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Managing Disruptive Patient Behaviors in a Mental Health Clinic: A Staff Education Program

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Abstract

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Project Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Nursing Practice

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Abstract

Disruptive patient behavior is a significant issue in healthcare. Staff education programs are beneficial in managing disruptive patient behaviors. There has been an increase in the occurrence of disruptive patient behaviors at the clinical site, which is an outpatient mental health clinic, and staff members are not well equipped to deal with these situations. The purpose of this project was to develop, implement, and evaluate a staff education program on how to manage disruptive patient behaviors in an outpatient mental health clinic. Using a pre- and posttest design, the project aimed to answer the question of whether a staff education program would increase knowledge regarding the management of disruptive patient behaviors in an outpatient mental health clinic. Knowles's theory of andragogy was used to underpin curriculum development and delivery, and program effectiveness was evaluated with Kirkpatrick's levels of training evaluation, specifically Levels 1 and 2. Thirteen staff members at the clinic formed the convenience sample and participated in the education program. A paired sample *t* test was used to determine a statistically significant difference ($p < 0.05$) in the two scores. The calculated value of *t* was 2.993, and the exact probability value for the two-tailed test with 12 *df* was 0.011. The findings support previous research that staff education programs are effective in improving participants' knowledge on managing disruptive patient behavior. Positive social change can be achieved by reshaping how mental healthcare workers deal with disruptive patient behavior.

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Dedication

I would like to dedicate this work to the memory of my mother, Marian Odusanya. Mom, you always inspired me to reach higher and pursue my dreams. You supported and believed in me even when I doubted myself. I know attaining my doctorate was my dream, as well as yours. I love you more than words could describe.

Acknowledgments

First and foremost, I would like to thank Jehovah, the Creator of heaven and earth, the One who gave me life and has made all this possible.

I would like to acknowledge and thank my husband for his support throughout my doctoral program. I know things were not always easy, but you stood by me and supported me every step of the way. To my wonderful children, thank you for the joy you bring and for making this journey especially worthwhile.

To my committee chair, Dr Burton, thank you for your guidance and constant encouragement. I could not have accomplished this without your expert advice.

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Section 1: Nature of the Project

Introduction

Disruptive patient behavior is a significant issue in the healthcare field (Baig et al., 2018; Greenwood & Braham, 2018). The healthcare industry accounts for as many incidences of disruptive behavior as all other industries combined (Occupational Safety and Health Administration [OSHA], 2015). From 2002 to 2013, the number of healthcare workers who sustained severe injuries resulting from these incidences was 4 times that of other sectors. Although not all occurrences can be attributed to patients or their family members, they account for approximately 80%. Terms such as violence, aggression, and disruptive behavior have been used to describe unpleasant behavior towards healthcare professionals. For the purpose of this study, the term *disruptive patient behavior* will be used to denote all behavior, both verbal and physical, that threaten the safety of healthcare workers (Berring, Pedersen, & Buus, 2016).

The aim of this project was to develop a staff education program that would inform staff on ways to effectively manage disruptive patient behavior in the outpatient mental health clinic. Increasing staff knowledge and confidence in this area would create social change by moving staff members in a mental health clinic setting towards achieving better management of disruptive patient behavior. Equipping mental healthcare workers in this manner can also create a safe environment to deliver patient care (dos Santos Moreira, Macêdo Callou, Albuquerque, & Oliveira, 2019).

Problem Statement

Managing disruptive patient behavior is an integral part of working in the mental healthcare setting. Disruptive patient behavior includes actions such as verbal abuse, threats, and physical assaults. Research shows that training programs are necessary to improve therapeutic relationships between healthcare workers and patients, which in turn can reduce the number of incidences (Baby, Gale, & Swain, 2018; de la Fuente, Schoenfisch, Wadsworth, & Foresman-Capuzzi, 2019). Teaching communication strategies can enhance workers' ability to handle disruptive patient behavior. There has been an increased incidence of disruptive behavior at the clinical site, an outpatient mental health clinic, and the need to train the staff on effectively managing these behaviors has become evident, according to the clinic manager. Different training programs and education have been successfully employed to train staff members in the management of disruptive patient behavior. However, there is currently no program at the clinical site.

This project is significant for the field of nursing. Disruptive patient behavior is a common occurrence in the healthcare field, and nurses are the professional group most affected (Heckemann, Hahn, Halfens, Gichter, & Schols, 2019). Many healthcare professionals do not feel confident in their ability to manage disruptive patient behavior (Tishler, Reiss, & Dundas, 2013). Training programs such as this have been shown to improve staff confidence in dealing with disruptive behavior. In one systematic narrative review, overall attitudes towards preventing disruptive behaviors were higher following training, and participants' confidence also increased (Heckemann et al., 2015). In

another systematic review on the learning and performance outcomes of staff training programs in de-escalation techniques for managing aggressive behaviors, staff confidence and knowledge improved (Price, Baker, Bee, & Lovell, 2015). Although the benefit of staff education and training has been established in several studies, Richardson, Ardagh, Morrison, and Grainger (2019) alluded to the need for more evidence to inform clinical practice (Baby et al., 2018; Lamont & Bruno, 2018). This clinical site provided an excellent opportunity to evaluate the effectiveness of a staff education program directed towards the management of disruptive patient behavior. The potential significance of this doctoral project for an outpatient mental healthcare clinic is an increase in the knowledge and skills necessary to aid in the management of disruptive patient behavior, which holds value for the field of nursing. Findings from this doctoral project add to current literature on managing disruptive patient behavior. Future program planners can also use the information obtained from this project as comparable evidence on the effectiveness of interventions to design programs that can be tailored to their unique settings.

Purpose

Staff education programs are beneficial in managing disruptive patient behaviors (Baby et al., 2018); however, there is currently no program at the clinical site. The recent increase in disruptive patient behavior at the project site necessitated a training program to ensure staff members are equipped to handle these situations when they occur. A training program focused on increasing the knowledge and skills necessary to aid in the management of disruptive patient behavior can be used to bridge the practice

gap at this site. Baby et al. (2018) conducted a literature review to highlight the effectiveness of communication strategies in dealing with aggression and violent behavior and concluded that education programs enhance workers' ability to handle aggression. In another study, the authors concluded that training programs are significant in improving the way nurses manage aggressive patient behavior (Lamont & Brunero, 2018).

