of hopelessness, lack of empathy, frustration, anger, disappointment, and limited exposure in treating or dealing with eating disorders (Davies, 2017). A typical response from a nurse about how they felt about an eating disorder patient was more hostile statements of emotion such as stubborn, demanding, self- absorbed, and lacking in appreciation (Linville et al., 2012). This response must be softened by using Watson's theory of caring.

RNs reported that they felt that anorexia nervosa was a self driven disorder and if earlier symptoms had been recognized, they would not have known how to best treat the disorder with a limited skill set (Davies, 2017). Kazdin et al. (2017) reported that RNs indicated that providing care for an eating disorder adolescent is pointless, and boring.

Many RNs have described the eating disorders as easily treatable if they wanted to be better (Davies, 2017). Thompson et al. (2012) discovered that 80% of RNs lacked confidence in assessing an eating disorder, 54% felt uncomfortable recognizing and treating symptoms and 78% reported knowing having patients with the disorder and having no idea how to treat. Finally 58% of RNs reported the number one reason patients with an eating disorder are so difficulties when attempting to treat and their inability to accept or handle change (Linville et al., 2012; Thompson et al., 2012).

Nurses' perceptions, understanding and knowledge base related to eating disorders were essential to the staff development project. RN perception can drive goals and care. Several areas analyzed in regard to the disorder included: actual versus perceived knowledge, attitudes, perceptions, and implications in regard to the patients' needs, cares or outcomes (Jennings, 2017). RNs are reported that they felt that they had limited education and understanding of the disease process, but they also felt they did not have the appropriate skill level or time to devote to caring for eating disorder patients (Davies, 2017). The attitude was noted as indifferent to the patients care needs even though the nurse is vital to the treatment team. Seventy-nine percent of the RNs had reported that they need further training on a skill set specifically for treating others with an eating disorder (Hanley et al., 2018).

During the development of my project, I read several articles that supported the literature describing nursing and their lack of understanding in the treatment of patients with eating disorders. I gathered the information presented and analyzed the material to determine if there was a gap in nursing education, and there was.

According to The National Center of Excellence for Eating Disorders a study with Linville et al., (2012) corresponded that RNs have limited skills on assessing, recognizing, and treating eating disorders. The study showed that there was a major underreporting of the disorder and commonly nurses rely heavily on the adolescents' body mass index number to indicate if there is an indication of a disorder; rather than symptoms of eating and feeling about food; therefore they fail to report these events or circumstances to physicians for further assessment (Linville et al., 2012).

During acute or emergent health care visits nurses may not inquire about essential day to day real life activities. RNs have limited amount of time to get in the exam room, see the patient, assess the patient, and complete a set of vitals and move on to the next patient (Linville et al., 2012). RNs lack a knowledge base and skill set to address potential eating disorders and the lack have a significant impact on society (Linville et al., 2012). When nurses do recognize the clinical picture of an eating disorder, they are often at a loss of which step to take next (Kazdin et al., 2017). After the RN has reported their suspicion to a physician, studies have shown that follow through is limited with 73% of physicians failing to send referrals to a dietician, nutritionist, or secondary help (Linville et al., 2012).

Ethical Considerations

There were some ethical considerations for me to evaluate for the educational project. Some RNs felt stress from the learning about this topic especially with the nurse having a history of experiencing this issue, or has a friend/family member with an eating disorder. Another issue was the perception of the disease process that may cause a

change in the care of the patient with the mental health disease eating disorders. Ethical means avoiding harm to people, and this program was developed and is all about prevention of harm, and improving knowledge for the nursing team (ANA, 2015). The goal was prevention of eating disorders and the provider having the tools to be able to intervene at an early enough stage to prevent irreparable complications (Kazdin et al., 2017).

All doctoral projects are required to have their universities Institutional Review Board (IRB) analyze their proposed projects to ensure the safety of all participants. The process in place is to gather ethical support for the staff development project. There does not need to be a signed consent for this project as the ethics team for the DNP program has set up a pre-approval for Staff Education Doctoral Projects falling within their guideline parameters.

I provided the general consent information about the project, their role, and how that applies to the program to the participants in the original email. The participation of the project was made clear that it was voluntary, and consent was implied if they chose to participate. The preapproved Site Approval Form was given to the organization where the staff development project occurred, and their lead signed the site approval form for the staff development project. The preapproved form for the site was submitted to the IRB with the intended project outline for ethics board review. The preapproved form was a blanket approval for the organization to engage in the anonymous questionnaire. The letter was sent to participants with the survey that described the purpose and objectives of the project. The IRB approval number for my project is 08-13-20-1015459.The pre- and

post-test for the staff development survey implied their understanding of their agreement to participate in the project.

The IRB approval for the ethics part of the project included the steps of uploading the signed facility forms and awaiting their evaluation of the intended project, and other necessary steps must be completed. The removal of all indentifying factors of the organization had to be removed from all materials for generalization purposes. I followed all guidelines and policies for the organization and the university. There was no data gathered from patients, their families or any other subjects without IRB approval. I was responsible to learn and understand the facilities policies, and adhere to them. I made sure not to divulge any sensitive, propriety or confidential information.

The IRB accepted the data research from literature peer reviewed journals; public data, reports, websites, and pre-approved anonymous questionnaires. The computer I used for data was password protected, and the password was changed every 60 days. No one has to access my computer or where it is stored. I have a locked office door and passwords are changed frequently for safety and privacy. The data was gathered with the only identifying factor as the employment title, RN. It was necessary for this me to have the information that this is a registered nurse to document for accuracy of beliefs and knowledge base in regard to eating disorders. The final step was the approval of the ethics committee that included the initial form evaluation if the project falls within the staff development guidelines, and if it maintained ethical consideration. The IRB team evaluated the material, sent a preapproved email to the chair and the student. After the

proposal was accepted and the oral defense occurred, the IRB emailed me the approval to continue to the next step of gathering the evidence to support the intended project.

