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Staff Education to Improve Workplace Wellness Program Resource Use

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Walden University

College of Nursing

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JoAnn Coley Ward

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Walden University

2022

Abstract

Staff Education to Improve Workplace Wellness Program Resource Use

by

JoAnn C. Ward

MS, Walden University, 2016

BS, Clayton State University, 2004

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

Walden University

August 2022

Abstract

Workplace wellness programs, as a determinant of health, have the potential to improve the health of people, but are often underutilized due to a lack of knowledge of the programs. This project was conducted to examine whether a panel of experts would validate a staff education module designed to improve knowledge deficits amongst Army civilian employees and their supervisors about the Army's civilian fitness program (CFP). The purpose of this project was to create a staff education module with a pretest and a posttest that could be validated by a panel of experts. The education module addressed the public health nursing practice gap in lack of use of interventions to improve the health of people where they work. The health promotion model emphasized that all aspects in an individual's life serve as determinants of health. The analysis, design, development, implementation, and evaluation process provided a mechanism to address knowledge deficits as a situational influence. A panel of experts used a Likert scale, modeled from the Centers for Disease Control and Prevention's Quality Training Developer Checklist to validate that the course content met the eight quality benchmark standards for effective training. The five panelists' mean score of 74.8 out of a maximum 75 on the Likert scale signified the staff education module will improve participants' level of knowledge about the CFP. This project has potential implications for positive social change by increasing knowledge of workplace wellness programs and resources, which can increase the potential for adoption of beneficial health behaviors that can reduce risk for chronic disease and improve quality of life and benefit society.

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Dedication

This is dedicated to the generations before me, whose shoulders I stand on, and the generations after me, who stand on mine.

Acknowledgments

Thanks be to God who made this possible and surrounded me with people to help me through this endeavor. A most gracious thank you to Dr. Mary Martin and Dr. Jody Minnick for their time, wisdom, and encouragement throughout this process. Thanks to my family and friends who endured with me, especially Will, Nala, Ursula, Regina Frazier, Regina Swint, Heather, and Kathy. Your support has been invaluable.

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Section 1: Nature of the Project

Introduction

The mission of the U.S. Department of Defense (DOD) includes measures to improve and maintain civilian employee health and wellness. Establishing health and wellness programs within the Department of the Army (DA) is the responsibility of the Army Public Health Nursing branch (APHN). Public health nursing is a specialty that includes advocacy, policy development, planning, and application of theory and evidence to improve determinants of health where people live, work and play (American Public Health Association, 2013). Determinants of health include personal, social, economic, and environmental factors that influence health status (World Health Organization, 2017). This doctor of nursing practice (DNP) project will address the barriers that contribute to the low use of the wellness program benefit provided to federal civilian employees.

Problem Statement

The DOD (2015) has included workforce health and wellness as a part of the DOD's strategic plan. APHN spearheads efforts to reduce risk for preventable disease within the DA civil service population and oversees the civilian fitness program (CFP). CFP is open to all civil service staff members and allows them to have three paid hours a week to participate in health and wellness activities on the military installation. CFP enrollment data, tracked by APHN, indicates that CFP use has been low. Local leadership would like to identify barriers that may be impeding CFP use and provide staff education to increase knowledge about the program. This project is significant to the field of nursing because it focuses on assessment, a core function of public health nursing

practice. The public health nursing core function of assessment is met by analyzing the influence of the CFP as a determinant of health. Assessment of determinants of health directs application of the ninth essential service of public health: evaluating effectiveness, accessibility, and quality of personal and population-based health services (Quad Council Coalition Competency Review Task Force, 2018). Additionally, the core public health function of assessment further guides the ability of public health nurses to move forward in the third essential service of public health: to inform, educate, and empower people about their health issues (Quad Council Coalition Competency Review Task Force, 2018).

Purpose Statement

The purpose of this project was to create a staff education module, with a pretest and posttest, that could be validated by a panel of experts. The education module addresses the public health nursing practice gap in lack of use of interventions to improve the health of people where they work (American Public Health Association, 2013). The practice focused question was: Will a panel of experts validate a staff education module designed to improve knowledge deficits about the CFP?