The gap in nursing practice is the lack of a training program on the management of disruptive patient behavior. Appropriate resources, including staff training and support, are essential in maintaining a safe work environment (Heckemann et al., 2019). It has become necessary for organizations to incorporate some measure of staff education to address disruptive patient behavior. Apart from the initial training on the management of disruptive patient behavior, participants in one study suggested regular training or refreshers to maintain skills already acquired (Baig et al., 2018). This demonstrates that ongoing staff education is important and should be incorporated to promote a safe organizational environment for all health care workers (Tishler et al., 2013). The practice-focused question for this project is this: In a mental health clinic, will a staff education program increase knowledge of management of disruptive patient behaviors toward the goal of a safe environment? This doctoral project has the potential to fill the gap in nursing practice by providing a staff educational program to manage disruptive patient behavior.

Nature of the Doctoral Project

A search of CINAHL, MEDLINE, Cochrane library, and ProQuest was conducted to retrieve peer-reviewed, evidence-based articles published within the past 5 years on managing disruptive patient behaviors. Search terms included *disruptive patient behavior, violent behavior,* and *management of aggressive patient behavior*. Data obtained from the search were organized, analyzed, and used to develop the curriculum for staff education on managing disruptive patient behavior. Knowles's theory of andragogy (1970) was used to underpin curriculum development and delivery. The nature of this doctoral project is such that it would potentially address the lack of education and training of mental healthcare workers on managing disruptive patient behavior.

Significance

Disruptive patient behavior potentially affects stakeholders such as the nurse practitioners, nursing assistants, administrative and nonclinical staff who work at the site. All stakeholders are impacted by the problem identified in this project, either directly or indirectly. Patients may manifest the stressor of illness, particularly mental health conditions, as disruptive behavior. Ineffective patient coping may also be exhibited as feelings of anger and powerlessness. Patients may feel overlooked or feel like their needs are not being addressed or have unmet expectations and act out (Lee, Del Rosario, & Byron-Iyamah, 2017). The site also has a suboxone program, and patients on the program sign an agreement not to use narcotic pain medication. Sometimes, patients come in requesting narcotic pain medication and may become disruptive when they do not get their demands. These disruptive patient behaviors impact all stakeholders. The clinical

staff, such as the nurse practitioners and nursing assistants, may be involved in a situation where a patient displays disruptive behavior. Staff may become fearful, experience frustrations, and even job dissatisfaction. Staff members may also miss work due to injuries (Casey, 2019). Nonclinical staff such as those in administration and finance may have to deal with staffing issues such as absenteeism and ensuing healthcare costs (Heckemann et al., 2019). All these may lead to staff burnout, which could potentially affect the delivery of patient care (Casey, 2019). Disruptive patient behavior also places other patients and family members at risk.

This doctoral project has the potential to improve the way mental healthcare workers handle disruptive patient behavior, ultimately improving patient care. Often, it is not what happens that matters but how we respond to situations and stressors. Staff education programs can help change the way mental healthcare professionals deal with disruptive patient behavior. Project findings may also apply to other outpatient mental health settings that also encounter disruptive patient behaviors.

Social change implies movement or a shift in a different direction. Walden University promotes positive social change, which results in improving human conditions. This project aligns with the mission of Walden University by moving staff members in a mental health clinic setting towards achieving better management of disruptive patient behavior. Equipping staff to manage disruptive behavior can reduce the number of incidences, which ultimately reduces the number of workplace injuries. Also, programs like this can help boost staff morale (Livingston, Verdun-Jones, Brink, Lussier, & Nicholls, 2010).

Summary

Managing disruptive patient behavior in the outpatient mental healthcare setting can be challenging. There has been an increase in the number of disruptive patient behavior at the project site, and the staff does not currently receive any formal training on managing these patient behaviors. Studies have shown that staff education programs can be used to improve the management of disruptive patient behavior (Baby et al., 2018; de la Fuente et al., 2019). Various studies have also successfully implemented different training programs and strategies (Lee et al., 2017). The purpose of this doctoral project was to analyze and synthesize current evidence to design and implement a staff education program that would be effective in helping staff better manage disruptive patient behavior. This can result in social change by providing staff with the necessary tools to manage disruptive patient behavior and improve the delivery of patient care.

The next section deals with the concepts and theories that informed this doctoral project, the present state of disruptive patient behavior in nursing practice, including management strategies, and how this project will add to current nursing literature. Additionally, the section also covers a concise summary of the local evidence on the relevance of disruptive patient behavior and the role of the student and project team in the doctoral project.

Section 2: Background and Context

Introduction

The practice problem at the site is the recent increase in the occurrence of disruptive patient behaviors. Staff members are not well equipped to deal with these situations. The practice-focused question for this project is as follows: In a mental health clinic, will a staff education program increase knowledge of management of disruptive patient behaviors toward the goal of a safe environment? The purpose of this project was to develop, implement, and evaluate a staff education program on how to manage disruptive patient behaviors in a mental health clinic.

This section provides a rationale for the use of all concepts, models, and theories used to inform the project. The significance of managing disruptive patient behavior in nursing with current strategies employed is also discussed with attention to the importance of managing disruptive patient behavior at the clinical site. This section also provides details of the role of all members of the project team.

Concepts, Models, and Theories

The concepts, models, and theories used to inform this doctoral project are Knowles's theory of andragogy (1970) and Kirkpatrick's levels of training evaluation model (1959). Knowles's theory was used to develop the curriculum for staff education, whereas Kirkpatrick's model was used to evaluate the effect of the education.

Knowles's Theory of Andragogy

Children and adults learn differently (Knowles, Holton, & Swanson, 2015). Teachers expect children to look up to them as the source of all knowledge. However,

Knowles challenged this theory when applied to adult learning. Knowles's theory of andragogy describes adult learners as self-directed and views teachers as facilitators of new knowledge and experiences. The main principles of this theory are the learner's need to know, prior experience, autonomy or self-direction, eagerness to learn, learning style, and motivation (Knowles et al., 2015). One size does not fit all. Because this project is a staff education targeted towards adult learners, it seemed logical to use Knowles's theory of andragogy to underpin curriculum development and delivery.