Analysis and Synthesis

Hundreds of patients flow through the ER, and at times have been found that their needs may not have been met. The ER is for emergencies therefore, the nurses quickly analyze the patients, identify the highest risk, treat patients based on clinical decision, and assumed acuity. However, there have been times where I myself have been concerned that a patient may have needed further assistance and was treated dismissively in order to capture numbers and get through the day. The lagging issue remains as a potential referral that never happened. Furthermore, many adolescents come into the ER with various odd complaints including: stomach aches, headaches, anxiety, assault, suicide attempts, and substance abuse all heavy indicators of eating disorders.

Mental health disorders remain a high priority in the medical field with limited health care access and limited treatment modalities (Davies, 2017). The staff development program was created for educating ER RNs on adolescent eating disorders, and improving their knowledge. Evidence from multiple resources supported, provided feedback on registered nurses, and the importance of recognizing indications of eating disorders (Kadzin et al., 2017).

The staff development program provided RNs with evidence-based research information on battling and recognizing eating disorders. The education for the RNs included basic knowledge, and skills on treating patients with eating disorders. The information was gathered and objectives were developed to best bridge information gaps.

Education will be ongoing and customized per organization to ensure a safe environment for addressing such sensitive subject matter. Teaching was done to decrease social stigmatism and increase awareness (Biehl et al., 2020).

The education project created social change by teaching RNs to recognize symptoms or signs of eating disorders in its early stages. By being able to quickly identify early signs of eating disabilities will potentially prevent rapid decline of the patient or decrease the likelihood of organ damage, bullying, suicide attempts, and further body dysmorphia.

The staff development project included a pre- and post-test of 30 ER RNs to determine the level of knowledge they hold in regard to eating disorders in adolescents. The pre- and post-test questions were developed by me directly to determine RN knowledge base. The test was given to measure RN knowledge base about eating disorders and common misperceptions related to the stigma of eating disorders. The staff development program was based on objectives derived from the studied literature that includes perceived ideas, misinformation, and addressing data. The Sick Control Fat Food Eating Disorder Assessment tool (SCOFF) was used as a guide for the pre- and posttest question development. The questions were directly related to analyzing knowledge base on eating disorders symptoms and behaviors of those affected by the eating disorders. The results of tests were discussed with stakeholders and the goal was met to improve RNs knowledge base on eating disorders.

After the pre-test questions, the education deficits were brought to the stakeholders who included the vice president of patient care services nursing designee

and manager of emergency department. The results of pre-survey were presented along with the idea of what the RNs needed to be educated on per their own demonstration from their survey results. The data was presented in the format of best learning by a media display with clear tables.

The post-test questions created by me directly aligned with the pre-survey analysis given to measure the amount of information the RNs retained and the potential improvement in their nursing skills. The analysis of the gathered data reflected the gap had decreased with the information that was presented. The post survey results reflected that the RNs had improved their knowledge base by improving on their test results from analyzing their pre-and post-tests. The better results from their posttest demonstrate successfully the beginning of the closure of the gap.

As the education gap is addressed by giving the foundation of education, then the RNs demonstrated their learned knowledge. The strategy was to gather the evidence to complete the staff education project. The new program created a positive social change by increasing nurse's knowledge and their ability to recognize eating disorders early. The goal of the project was to create an education program that nurses were able to use to increase their knowledge of eating disorders (Kazdin et al., 2017).

Eating disorders come with a mix of perceived ideas (Hurly et al., 2020). Attitudes, perceptions, and behaviors towards eating disorders showed RNs demonstrated a lack of empathy towards those with the struggle (Davies, 2017). Data from multiple resources show that early recognition of symptoms of eating disorders helps exponentially to prevent the further evolvement of the disease (Linville et al., 2012). The

studies clearly linked that the lack of understanding on the nurses initial assessment, recognition of early onset symptoms indicating high risk lead directly to eating disorders evolving (Davies, 2017). Although eating disorders are surrounded by myths, ideas, and struggle; solving the method to treat them they have plagued society for years (Keel & Haedt, 2008).

The excessive dieting, fixation on alterations needed on a person's body, figure and identity have caused a catastrophic effect (Mascolo et al., 2012). The management of the disease process has left several groups of professionals attempting to discover the exact cause, the identification pathway and best treatment for patients suffering from eating disorders (Mascolo et al., 2012). Above mentioned studies refer to nurse's lack of knowledge; lack of empathy and lack of skills, and training have left medical professionals in a standstill. Research that has been done has analyzed what causes eating disorders, triggers and symptoms, physical and emotional response to the body and how to address eating disorders. Haney et al., (2020) reported that eating disorders are on the rise which is a clear indication that society is still lacking in prevention methods. RNs report educational tools would assist with the care of their patients with the disease process.

After analyzing the lack of recognition, intervention, skills, and empathy, tools were reviewed for a best practice analysis. The tools have very helpful questions and insight that will help probe needed conversations for primary care providers. The tools should be used upon every visit to measure the risk the adolescent bears on an eating disorder being triggered. The end goal would be that the perceived data would be able to

prove that the staff development project will decrease the gap of education for RNs and improve their knowledge base. The literature supported the evidence that RNs need further education, skills, and training on eating disorders (Jennings, 2017; Linville et al., 2012; Thompson & Bremer, 2012).