Nature of the Doctoral Project

This is a staff education project to address knowledge gaps as a strategy to improve wellness program use, with the potential for reduction of risk for chronic disease as an added program benefit. A review of the literature was conducted by searching for peer-reviewed sources, published within the past 5 years in the following databases: PubMed, Google Scholar, ProQuest, and CINAHL. An education program was developed

and validated by a panel of subject matter experts. This staff education intervention aligns with those risk reduction strategies and the DNP essentials to improve the nation's health and health outcomes (American Association of Colleges of Nursing, 2006) by addressing the public health nursing practice gap of lack of use of interventions to improve health of people where they work (American Public Health Association, 2013). Additionally, this project aligns with a staff education approach because the focus was to address knowledge deficits about CFP as a barrier to program and resource use by civilian personnel.

Significance

The military population is charged with the country's defense, which requires maintaining the health and wellness of the total military workforce. Twenty-five percent of the total military workforce are civilians (DOD, 2018), also known as *civil servants*, who work within the DOD to serve in roles that support the mission of the armed forces. Support can require civilian personnel to be exposed to some of the same rigors as service members. This doctoral project invokes the use of core public health nursing functions to improve health within the workplace. Providing resources to support the health and wellness of civilian personnel enhances their ability to continue to be an asset to the organization they serve. The principle of reducing use barriers for workplace wellness programs can be applied to any workplace wellness program and become a positive determinant of health as an element of public health nursing practice.

Summary

In this section, I discussed the problem statement, purpose, nature, and significance of this project. The purpose of this project was to create a staff education module, with a pretest and posttest, that can be validated by a panel of experts. The education module addresses the public health nursing practice gap of lack of use of interventions to improve the health of people where they work (American Public Health Association, 2013) by improving knowledge deficits about the CFP. In Section 2 I will discuss concepts, models, theories, relevance to nursing practice, local background, and the role of the DNP student.

Section 2: Background and Context

Introduction

This project addresses the following public health nursing practice-focused question: Will a panel of experts validate a staff education module designed to improve knowledge deficits about the CFP? The purpose of this project was to create a staff education module, with a pretest and posttest, that can be validated by a panel of experts. The education module addresses the public health nursing practice gap in lack of use of interventions to improve the health of people where they work (American Public Health Association, 2013). In this section, I discuss concepts, models, and theories; relevance to nursing practice; local background and context; and the role of the DNP student.

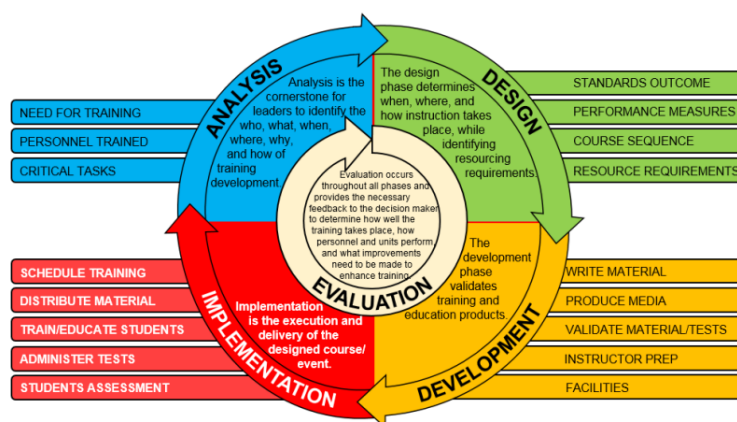
Concepts, Models, and Theories

The health promotion model serves as a premise for this project and the analysis, design, development, implementation, and evaluation (ADDIE) process guided the execution of this project. Nola Pender designed the health promotion model based on the concept that health is more than the absence of disease (Petiprin, 2016). Pender's model emphasizes that all aspects in the life of an individual are interconnected and have an impact on health and contribute as determinants of health. Pender's model also coincides with the public health nursing practice focus on improving the determinants of health. The health promotion model identifies that the pursuit of health is multidimensional, with a lack of knowledge being a situational influence. The ADDIE process provides a mechanism to address knowledge deficit as a situational influence.

The ADDIE process (Figure 1) is used in Army Learning Policy and Systems design because it facilitates creation of integrated training that supports any type of learning (DA, 2019). The ADDIE process highlights that problem solving is not always a finite process and provides a blueprint to continually identify and address issues. In doing so, the ADDIE process facilitates building on previous findings and adding to the body of evidence.