Kirkpatrick's Levels of Training Evaluation

Learning occurs when knowledge has been transferred and put into practice. A good training program needs a good evaluation. Kirkpatrick's levels of training evaluation model was used to objectively evaluate the impact of the training. The model provides a robust way to effectively assess the "returns on expectations" (Kirkpatrick & Kirkpatrick, 2007, p. 109). It approaches evaluation by looking at the learning objectives or aims. What is the desired result of the training? Evaluation helps to improve program content or delivery by highlighting the shortcomings, maximize content application, and demonstrate value-added (Kirkpatrick, 1998). Kirkpatrick and Kirkpatrick (2007) suggested four levels of evaluation: (a) how well the training engages the participants, (b) the degree of knowledge acquisition, (c) how much of the training influences practice, and (d) how much change occurs as a result. This model was used to determine whether the project achieved the set objectives, which is critical for future use and applications.

The first two levels of evaluation were used in this doctoral project. Level 1 was used to determine how satisfied the participants were with the education. Level 2 was

used to determine the knowledge gained as a result of the education. Levels 3 and 4 may be used in the future to assess changes in participants' behavior due to the education and the overall impact on how participants manage disruptive patient behavior.

Relevance to Nursing Practice

Disruptive patient behavior in the healthcare setting is one that requires special attention (Lee et al., 2017). Research shows that disruptive patient behavior may lead to staff frustration, anxiety, and even anger, which can lower job satisfaction rates and increase staff burn out. Disruptive patient behavior can also lead to non-therapeutic staff-patient relationships and worse patient outcomes (Lee et al., 2017).

It has become evident that managing disruptive patient behavior in the outpatient mental health clinic is critical. The positive effect of training programs cannot be overemphasized. Several studies support the use of education programs in improving the ways healthcare workers handle disruptive patient behavior. In a quasi-experiment using pre- and posttest to investigate the effectiveness of disruptive patient behavior training programs in managing disruptive patient behavior, results were statistically significant (Lamont & Brunero, 2018).

De la Fuente et al. (2019) conducted a quality improvement project to assess the effectiveness of a behavior management program on nurses' confidence in dealing with disruptive patient behavior, and results were also statistically significant. Findings from these studies and more helped guide the development of this project to create a training program that would be effective in solving the problem of managing disruptive patient behavior at the clinical site.

Finally, although research supports the use of training programs, there is no consensus on the most effective program used in the outpatient mental healthcare setting. The use of nonpharmacologic methods such as policy and practice environment changes and education have all been effective in addressing disruptive patient behavior (Weiland, Ivory, & Hutton, 2017). Simulation-based education training has also been used to help staff better manage aggression in the workplace (Krull, Gusenius, Germain, & Schnepper, 2019). In one survey conducted in Europe, physical restraint, seclusion, medication administration, talk therapy, and de-escalation, in that order, were the most utilized methods in managing disruptive patient behavior (Cowman, Björkdahl, Clarke, Gethin, & Maguire, 2017). The results of this project provide additional data on useful techniques in managing disruptive patient behavior and may be applicable for use in other outpatient mental healthcare settings.

Local Background and Context

Mental healthcare workers are ranked high on the list of professionals that experience the most work-related stress (Dattilio, 2015). The setting for this doctoral project is an outpatient mental health clinic, which makes it a high-level stress environment. This site provides mental health services to a high volume of patients with a wide array of mental health disorders. A contributing factor to the level of stress among mental healthcare workers is disruptive patient behavior (Rössler, 2012). There has been an increase in disruptive patient behavior at the clinical site. Patients may act out for various reasons, but negative emotions are often at the root of disruptive behavior, which threatens a safe environment (Berring et al., 2016). Staff reaction or response to these

situations is influenced by previous experiences, which may or may not support effective management strategies.

Disruptive patient behavior is an issue that has also received attention on a national level. In February of 2019, the Workplace Violence Prevention for Health Care and Social Services Workers Act, H.R. Bill 1309, was formally introduced to the House of Representatives. This legislation, if enacted, would require the implementation of programs to protect health care workers from workplace violence. Training programs can help improve the way staff manages disruptive patient behavior, but there is currently no program at the clinical site (Tölli, Partanen, Kontio, & Häggman, 2017).

Role of the DNP Student

Nurses comprise more than half of all healthcare professionals and occupy a critical position in changing and shaping the healthcare climate. I acted as the team leader for the doctoral project. I led the project team of stakeholders to develop, implement, and evaluate the education program.

I spent several years working as an emergency department (ED) nurse and witnessed a lot of disruptive patient and family behavior. Not only did these situations create chaos in the ED, but they also made it unsafe for other patients and family members. Even though we always had security personnel on standby, these events took a toll on the staff. By developing an evidence-based program to manage disruptive patient behavior, I can help staff members facing similar conditions that I encountered while working in the ED. Although the work environment in the ED is different from that of the project site, the nursing implications remain the same. I have not identified any personal

bias in this project. I have no affiliations with the project site other than from an educational and research perspective.

Role of the Project Team

A project team of stakeholders helped to develop, implement, and evaluate the education program. The project team included the clinic director, who has several years of experience as a doctorally prepared nurse practitioner, three other nurse practitioners, and the clinic manager who oversees all the nonclinical staff. The project team was involved in providing feedback and guiding the project to ensure that it aligned with the organizational goals and policies throughout every phase of the project. Once I had developed the curriculum for the education, I presented it to the project team for evaluation prior to dissemination. This was to ensure the usability and appropriateness of the content (Hodges & Videto, 2011). The project team was also involved in developing the pre- and posttest questions.

Summary

Disruptive patient behavior is a real threat in many healthcare settings. Staff members at the practice site are not well equipped to effectively manage disruptive patient behavior. Research shows that staff education programs are effective in improving the management of disruptive patient behaviors. Knowles's theory of andragogy and Kirkpatrick's levels of training evaluation were used to develop and evaluate an appropriate staff education program. Nurse leaders in today's healthcare field can translate knowledge into practice. In the next section, the sources of evidence,

participants, procedures, and the systems used for analyzing and synthesizing the evidence are explained.