Summary

Early detection, initial evaluation, and ongoing managing of incidences of eating disorders in adolescents have made it increasingly important that RNs become aware of the importance of early detection and appropriate management of eating disorders (Kadzin et al., 2017). Nurses can play a significant role in preventing the illness from progressing to a more severe or chronic state (Davies, 2017).

There is a huge emphasis on children and weight in the media, in schools and every commercial outlet from radio to television. Screening questions on patterns of behavior related to food and diet should be done upon any visit with an adolescent. RNs are the first line defense and play a huge role in identifying potential risk factors; they also play a part in making sure the physician does not miss an important part of their assessment (Davies, 2017).

The American Psychiatric Association labeled eating disorders as the excessive desire to control food eating patterns. It is not a fad or a diet gone too far, it is a mental health illness. The stigma associated with being referred to as a mental health illness, many people will shy away from a truthful conversation due to this (Jennings, 2017). The desire to control food consumption and weight is not the only focus for people who suffer

from eating disorders, it's the idea that they are in control of only that and their brain has actually molded its interpretation of data to support that (Hanley et al., 2018).

The media has left society believing that an eating disorder is the withholding of food or extreme dieting or exercising and which can be controlled by therapy. Indeed psychotherapy supports therapy, but also states that this disease process is not just the withholding of food or fad dieting, (Linville et al., 2012). It is the mental belief that this is all they control and their perception is their truth. The analysis of the literature supported individual, family-centered, and cognitive therapy early intervention. The literature also supports the need for redirection of teaching about eating disorders for health care professionals their perceptions, misconception, and attitudes about eating disorders. RNs need new training on skills, early identification methods, treatment modalities, and a better understanding of the disease eating disorders (Friere et al., 2020).

Eating disorders affect children and studies declare that 51% of children ages 9 to 10 years of age felt better about themselves when using strict dieting to control weight (Biehl et al., 2020). Even the perceptions of others affect small children and their ability to fight peer pressure, and media pressure on how their bodies should or should not look (Biehl et al., 2020). Children start to hate their bodies at a young age due to multiple factors. In order to be competent in care, RNs need experience and without a knowledge base to draw from the nurse is unable to gather needed data to make best practice informed decisions (Biehl et al., 2020).

Evidence supports the need for the gap in the education of nurses and eating disorders to be eliminated. The practice question aligned with the need to be addressed

and the purpose. The procedural steps aligned as well with the identification of a knowledge base deficit and then building on that foundation. In short, there is nothing more powerful than recognizing a vulnerable person with the ability to change the world. RNs need to be determined to change their focus awareness and increase their knowledge base for those struggling with the mental health disease of an eating disorder.

Section 4: Findings and Recommendations

Introduction

Nurses provide care for a large variety of people and many of them have multiple common morbidities (Hinney & Volkmar, 2013). Some of the less spoken about disease processes are eating disorders (Hinney & Volkmar, 2013). Eating disorders are characterized by abnormal patterns of eating behavior and disturbances in attitudes and perceptions toward weight and the shape of the individual body (National Eating Disorder Association, 2018). Due to the volume of patients that both primary care and ER settings see in patients, it is not surprising that many eating disorder patients fall through the cracks (Biehl et al., 2020). In fact, many patients with an eating disorder have been seen multiple times by a physician prior to an intervention for various other illnesses (Biehl et al., 2020). The gap in nursing practice addressed in this project was the lack of education, skill set, and training to handle patients with an eating disorder. The project was intended to determine if education for nursing staff would have an impact on increasing their nursing knowledge about eating disorders. The program evaluation aimed to measure the implementation of the eating disorders education program for nurses and the knowledge that was gained.

A group of 30 ER RNs volunteered to take the program that included a pre-test and a post-test for demonstration of attained knowledge. The results of the pre- and post-tests are discussed in this section.

Findings and Implications

The group of 30 RNs volunteered to participate in this educational project aimed at improving their knowledge regarding eating disorders. The nurses volunteered based on an email sent to them explaining the education would be based on clear identified objectives, and with the aim of improving their knowledge. The groups of participants were a combination of experts and novices in the field of emergency nursing with the basic understanding of the importance in triage training. These 30 RNs were asked to participate based on their credentials as nurses, experience, and interest. The nurses who volunteered to participate were provided a copy of the consent for anonymous questionnaire form and the continuing education evaluation along with IRB approval number. The nurses were also provided with a pretest (see Appendix A), post test (see Appendix B) and, an evaluation survey (see Appendix C). (-Appendix D-) is the PowerPoint presentation of the education program. Participants completed all of the following: a pretest about their knowledge base related to eating disorders, listened, and viewed the PowerPoint presentation, a post-test, and a course evaluation.

The sample of 30 nurses included six males and 24 females with experience ranging from 2 to 26 years in nursing. All the nurse participants completed the pre-test and post-test in full.

The pre-test and post-test consisted of yes or no, and a multiple choice questions. I numbered the pre-and post-tests were marked 1-30 in the upper right corner, each nurse received the same number of copy prior to presentation.

The RNs received the pretest, and turned the posttest and evaluation over to be completed after the PowerPoint presentation during their staff meeting. When completed by the participants, I analyzed pre-and posttest responses. The pre-test questions regarding eating disorders were:

Table 1.

Pretest Eating Disorder Questions

1. Images are created by what our mind tells us and we correlate what words are linked to the pictures in our mind?
2. Are eating disorders related to a specific age group?
3. How often does someone die from an eating disorder?
4. Are eating disorders a cause or effect?
5. Which age group do eating disorders commonly start?
6. Do eating disorders affect males or females more?
7. Is there a difference in the response from emotional/psychological standpoint for an eating disorder and a cutting response?
8. Can you recognize someone with an eating disorder by physical attributes?
9. Can you die from an eating disorder?