Section 3: Collection and Analysis of Evidence

Introduction

There has been an increase in the occurrence of disruptive patient behaviors at the clinical site. Staff members are not well equipped to deal with these situations. Therefore, the purpose of this project was to develop, implement, and evaluate a staff education program on how to manage disruptive patient behaviors in a mental health clinic. In the previous section, I explained the concepts, models, and theories that provide the framework for this project. Knowles's theory of andragogy and Kirkpatrick's levels of training evaluation provide the backbone for this project. The relevance of this doctoral project to nursing practice was also established in the preceding section. Disruptive patient behavior is a real problem in mental healthcare settings, and the results of this project may be applicable for use in other similar outpatient settings.

In this section, I clearly identify the sources of evidence and how I used them to derive the project. The systems used to analyze and synthesize the evidence are also identified. Additionally, a relationship between the evidence and outcomes is established.

Practice-Focused Question

There has been an increase in the occurrence of disruptive patient behaviors at the site, according to the clinic manager. Staff members are not well equipped to deal with these situations. Research shows the benefits of staff education programs in managing disruptive patient behaviors. However, there is currently no program at the clinical site. The practice-focused question for this project is the following: In a mental health clinic,

will a staff education program increase knowledge of management of disruptive patient behaviors toward the goal of a safe environment?

The purpose of this project was to develop, implement, and evaluate a staff education program on how to manage disruptive patient behaviors in a mental health clinic. This approach aligns with the practice-focused question by addressing effective evidence-based staff education programs in increasing knowledge among staff members. Kirkpatrick's levels of training evaluation guided the assessment of whether the project objectives and aims were met. I achieved this by keeping the goal of the project in mind throughout every stage of the project.

Sources of Evidence

A wide array of sources of evidence were used for the project. I conducted a comprehensive literature search using CINAHL, MEDLINE, EBSCO, Cochrane Library, and ProQuest to find best practices on staff education on managing disruptive patient behaviors. Research articles reviewed were restricted to the past 5 years to ensure the most up-to-date evidence. Current evidence suggests that training programs are an effective way of teaching staff members the skills and knowledge needed to manage disruptive patient behavior. Data obtained from current trends in the literature on the management of disruptive patient behavior were synthesized. These data were systematically used to create content for the program. The evidence obtained from the search was directly related to the purpose of the project. Findings were used by the project team to develop the curriculum for staff education.

Evidence Generated for the Doctoral Project

The evidence generated for this doctoral project was mainly for the purpose of this project. All participants who were involved in generating the evidence are members of staff at the clinical site. Procedures utilized were in accordance with the organization's policies and procedures.

Participants. The setting for this project is an outpatient mental healthcare clinic. The individuals who contributed evidence to address the practice-focused question were all stakeholders at the clinical site. Stakeholders included all the nurse practitioners, medical assistants, and nonclinical staff. The clinical director acted as a panel expert in the program development. The selection of participants for the project was solely voluntary, with prior approval from the clinical site director. All participants were relevant to the practice-focused question because they work directly in the practice environment where incidents of disruptive patient behavior have occurred.

Procedures. I used a pretest-posttest design to measure the effectiveness of the program. The test was administered before and after the program to test staff knowledge on managing disruptive patient behavior. A simple *t* test was used to compare and assess statistical significance between the pre and posttest data. All participants were required to take anonymous, paper-based surveys. The survey captured demographic information such as participants' gender, age, level of education, and any prior formal training received on the subject. Additionally, a course evaluation was provided at the end of the staff education.

Protections. The project provided protection for human subjects. Because data were obtained from human participants, the name and location of the organization was masked to ensure that participants cannot be identified. Data from formative and summative evaluation surveys were reported only in the aggregate. The project team retained ownership of all data. Strict adherence to site policies and procedures was maintained, and participation was voluntary under project team oversight. Before the start of the project, all participants were also made aware that they may withdraw from the project at any given time during its course. The project proposal was submitted to the Walden University Institutional Review Board (IRB) for approval (# 06-26-20-0572163**)** to ensure ethical protection and consideration of participants.

Analysis and Synthesis

Descriptive statistics and graphics were used to analyze the data. The Statistical Packages for the Social Sciences (SPSS) software application was used to analyze data obtained from the pre and post knowledge assessment. The demographic data is presented in a tabular format. Anonymous and confidential surveys were administered post the education to gauge participant satisfaction. The survey utilized a 5-point Likert scale: *strongly agree* (5 points), *agree* (4 points), *neutral* (3 points), *disagree* (2 points), and *strongly disagree* (1 point).

Summary

The Walden Library databases formed the basis for data collection. Data regarding current practices in the management of disruptive patient behavior were collected and analyzed to develop an appropriate education program. The study ensured

the protection of participants, and study approval was obtained before the project commenced.

Section 4: Findings and Recommendations

Introduction

Disruptive patient behavior perpetrated towards health workers is not uncommon. Mental healthcare workers are particularly at an increased risk due to the nature of their work (Guay, Goncalves, & Boyer, 2016). Clinicians who work with patients with mental health conditions may view disruptive behavior as a manifestation of mental illness. Although some mental health diseases may predispose patients to these behaviors, they represent only one potential causative factor. Greenwood and Braham (2018) conducted a systematic literature review on violence and aggression towards staff in secure settings, and their findings suggest that these actions are often multifactorial. Patients do not just act out or become disruptive. These actions are often a result of both intrinsic and extrinsic factors (Harwood, 2018). Regardless of the etiology, patient behaviors that threaten the safety of staff and other patients must not be overlooked.

Healthcare organizations have a responsibility to address disruptive patient behaviors within their establishments (Brous, 2018). Education programs and staff training have been well documented to improve staff response to disruptive behaviors (Baby et al., 2018). The local problem at the project site is an increase in the number of disruptive patient behaviors. However, there is currently no education or training program at the site. The purpose of this doctoral project was to address the gap-in-practice by developing, implementing, and evaluating a staff education program on the management of disruptive patient behaviors in an outpatient mental health clinic. The practice-focused question for this project is this: In a mental health clinic, will a staff

education program increase knowledge of management of disruptive patient behaviors toward the goal of a safe environment?

The sources of evidence for this project were part of the staff education program; quantitative data obtained from the pretest and posttest questionnaires which were completed by the study participants. The questionnaires assessed participants' knowledge on the management of disruptive patient behavior immediately before and after the education. Both questionnaires had similar contents. A *t* test was used to analyze the pretest and posttest data. In addition, a course evaluation survey was administered to gauge the quality of the training, course content, and course strengths and weaknesses.

Findings and Implications

The staff education program consisted of a 60-minute slide presentation. A total of 13 mental healthcare workers attended the training. An anonymous paper-based survey captured information about the participants. Most of them were female and held at least a master's degree. Detailed demographic data can be found in Table 1. Before the intervention, participants were invited to share their experiences, if any, on disruptive patient behavior. Almost all (92.3%), except for one participant, had witnessed disruptive patient behavior in the past. However, less than half (38.4%) had received any formal training on the management of disruptive patient behavior, buttressing the need for the project.

Table 1

Demographics of Study Participants

Characteristics	*n*
Occupation	
RN	5
NP	6
Other (Medical assistant, Administrative staff)	2
Highest degree obtained	
Diploma	1
Baccalaureate	5
Masters	6
Doctorate	1
Gender	
Male	3
Female	10
Ethnicity	
African American/Black	11
Hispanic/Latino	2
Age	
30-40	3
40-50	6
Over 50	4
Previous training on managing disruptive patients	
Yes	5
No	8

Note. $N = 13$.

The effectiveness of the program was analyzed using a paper-based pretest and posttest. A comparative analysis of the answers pre- and post-intervention addressed level 2 of Kirkpatrick's levels of training evaluation model by assessing knowledge gained because of the education (Kirkpatrick & Kirkpatrick, 2007). The pretest questionnaire was given to participants approximately thirty minutes to one hour before the presentation. This was done to accommodate staff schedules and provide adequate time to complete the questions. Participants received the posttest questionnaire immediately following the training. Data obtained from the tests were recorded electronically using Microsoft Excel (see Table 2) and exported into the SPSS (version 25) software for

statistical analysis. Participants also completed a course evaluation (see Appendix A) designed using the 5-point Likert scale, and all the respondents strongly agreed the training would be beneficial in their job performance.

Table 2

Pretest and Posttest Scores

Participant	Pretest score	Posttest score
A1	100%	100%
A2	75%	87.50%
A3	62.50%	87.50%
A4	75%	87.50%
A5	62.50%	87.50%
B1	100%	100%
B2	100%	100%
B3	87.50%	75%
B4	87.50%	100%
B5	75%	100%
C1	50%	50%
C2	75%	87.50%
C3	87.50%	100%
Mean	79.80%	89.42%

Statistical analysis was performed using a two-sample *t* test to draw conclusions about the effect of the staff education program in increasing knowledge on managing disruptive patient behavior. The hypotheses for this study are as follows:

H_0 = There is no difference between pretest and posttest scores.

H_1 = There is a difference in pretest and posttest scores.

Figure 1 shows the SPSS computer printout for the two-sample *t*-test. Based on the analytical data, the calculated value of *t* is 2.993. The exact probability value for the two-tailed test with 12 *df* is .011. Thus, it can be concluded that the difference in test scores is statistically significant since $\alpha = 0.5$ for a two-tailed test (Polit, 2010). Thus, the null

hypothesis was rejected because $p < 0.05$. This shows that the intervention was effective in improving test scores. These results provide sufficient evidence to conclude that the staff education program was effective in improving the participant's knowledge of managing disruptive patient behavior.

T-Test

Paired Samples Statistics

		Mean	N	Std. Deviation	Std. Error Mean
Pair 1	POSTEST SCORE	89.4231%	13	14.29430%	3.96452%
	PRETEST SCORE	79.8077%	13	15.76063%	4.37121%

Paired Samples Correlations

		N	Correlation	Sig.
Pair 1	POSTEST SCORE & PRETEST SCORE	13	.707	.007

Paired Samples Test

		Paired Differences					t	df	Sig. (2-tailed)
		Mean	Std. Deviation	Std. Error Mean	95% Confidence Interval of the Difference Lower	Upper			
Pair 1	POSTEST SCORE - PRETEST SCORE	9.61538%	11.58511%	3.21313%	2.61457%	16.61620%	2.993	12	.011

Figure 1. SPSS computer printout for two-sample *t*-test: testing posttest versus pretest scores.

An unanticipated outcome was the amount of time it took to complete the presentation. Several of the participants were late due to conflicting schedules, and the start time was delayed by approximately thirty minutes. Although this delay afforded others the opportunity to complete the pretest questionnaire, the presentation lasted longer than expected and dragged on past official closing hours. Some of the participants expressed fatigue and concern about the time, which may have interfered with their engagement and learning process.

The project findings provide positive implications for individuals, communities, institutions, and healthcare systems. Staff training improves the knowledge base of mental healthcare workers and provides them with tools and techniques in the management of disruptive patient behavior. Some of the participants expressed appreciation for the training and verbalized that it was appropriate in the setting in which they worked. When staff members are equipped in this manner to handle the challenges of their jobs, it may also translate to improved therapeutic relationships between healthcare workers and patients (Baby et al., 2018). This can positively affect the delivery of care and patient outcomes at community levels. Some of the negative impacts of disruptive patient behavior on staff, such as absenteeism and high staff turnover, can be mitigated at the organizational level. Overall, findings suggest that improving staff knowledge in this area can enhance safety in practice within healthcare systems (dos Santos Moreira et al., 2019; Price et al., 2015).

The positive implications for this doctoral project also provide potential implications for social change. Social change can occur over time as mental health workers improve in their management of disruptive patient behavior. The Joint Commission encourages organizations to maintain a safety culture (OSHA, 2015). As staff members become more astute in their response to disruptive behaviors, they move towards a safety culture.

Recommendations

The staff education program was effective in increasing the knowledge of managing disruptive patient behavior towards the goal of promoting safety. The proposed

solution to address the gap-in-practice at the site is to incorporate the education program (see Appendix B) in regular staff training and development sessions. The training material may be modified for use to shorten the duration by splitting the contents into different sessions. The Joint Commission recommends that organizations provide training on managing violence in the workplace (OSHA, 2015). This project can serve to inform or generate safety protocols at the site by following these recommendations. It is also suggested that posters (see Appendix C) be placed at strategic places at the site to serve as a reminder.