10. Have you ever cared for a patient with complaints of a stomach ache (abdominal pain), lightheadedness or dizziness?

11. Have you ever provided care for a patient with fatigue or dehydration?

12. Is Anorexia Nervosa and Food Aversion the same thing?

13. Is Bulimia Nervosa and Binge eating the same disorder?

14. Do you feel someone with an eating disorder can just stop their behavior?

15. Can you feel empathy for someone who makes themselves sick on purpose?

16. Do you know what to do if you identify if a patient has an eating disorder or concerns of one?

17. Is an eating disorder the result of lack of control, feelings of powerlessness or addiction?

18. Do you think an eating disorder is a choice?

19. Do nurses have the basic education they need to handle, recognize or treat patients with eating disorders?

20. Would a tool upon initial assessments be helpful to understand, recognize or trigger a need for further risk assessment for eating disorders?

The posttest questions regarding eating disorders were:

Table 2.

Posttest Eating Disorder Questions

1. Images are created by what our mind tells us and we correlate what words are linked to the picture in our mind.
2. Are eating disorders related to a specific age group?
3. How often does someone die from an eating disorder?
4. Are eating disorders cause or effect?
5. What age group do eating disorders commonly start developing?
6. Do eating disorders affect males or females?
7. Is there a difference in the response from emotional/psychological standpoint in the area for an eating disorder and a cutting response?
8. Can you die from an eating disorder?
9. Can you recognize someone with an eating disorder by physical attributes?
10. Have you ever cared for a patient with a stomach ache (abdominal pain), lightheadedness or dizziness?
11. Have you ever provided care for a patient with fatigue or dehydration?
12. Is Anorexia Nervosa and Food Aversion the same disease process?
13. Is Bulimia Nervosa and Binge eating the same disease process?
14. Do you feel someone with an eating disorder can just stop their behavior?
15. Can you feel empathy for someone who makes themselves sick on purpose?

16. Do you know what to do if you identify a patient has an eating disorder or concerns of one?

17. Is an eating disorder the result of lack of control, feelings of powerlessness or addiction?

18. Do you think an eating disorder a choice?

19. As a nurse I now have some basic education to handle, recognize or treat patients with eating disorders?

20. After my learning, an eating disorder tool upon initial assessments be helpful to understand, recognize or trigger a need for further risk assessment for eating disorders?

21. I have learned more about eating disorders after this class.

22. I feel that I am more aware of what to look for when assessing patients coming in for care?

23. My understanding has changed and I am more aware of the risks and variances in ages affected by eating disorders?

Table 1 includes the results from the pre- and posttest questions. The table has a sample of 30 nurses, the question, how many answers were answered correctly for both pre and posttest answers, and the percentage of nurses that correctly answered each question.

Table 3.

Correct Answers and Percentages

1	28	93%	29	96%
2	11	36%	24	80%
3	16	53%	25	83%
5	4	13%	26	86%
6	19	63%	29	96%
7	9	30%	27	90%
8	28	93%	28	93%
9	14	46%	26	86%
10	30	100%	30	100%
11	30	100%	30	100%
12	12	40%	22	73%
13	7	23%	26	86%
14	8	26%	17	56%
15	19	NA	22	NA
16	7	23%	27	90%
17	6	20%	20	66%
18	17	56%	23	76%
19	30	NA	30	NA
20	30	NA	30	NA
21	NA	NA	30	NA
22	NA	NA	30	NA
23	NA	NA	30	NA

Column 1: Question number; Column 2: Nurses Pre-test Responses; Column 3: Percentage of nursing response to pretest; Column 4: Nurse Posttest Responses; Column 5: Percentage of nursing response to Posttest.

Table 4.

Answers Correlation for Pre and Posttest

	Coefficients	Standard Error	t Stat	P-value	Lower 95%	Upper 95%	Lower 95.0%	Upper 95.0%
Intercept	21.41471	1.934969	11.06722	1.3E-08	17.29043	25.539	17.29043	25.539
X Variable 1	0.249801	0.11209	2.228581	0.041561	0.010887	0.488715	0.010887	0.488715

Participants' answers to Questions 1-20, with the exception of Question 8, on the pre-test illustrated that there was an improvement in knowledge when compared to the posttest results after nurses received their education on eating disorders. Furthermore, question 8, was the only question that remained the same with and without the education portion. With a small discussion, the nurses reported that the question gave them the feeling that this was an opinion rather than the result of the disease process itself. Twenty-eight of the 30 reported that a person may die as a result of a disorder; but not from. The other two nurses felt that regardless the cause of death was still the eating disorder this was an opinion rather than the result of the disease process itself. Twenty-eight of the 30 reported that a person may die as a result of a disorder; but not from. The other two nurses felt that regardless the cause of death was still the eating disorder.

In summary, my original thought was that the pre-test would show the need for RNs to have the education on eating disorders and that the posttest would demonstrate improved knowledge after their education. My null hypotheses predicted that RNs would have no significant difference between pre- and posttest questions after nurses receiving education on eating disorders. After examining the data for Questions 2, 7-16 & 18-20, I can concur that there is statistical significance between nurses who did well on their posttest education test. My second thought was to remove questions 15, 19 and 20 for

because statistical analysis as those questions were more opinion based. The results of my analysis are there is a *p value* in these questions of 0.041; which is less than 0.05. Therefore, the null hypothesis is rejected because the analysis supports that there is a significant difference between pre-and posttest knowledge. In addition, in the participants' responses to these questions there is a positive correlation coefficient of 0.24, which supports my hypothesis that knowledge would improve for RNs after they received eating disorders education. Ultimately, the data supports the hypothesis that nurses improve their knowledge of eating disorders after they received their education.