Contribution of the Doctoral Project Team

The project team was instrumental in the development, implementation, and evaluation of the training program. Although, as the team leader, I was responsible for developing the curriculum, the clinical site director who specializes in mental health disorders acted as a content expert to ensure the content was evidence-based. The other nurse practitioners on the team also helped in content development and particularly in assessing its relevance within the company structure and under organizational policies. The project team also helped to develop the pretest and posttest questions. The input of the team was essential to ensure the training program was both accurate and relevant. Additionally, because the leadership was on board with the project, it was easier to get staff members to participate. Apart from leadership buy-in, constant discussions and feedback from the team increased staff participation. Empowering team members by including them in the change process and decision-making is beneficial for participation

(Nelson-Brantley & Ford, 2017). Adults also need to be actively involved in their learning since they are self-directed learners (Knowles et al., 2015).

Strengths and Limitations of the Project

One of the limitations of this project is the relatively small sample size, which limits the generalization of the findings to a larger population. Therefore, it is recommended that the same study be conducted using a larger sample of staff working in an outpatient mental health clinic. Additionally, most of the participants were female and identified themselves as African American. This relative homogeneity also limits the generalizability of the findings to other populations. Most of the research on managing disruptive patient behavior has been done in the hospital setting. There is an ongoing need for more studies on managing disruptive patient behaviors in the outpatient setting. It is suggested that the pretest and posttest questionnaires (see Appendix D) used here should be used for future studies to enable comparative analysis.

Section 5: Dissemination Plan

The results of this project show that staff education targeted at increasing knowledge about managing disruptive patient behaviors is effective. Dissemination of the knowledge gained during this project is essential because, without it, change is unlikely to occur (White, Dudley-Brown, & Terharr, 2016). Dissemination should happen at various levels, the first, of course, being the site where the project was implemented. The first step is to share the findings of the doctoral project with the clinical site director, who has already revealed interest in adopting the training program at the site. The plan is to promote the staff education as a tool that can be used for regular staff development and new staff orientation/training. The slide presentation will be converted to a handout that will be readily available for use for formal instruction. In addition, posters on the issue, which serve as a reminder, will be available for use at the site once approved by the clinic manager.

Once the project has been formally adopted at the site, the next step would be to extend the findings outside of the organization. Based on the nature of the project, the audience that would be appropriate for the dissemination of the project on a larger scale would be healthcare workers at other outpatient mental health clinics. This can be accomplished by presenting project findings at local chapter meetings of organizations such as the Society of Psychiatric Advanced Practice Nurses (SPAPN) and the American Psychiatric Nurses Association (APNA). It would be prudent to have Level 3 of Kirkpatrick's levels of evaluation to assess changes in participants' behavior and any

application of the knowledge gained. Showcasing milestones and attainment of goals to stakeholders can help improve dissemination strategies (White et al., 2016).

Analysis of Self

This doctoral project provided an excellent opportunity to implement the knowledge acquired throughout the DNP program. Each course brought new insight and built on the knowledge gained from the previous one. One of the characteristics of a scholar is the ability to be able to identify gaps in practice and apply information sought through vigorous research to solve clinical problems (Sherrod & Goda, 2016). The doctorally prepared nurse must also be able to facilitate the use and application of evidence in practice. As a nurse practitioner who works closely with patients and other members of the interdisciplinary team, I have become more aware of how I can use my role to identify areas for improvement. The nurse leader must also be able to educate others and influence them to adopt new practices.

As a project manager, an important lesson I learned is the need for collaboration among team members. The healthcare environment is a complex one with many moving parts that must work together to improve patient outcomes and safety. Having a clear vision and effective communication strategies are vital to the success of any project (Nelson-Brantley & Ford, 2017). One of the aspects of the project I believe helped me was developing a plan that was both comprehensive and easy to communicate. As I continue in my professional journey, I plan on utilizing the skills I have acquired to implement change and improve clinical practice.

One of the challenges I faced during this project is the local restrictions that were imposed because of the coronavirus pandemic. This meant I had to be more flexible with my time and find other means to communicate with team members. I relied strongly on the use of electronic methods to collate recommendations and feedback. Another challenge I encountered was in getting the nonclinical staff to participate in the training. Because all the clinicians were in the training, the nonclinical staff had to attend to the phones and provide staff coverage for the entire clinic. Although some of them indicated an interest in attending the training, I did not offer multiple sessions to accommodate their needs. Looking back, I could have delivered the PowerPoint presentation on two separate days to increase participation.

Summary

Disruptive patient behaviors are common occurrences in the healthcare field (Baig et al., 2018). These behaviors may precipitate unwanted consequences that negatively impact the delivery of patient care. Research evidence shows that training programs improve how healthcare workers handle these situations (Baby et al., 2018; Tölli et al., 2017). The main aim of this doctoral project was to investigate the effectiveness of a staff education program in increasing knowledge in managing disruptive patient behavior. The findings of this project support the idea that training programs are an effective tool in managing disruptive patient behaviors, which is consistent with previous research studies.

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Appendix A: Course Evaluation Form