Recommendations

The nursing group that volunteered for the presentation gave little recommendations to improve the quality of the presentation. The staff expressed excitement about the project and verbalized that they appreciated the information as they had not ever looked at the disease process this way. The participants agreed that there were no recommendations for improvement of the DNP project, only to present to more staff. I recommend that eating disorders project continue to be presented to each group of nurses for the different units for educational purposes; also recommend that the program be part of yearly competency for staff to remind them of this special population. The eating disorder program education module could be presented on an annual basis during monthly staff meetings or as a continuing education module that staff can access on their computers, phones, to continue to improve staff knowledge. My final recommendation is to utilize the education program to help improve knowledge for nurses to help reduce risk

for patients that meet moderate to high risk criteria for visits. Thus the nurse can send a notification to their primary care for further review.

Contribution of the Doctoral Team

A group of 30 participants from the facility volunteered to participate and were asked to take a pre and post test, view the PowerPoint presentation and complete an evaluation of the content. All of the participants agreed that the presentation met all of the objectives, and the only additional comments made were in relation to personal stories and examples of times where the team felt they could have advocated more. Overall, the participants' unanimously agreed that they had learned from the material and strongly felt their knowledge had increased. The participants also felt strongly that the further development of the education module for the facility would improve patient outcomes ultimately with the improved knowledge for nursing staff. After I complete my program, the eating disorders education module will be made available to all staff nurses for the organization due to the unanimous request to make the program available to improve education. The ultimate goal would be to utilize the education so that during initial assessments for the following: well care visits for adults, well child exams in clinic visits, and emergency room visits a nurse will be able to better recognize potential moderate to high risk patients. This further education, awareness, and skill set will trigger referrals to the primary care physicians that further investigation and intervention may be needed. In the meantime, the stake holders have reviewed my presentation and feel that this program would be beneficial to add to new nurse orientation and public presentations for community health events.

Strengths and Limitations of the project

The strengths of the DNP project included an interesting topic that related to the participants, clear concise objectives to the learning, valid points of information that were presented, eye catching PowerPoint and emotional content all played into the strengths of the project about improving nurses knowledge about eating disorders. The information in the presentation was condensed so that the presentation did not go past one hour. The presentation involved the participants so they had different methods of learning in order to meet each individual learning need. The slide show may be viewed by staff in a large or small setting. Finally, the biggest strength of this project is that it affects each person individually where their compassion lies, as the nurses commonly are able to identify one person in their life that an eating disorder affects.

Besides strengths of a project, there can be challenges that face project development and presentation. Some of the challenges include gathering the permission from all the stakeholders and developing a program that meets the guidelines and yet can also bring meaning to others. It can be difficult when trying to find meaning in a project and prevent biases. Biases has been another difficulty as originally when looking for participants many discussions were had about nurses thoughts and feelings towards those who make themselves sick on purpose. My self-reflection has also been difficult but yet helpful. Another challenge of the project was my time constraint and the amount of detail I wanted to add to the project, but found it difficult to stay focused with all the extra data. There also may be bias from me while creating pre and post test survey questions. The results though clear and concise still may be interpreted how the scholar wants to find

value in them. Overall, the strengths and weaknesses of a project must work together to find the flow to make the project beneficial.

Section 5: Dissemination Plan

DNP scholars are required to demonstrate essentials to prove their competency of skills and understanding of knowledge (DNP Nursing Curriculum Planning Solutions, 2016). The clinical practice is improved with learned evidence based outcomes and scholarly work is used to improve health outcomes for both the population in general and individual health (DNP Nursing Curriculum Planning Solutions, 2016). The DNP students goal is to gather evidence and determine its value and importance and translate the evidence into practice to improve outcomes (DNP Nursing Curriculum Planning Solutions, 2016).

The goal of a DNP project is to determine if there is a gap in knowledge for nurses and then to translate the research to practice (DNP Nursing Curriculum Planning Solutions, 2016). By increasing nursing knowledge, the poor outcomes for patients in this target group will decrease. My dissemination plan began with a presentation of my project to the stake holders to determine if they need to improve nurses' knowledge on eating disorders. The project consisted of a pre-, and posttest, presentation and an education evaluation survey. The target audience was ER nurses, and there were some ER physicians present for the education as well. Dissemination of information can be presented in multiple ways for the best learning experiences including online learning, tutorials, oral presentations, blue jeans or zoom meetings, posters or pamphlet presentations (Waller et al., 2014). This DNP project fulfills requirements of the DNp Essential II and VI. DNP graduates are prepared to contribute to nursing science by evaluating, translating, and disseminating research into practice (DNP Nursing

Curriculum Planning Solutions, 2016). Some of their skills include the development of practice guidelines, designing evidence-based interventions, and evaluating practice outcomes (DNP Nursing Curriculum Planning Solutions, 2016). The goal of this eating disorder educational project was to improve the practice of ER nurses through increasing their knowledge.

Analysis of Self

I am the eldest child in my family and the first to obtain my high school and college education. I have always been driven to prove that I could be challenged and do what others have not attempted to do. I have always felt the need to prove to my family and to others the willpower I have to accomplish whatever I set my mind to. I became a mother at 19 years old after I graduated from high school and which time I decided I wanted to pursue teaching. After being very ill while I was pregnant I decided I wanted to be a nurse after I had been in the hospital for a long period of time. The absolute grace, mercy and compassion that the nursing staff gave to me, instilled in me a drive to pursue nursing. Although I was still driven to teach, my heart wanted to nurture those who were in the greatest need. I earned certification as a nurse's assistant and began my journey into nursing in the intensive care unit. I earned my associates in nursing, then my bachelors, followed by my master's; yet, this still did not prove that I was the most successful I could be. Therefore, I began pursuing my DNP. This challenge has brought me so many opportunities for learning, seeking truth and finding the evidence to support best practices to improve outcomes. Over the past 12 years of my nursing career I have been blessed with multiple learning experiences and environments from the intensive

care unit to ER to the director of skilled facilities. I am now the director of the critical care unit in which I have many opportunities to do what I love best and that is to improve care and I am able to teach others.

One of the most important things I have ever accomplished is being a mother. Secondly, my education has helped me understand illness on another level. In December of 2019, I donated my kidney to my step father, which was very stressful while in school for my DNP and working fulltime. Again, I could face this challenge and do so with good grades, a happy heart and still participate in life outside of school. My father has survived now from my gift and has now been 9 months free from dialysis. My mother on the other hand, was my driving force for this project. Although, I cannot give her a kidney, I can advocate and teach others about her disease process which could end up helping others. That being said, if only one person's life is changed then I have been successful. I feel that my accomplishments have inspired my five children and taught them that no matter what obstacles are laid in front of them there is no excuse not to try.

Summary

Eating disorders affect all types of people and can develop as early as 7 years of age up into late adulthood (Bulik et al., 2019). An eating disorder does not always appear in someone who has no control over life or is discouraged about body shape and size; although those issues do not help (Bulik et al., 2019). An eating disorder can occur in someone suddenly when they lose control over their ability to control an addiction (Hinney et al., 2013). An eating disorder is not the result of someone else, or the media influencing size perception, but rather the individual's inability to look outside

themselves. Patients suffering from an eating disorder lack coping skills (Freire et al., 2020). The lack of coping skills may be stem from an original trauma that was never dealt with, but the feeling that the individual with an eating disorder gets increases their learned behaviors and increases the rapid spiraling of the disease process (Freire et al, 2020).

Nurses sometimes develop callused behaviors and attitudes while caring for others who have chronic disease processes that they cannot recover from (Kazdin et al., 2017). This may be an attempt to guard themselves as well as their perception of the disease (Biehl et al., 2020). Eating disorders fall right into that category; many times patients arrive in the ER for care and have complaints with unknown etiology and they need help, but the E.R. is used as a primary care treatment option when it is not (Kazdin et al., 2017). Therefore, this patient group can remain untreated and can go long periods of time with a disease in which it may not ever be recognized for what it is. For example, statistics reporting that 74% of patients that have been diagnosed with an eating disorder have been seen up to seven times in a year prior to the recognizing the disease process to their provider, if ever of the eating disorder (Biehl et al., 2020). Therefore, it was necessary to develop an eating disorder education program in order to educate nursing staff about the disorder because they are on the front lines of patient care. As evidence was gathered to support the practice question, it was discovered that nurses do not have the skill set, sufficient empathy, and or sufficient of knowledge about eating disorders (see Biehl et al., 2020). An eating disorder program was developed to improve nursing knowledge and address the lack of skills, empathy, and knowledge.

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Description of the Program

The staff education program was implemented in September 2020 and primarily focused on improving nursing education on the assessments of eating disorders on patients arriving in the ER. I created the staff education program with the purpose of communicating that all nurses need to be aware of signs and symptoms that patients may have indicating a disease process of an eating disorder. The program consisted of a volunteer sample of 30 nurses that chose to participate in an anonymous pre-test to measure their knowledge, then viewing a PowerPoint presentation, followed by a posttest, and evaluation survey of the presentation. Participants completed these interventions to measure if there was a gap in knowledge and to see if that gap closed with the focused education program on eating disorders.

Prior to September 2020 there were no educational intervention prevention strategies in place to help nurses identify, recognize, and assess for eating disorders, and risk in the ER. I gathered data via staff meetings and review of the extant literature to support the identified concern that there was a gap in education about eating disorders. In September 2020 staff nurses agreed that there was a need for an eating disorder assessment education module to help them learn how to identify risky eating behaviors, food insecurities, or those struggling with body image upon arrival to the ER or other visits. The eating disorder assessment program developed taught nurses how to measure risk upon triage or intake and trigger a referral to a physician based on nursing assessment questions.

Finally, I used the ER as a primary sample versus the primary care office is that many patients receive their care there and misuse the ER as a primary care treatment center (see Beihl et al., 2020). Many patients' somatic complaints are treated in the ER; therefore, their nurses are in need of education to better treat this target population. There are many missed incidences of patients struggling with eating disorders and poor body image placing them at a high risk (Beihl et al., 2020). If identified, the presence of high risk may easily trigger a referral to the primary care physician for follow up and close monitoring. Unfortunately, with the gap in knowledge, nurses are unaware of all the criteria and triggers that place patients at higher risks for eating disorders and poor outcomes. This project attempted to bridge the gap in education would close the circle, decreasing the risk for poor outcomes and improving nursing knowledge.