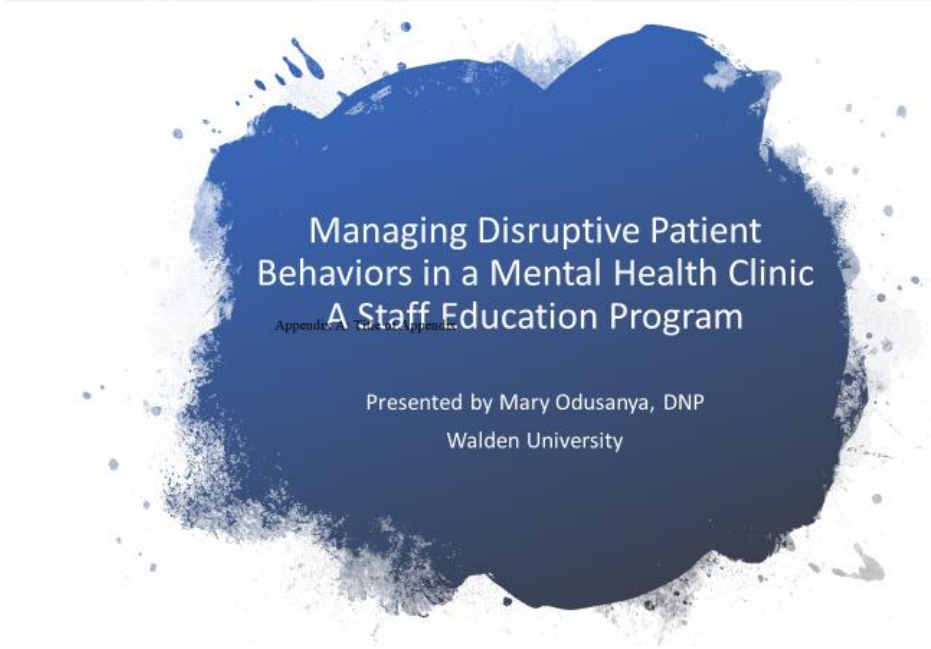
TRAINING EVALUATION FORM

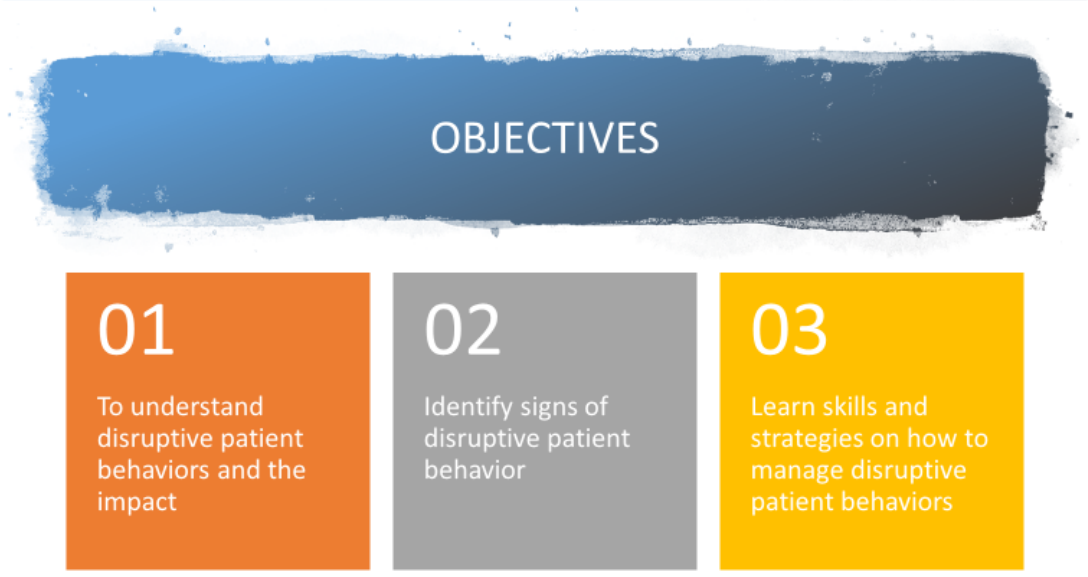
Course name: _____
Instructor: _____
Date: _____

Training Quality	1 point	2 points	3 points	4 points	5
The overall quality of the training I received was high	*Strongly Disagree*	*Disagree*	*Neutral*	*Agree*	*Strongly Agree*
This training will be beneficial to me in the performance of my job	*Strongly Disagree*	*Disagree*	*Neutral*	*Agree*	*Strongly Agree*
Course Presentation					
The methods of content delivery (lectures, PowerPoints, etc.) were appropriate for this course.	*Strongly Disagree*	*Disagree*	*Neutral*	*Agree*	*Strongly Agree*
The course material was easy to understand and helpful.	*Strongly Disagree*	*Disagree*	*Neutral*	*Agree*	*Strongly Agree*
The topics were presented in a logical order.	*Strongly Disagree*	*Disagree*	*Neutral*	*Agree*	*Strongly Agree*
The vocabulary used in the course was clear and easy to understand.	*Strongly Disagree*	*Disagree*	*Neutral*	*Agree*	*Strongly Agree*
The instructor was knowledgeable and effective.	*Strongly Disagree*	*Disagree*	*Neutral*	*Agree*	*Strongly Agree*
Course Objectives					
The course covered the material I expected.	*Strongly Disagree*	*Disagree*	*Neutral*	*Agree*	*Strongly Agree*
The times scheduled for the agenda items were appropriate.	*Strongly Disagree*	*Disagree*	*Neutral*	*Agree*	*Strongly Agree*
The course met the training objectives.	*Strongly Disagree*	*Disagree*	*Neutral*	*Agree*	*Strongly Agree*
The course met my training needs.	*Strongly Disagree*	*Disagree*	*Neutral*	*Agree*	*Strongly Agree*

- The greatest strengths of the course are:
- This course could be improved by:
- Any other comments:

Appendix B: Staff Education Program





Disruptive Patient Behavior

- Disruptive patient behavior is a significant issue in the healthcare field (Baig et al., 2018; Greenwood & Braham, 2018).
- The healthcare industry accounts for as many incidences of disruptive behavior as all other industries combined (Occupational Safety and Health Administration, 2015).
- Disruptive patient behavior denotes all behavior, both verbal and physical, that threaten the safety of healthcare workers (Berring, Pedersen, & Buus, 2016). It includes actions such as verbal abuse, threats, and physical assaults.