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Appendix A: Gap of Eating Disorders Pretest

Gap of Eating Disorders Pre Test

1 Images are created by what our mind tells us and we correlate what words are linked to the pictures in our mind?
Question instructions: Select one or more answers
true false
2 Are eating disorders related to a specific age group?
Question instructions: Select one or more answers
yes no
3 How often does someone die from an eating disorder?
Question instructions: Select one or more answers
every 9 minutes every 180 hours every 62 minutes every 71 seconds
4 Are eating disorders cause or effect?
Question instructions: Select one or more answers
Cause Effect
5 What age group do eating disorders commonly start developing?
Question instructions: Select one or more answers
6-8 9-12 13-19 20 and older
6 DO eating disorders affect males, females or LGBQT more often?
Question instructions: Select one or more answers
Males Females
7 Is there a difference in the response from emotional/psychological standpoint for an eating disorder and a cutting response?
yes no
8 Can you die from an eating disorder?
Question instructions: Select one or more answers
Yes No
9 Can you recognize someone with an eating disorder by physical attributes?
Question instructions: Select one or more answers
yes no
10 Have you ever cared for a patient with complaints of a stomach ache(abdominal pain), lightheadedness or dizziness?
Question instructions: Select one or more answers

yes no
11 Have you ever provided care for a patient with fatigue or dehydration?
Question instructions: Select one or more answers
yes no
12 Is Anorexia Nervosa & Food aversion the same disease process?
Question instructions: Select one or more answers
Yes No
13 Is Bulimia Nervosa and Binge eating the same disease process?
Question instructions: Select one or more answers
yes no
14 Do you feel someone with an eating disorder can just stop their behavior?
Question instructions: Select one or more answers
yes no
15 Can you feel empathy for someone who makes themselves sick on purpose?
Question instructions: Select one or more answers
yes no
16 Do you know what to do if you identify if a patient has an eating disorder or concerns of one?
Question instructions: Select one or more answers
yes no
17 Is an eating disorder the result of lack of control, feelings of powerlessness or addiction?
Question instructions: Select one or more answers
Addiction Powerlessness lack of control
18 Do you think an eating disorder is a choice?
Question instructions: Select one or more answers
yes no
19 Do nurses have the basic education they need to handle, recognize or treat patients with eating disorders?
Question instructions: Select one or more answers
yes no
20 Would a tool upon initial assessments be helpful to understand, recognize or trigger a need for further risk assessment for eating disorders?
Question instructions: Select one or more answers
yes no

Appendix B: Posttest

Eating Disorders Gap Post Test

1 Images are created by what our mind tells us and we correlate what words are linked to the picture in our mind.
Question instructions: Select one or more answers
true false
2 Are eating disorders related to a specific age group?
Question instructions: Select one or more answers
yes no
3 How often does someone die from an eating disorder?
Question instructions: Select one or more answers
every 9 minutes every 180 hours every 62 minutes every 71 seconds
4 Are eating disorders cause or effect?
Question instructions: Select one or more answers
Cause Effect
5 What age group do eating disorders commonly start developing?
Question instructions: Select one or more answers
6-8 9-12 13-19 20 and older
6 Do eating disorders affect males, females, or LGBQT more often?
Question instructions: Select one or more answers
male female
7 Is there a difference in the response from emotional/psychological standpoint for an eating disorder and a cutting response?
Question instructions: Select one or more answers
Yes No
8 Can you die from an eating disorder?
Question instructions: Select one or more answers
Yes No
9 Can you recognize someone with an eating disorder by physical attributes?
Question instructions: Select one or more answers
yes no
10 Have you ever cared for a patient with a stomach ache (abdominal pain), lightheadedness or dizziness?
Question instructions: Select one or more answers
yes no
11 Have you ever provided care for a patient with fatigue or dehydration?
Question instructions: Select one or more answers
yes no
12 Is Anorexia Nervosa and Food Aversion the same disease process?
Question instructions: Select one or more answers

Yes No
13 Is Bulimia Nervosa and Binge eating the same disease process?
Question instructions: Select one or more answers
Yes No

14 Do you feel someone with an eating disorder can just stop their behavior?
Question instructions: Select one or more answers
Yes No
15 Can you feel empathy for someone who makes themselves sick on purpose?
Question instructions: Select one or more answers
yes no
16 Do you know what to do if you identify a patient has an eating disorder or concerns of one?
Question instructions: Select one or more answers
yes no
17 Is an eating disorder the result of lack of control, feelings of powerlessness or addiction?
Question instructions: Select one or more answers
lack of control powerlessness addiction
18 Do you think an eating disorder a choice?
Question instructions: Select one or more answers
yes no
19 As a nurse I now have some basic education to handle, recognize or treat patients with eating disorders?
Question instructions: Select one or more answers
yes no
20 After my learning, an eating disorder tool upon initial assessments be helpful to understand, recognize or trigger a need for further risk assessment for eating disorders?
Question instructions: Select one or more answers
yes no
21 I have learned more about eating disorders after this class.
Question instructions: Select one or more answers
yes no
22 I feel that I am more aware of what to look for when assessing patients coming in for care?
Question instructions: Select one or more answers
yes no
23 My understanding has changed and I am more aware of the risks and variances in ages affected by eating disorders?
Question instructions: Select one or more answers
yes no

Appendix C: Program Evaluation

RN: years of service_____

SA= Strongly Agree; A= Agree; DA= Disagree; SD=Strongly Disagree, N=Neutral

1. The program learning objectives were met?

   SA, A, DA, SD, N

2. The objectives were related to the goal and purpose of this activity?

   SA, A, DA, SD, N

3. The exams for the activity were an accurate test of knowledge gained?

   SA, A, DA, SD, N

4. I learned information I did not know or understand during the course?

   SA, A, DA, SD, N

5. I feel that this is a necessary course for nursing staff to take yearly?

   SA, A, DA, SD, N

6. Any comments to improve project or learning?

   SA, A, DA, SD, N

   (Camden, 2020).

Appendix D: PowerPoint Presentation

EATING DISORDERS GAP OF EDUCATION FOR NURSES

Sara Camden RN MSN

My name is Sara Camden
I am a Doctoral student at Walden University and this is my educational project.

- Thank you to each member that has participated in my project.
- My goal is to gather translate literature and evidence and disseminate the information to improve your knowledge

Nature of the Project

- **The project will include a 20 question pretest**
- **The pretest is checking for baseline knowledge**
- **A PowerPoint Presentation will be presented**
- **A posttest questionnaire will be delivered**
- **At the very end a post project survey will be completed.**

➢Ethics

Some of you may feel stressed or uncomfortable discussing our topic today. This may be due to personal history or from people you know, I am only here to provide education and educate nurses on my program.

PROBLEM

- This doctoral project is based on the gap of education for nurses in relation to eating disorders and their inability to recognize symptoms promptly, their attitudes in treating patients with this disorder, inability to recognize this disease, and lack of skill set to deal with it.
- This project will describe why a staff development project is necessary to increase nursing knowledge & close the gap.

PURPOSE

- The purpose of my project is to create a staff development program that can identify if an eating disorder program for registered nurses in the Emergency room would increase their knowledge on eating disorders and decrease the knowledge gap that has been identified.
- **The outcome is to increase knowledge base for nurses.**

Introduction

- Eating disorders are a mental health disorder that affects over 30 million Americans yearly (NIHM, 2016).
- Every 62 minutes someone has died as the result of an untreated eating disorder (NIHM, 2016).
- 10 million men and 20 million females (NIHM, 2016).
- Disease process has started developing as early as 7 years of age (NIHM, 2016). 9-11 is the most common age group known to develop this disease process.

SIGNIFICANCE

- **Recognizing eating disorders will improve health outcomes and increase knowledge for nurses (Hurley et al., 2020).**
- **Important for social change due to the highest outcomes of death for mental illness (Jennings, 2017).**
- **Society issues related to ED increased are bullying, self harm, suicide attempts, substance abuse and domestic violence incidences (Keel & Haedt, 2008).**

SIGNIFICANCE

- The exact cause of eating disorders is unknown. As with other mental illnesses, there may be many factors creating a case for an eating disorder to develop as a result (Biehl et al., 2020).
- An eating disorder is not just developed as a result of someone not being able to control the environment in which they live. An eating disorder can develop slowly over a period of repeated exposure to a specific stimulus (Linville et al., 2012).
- Eating disorders do not separate victims that suffer from this mental health disorder. In fact, an eating disorder can effect anyone (Waller et al. 2014).
- An eating disorder does not develop in girls only, in fact is highly marked in males, just not talked about as much (Waller et al. 2014). 1 out of 4 girls and 1 and of 6 boys. (NIHM, 2016).

Eating disorders are marked with shame

- Eating disorders are not the direct result of media, but they media definitely plays a role in the constant emerging idea of what is portrayed as beautiful in the developing years (Biehl et al., 2020).
- Each eating disorder is different, even though they have some similar patterns (NIHM, 2016).
- Some types of eating disorders: Anorexia, Bulimia, Aversion, Rumination, OSFD, Binging (Biehl et al., 2020).

Why Me?

- How does this apply to me as a nurse?
- How does this affect my work?
- How do I make a change?
- How can I assess for an eating disorder when patients arrive for a focused centered problem?

Significance

- Education is a standard method of learning on any new practice, or newly gathered knowledge or the development of new programs (Biehl et al., 2020).
- Registered nurses in the emergency room must learn ways to identify early or late symptoms of eating disorders in young adults and children (Waller et al., 2014).
- The nurse is the first health care provider to have access to the patient and their clinical assessment skills is essential in identifying risks, and problems (Jennings, 2017).
- Decreasing the identified knowledge gap among RNs would increase their knowledge base. A study done by Davenport, 2015, found that incidences of eating disorders went down dramatically with sufficient education to the patient and families (Davenport, 2015).
- The adverse outcomes for allowing eating disorders to continue untreated would be attempted suicides, organ failure, other nutrition illnesses, and even death (Biehl et al., 2020).

Importance

- Since nurses have experience with recognizing clinical pathways they must learn to differentiate between myths, fact, and put preconceived ideas away (Hanley et al., 2020).
- Nurses must be made aware of clinical symptoms of eating disorders that include above or below body mass index, cardiac irregularities, menstruation challenges, skin changes, dehydration, hair loss, body temperature changes, and physical weakness with mobility (Hanley et al., 2020).
- Research showed that 62% nurses missed the eating irregularities, hypokalemia, cardiac tamponade, dizziness, syncopal episodes, and seizures (Linville et al., 2012).

Summary

- The studies clearly linked the lack of understanding on the nurses initial assessment (Eckern, 2018).
- recognition of early onset symptoms indicating high risk lead directly to eating disorders evolving (Davies, 2017).
- Myths, ideas, perceptions plague society with eating disorders information. Lack of empathy, lack of recognizing the disease, and skills how to treat the disorder need to be addressed so nurses can meet the need of society (Eckern, 2018).

Summary

- How this affects you is clear, you are the first person to assess the patient. What you see can make a difference
- Listen attentively
- Ask questions
- If it doesn't sound right, it probably isn't.
- Look at the whole picture.
- Make referrals if unsure or unclear.
- Better to be safe than sorry.

JKG1

CLOSING REMARKS

- **If you or someone you know is struggling, please offer to get them help. Don't be afraid to ask for help. If you are unsure what or where to start, start with saying I need help.**
- **Thank you for all of your participation.**
- **This concludes the presentation of my education project. I would now like to invite your questions.**