Management

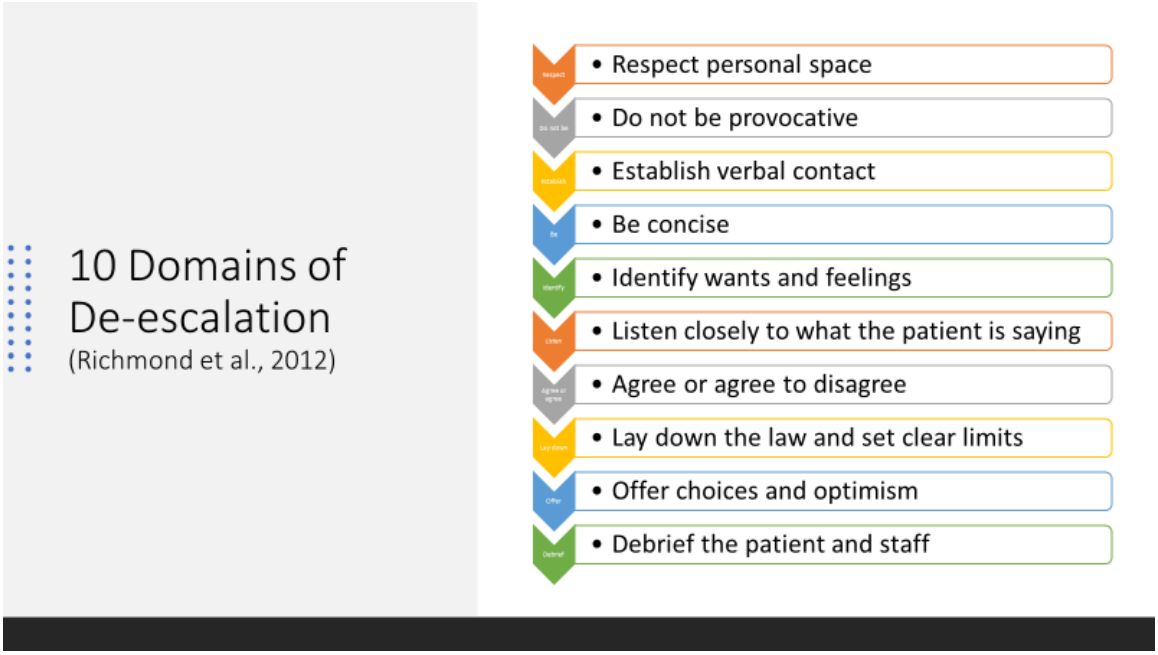
1. PREDICT- RISK ASSESSMENT

2. PREVENT- DE-ESCALATION TECHNIQUES

3. POST DE-ESCALATION

- History of disruptive behavior
- Use of profanity
- Pacing, prolonged restlessness or frequent position changes
- Increased volume of speech
- Verbal threats or gestures
- Prolonged eye contact (Richmond, 2013)

- The goal of de-escalation is to help the patient regain self-control
- This method is "patient-centered" and collaborative
- Use of talk therapy/ therapeutic communication in diffusing



- **Establish verbal contact**
  - only 1 person engages the patient verbally
  - introduce yourself and reassure the patient you are there to help
- **Be concise**
  - use short sentences
  - simple vocabulary
  - slow, repetitive, soft speech
- **Identify wants and feelings**
  - find out what the patient wants
  - use free information (something the patient says, emotion..)

- **Listen closely to what the patient is saying**
  - active listening
  - acknowledge
  - clarify statements
  - use silence
- **Agree or agree to disagree**
  - -agree with the truth
  - agree in principle
  - agree with the odds
- **Lay down the law and set clear limits**
  - clearly outline acceptable behavior
  - explain behavior causing harm to self or others is unacceptable
  - state consequences of behavior if applicable
  - coach patient on how to stay in control

Crisis Management

- Have a plan
- Identify team leader
- Who is responsible for what?
- When to call security personnel..

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Appendix C: Poster

Take a stand: No more violence to health care workers

Forms of violence to health care workers

- Biting
- Kicking
- Punching
- Pushing
- Pinching
- Shoving

- Scratching
- Spitting
- Name calling
- Intimidating
- Threatening
- Yelling

- Harassing
- Stalking
- Beating
- Choking
- Stabbing
- Killing

Statistics on violence against health care workers

- 25 percent of nurses reported being physically assaulted by a patient or a patient's family member, and about half reported being bullied (ANA)
- Workers in health care settings are four times more likely to be victimized than workers in private industry (SIA and IAHSSF)
- Health care workers have a 20 percent higher chance of being the victim of workplace violence than other workers (National Crime Victimization Survey)
- Violence-related injuries are four times more likely to cause health care workers to take time off from work than other kinds of injuries (BLS)

75 percent of nearly **25,000** workplace assaults reported annually occurred in health care and social service settings (OSHA)

Violence against health care workers is grossly underreported

Only **30** percent of nurses report incidents of violence

Only **26** percent of emergency department physicians report violent incidents

Health care workers

- think that violence is "part of the job"
- are sometimes uncertain what constitutes violence
- often believe their assailants are not responsible for their actions due to conditions affecting their mental state

Factors associated with perpetrators of violence

- Altered mental status or mental illness
- Patients in police custody
- Long wait times or crowding
- Being given "bad news" about a diagnosis
- Gang activity
- Domestic disputes among patients or visitors
- Presence of firearms or other weapons

What to do when violence occurs

Report it! Notify leadership, security and, if needed, law enforcement.

See *Sentinel Event Alert* issue 50, "Physical and verbal violence against health care workers," for more information.

The Joint Commission

Appendix D: Pretest and Posttest Questions

*Unique Identifier*_____

1. Disruptive patient behavior can harm
   (a) The patient
   (b) Staff
   (c) Family members
   (d) All the above
2. Only patients who are on drugs or intoxicated exhibit disruptive patient behavior
   (a) True
   (b) False
3. Disruptive patient behavior includes the following
   (a) Verbal abuse
   (b) Verbal threats
   (c) Physical assaults
   (d) All of the above
4. The following are de-escalation techniques except?
   (a) calm appearance
   (b) maintain prolonged eye contact
   (c) speak softly but firmly
   (d) do not be defensive or judgmental
5. Disruptive patient behavior can lead to the following except
   (a) high staff turnover
   (b) absenteeism
   (c) low patient satisfaction rate
   (d) **low staff turnover**
6. Respect of personal space includes the following except
   (a) leave the area and allow a moment of privacy while keeping within sight
   (b) move patient to a less confrontational space
   (c) **block patient access to door**
   (d) ensure you have access to exits
7. The healthcare industry accounts for more incidences of aggressive behavior than all other industries combined
   (a) **true**
   (b) false
8. The following are part of the 10 Domains of De-escalation except
   (a) respect personal space
   (b**) be confident**
   (c) be concise
   (d) offer choices and optimism