Figure 1

Analysis, Design, Development, Implementation, and Evaluation Process



Relevance to Nursing Practice

Determinants of health are personal, social, economic, and environmental factors that play a role in health outcomes (U.S. Department of Health and Human Services, 2020). The CFP falls into the category of an environmental determinant of health because it is a program offered within the workplace. Additionally, the CFP is a personal determinant of health because participation is a personal choice to engage in activity that can have a positive impact on the health of employees at the project site. The project site is a military installation, and the target population for this project were civil service

employees. As such, this project applies DNP Essentials II and VII. DNP Essential II focuses on organizational and systems leadership for quality improvement and systems thinking (American Association of Colleges of Nursing, 2006). DNP Essential VII is clinical prevention: health promotion and reduction or prevention of risk for illness in individuals or families and population health and groups of individuals with a shared characteristic that impacts health (American Association of Colleges of Nursing, 2006). Additionally, DNP Essential VII speaks to the public health nursing practice goal of improving determinants of health.

Local Background and Context

This project was directed at civil service staff members and their supervisors on a military installation. Goal three in the DOD Strategic Plan (2015) is to strengthen the total workforce by enhancing the health of the total workforce. Currently, civilian fitness is a 3-month program that affords employees 3 hours of paid work time per week to be used for wellness activity. The program consists of and pre- and post-program evaluation of height, weight, flexibility, endurance, strength, diet, and exercise time and type. Program participants have access to physical fitness centers, exercise classes, nutrition counseling, and a dedicated wellness center as well as contract services like massage therapy.

In this project, I focused on the public health nursing practice gap of improving determinants of health where the target population works. This project is significant considering the current influences on the determinants of health for the target population. The project site is in a rural area, defined as having a population under 50,000 people

(U.S. Department of Agriculture, 2021). The social, environmental, economic, and physical determinants of health have a greater negative impact on the health of rural residents (Rural Health Information Hub, 2020). Economically, the poverty rate in the location of the project site averages 21.4% (U.S. Department of Agriculture, 2021). Poverty negatively influences health due to stress associated with barriers in paying for health care, food, and shelter (Rural Health Information Hub, 2020). Additionally, rural residents have higher rates of health risk behavior and limited access to health care associated with geographic isolation that contribute to higher incidences of disease, disability, and increased mortality (Rural Health Information Hub, 2020). Heart disease is the leading cause of death for the state where this research took place, and the state ranks fourth and second in the nation for death associated with heart disease and stroke, respectively (National Center for Health Statistics, 2021). Moreover, the four counties that border the project site have an average 16.2% diabetes rate and a 39% obesity rate (Rural Health Information Hub, 2020). The CFP provides services to assist in the adoption of healthy behaviors that can prevent or reduce the impact of heart disease, diabetes, and obesity in the DA civil service population.

Role of the DNP Student

My professional context and relationship to this project is that I served as the chief of public health and chair of the Physical Resiliency Working Group for the installation prior to retiring from the military. Health promotion and wellness initiatives were a portion of my responsibilities. My motivation for this project was to continue contributing to the body of evidence regarding every aspect of life as a determinant of

health. My role as a DNP student was to serve as the project leader. I used the ADDIE process to develop an education module. The education module was presented to a panel of experts to validate content. Additionally, I ensured that all regulatory requirements for the project were in place. This project met the basic ethics requirement of inflicting no harm to human subjects. The project was vetted through the institutional review board (IRB) of Walden University. All steps for the ethics approval process were conducted as required in accordance with the *Walden University Manual for Staff Education* (2019). IRB approval was subsequently granted (04-21-22-106580).

Role of the Project Team

The DNP project had six expert panelists: three former Army public health nurses, a former Army health promotion officer, a former chief of Army public health, and a former Army nurse educator. One of the former Army public health nurses is a doctor of public health (DrPH) and holds certifications in public health and as a change management professional. The second former Army public health nurse is a DNP and is board certified as both a nurse practitioner and advanced public health nurse. The third former Army public health nurse directed the establishment of an Army wellness center and the CFP for a military installation. The former Army health promotion officer is a doctor of philosophy (PhD) in education and led the commanding general's community health promotion council. The former chief of Army public health served as the physical resiliency chair on the commanding general's health promotion council. The former nurse educator supervised all staff education for an Army medical facility. The role of the team was to review project materials via email, complete a Likert scale to evaluate, and

provide any recommendations to accept and/or improve the content of the project material.

Summary

In this section, I discussed concepts, models, and theories; relevance to nursing practice; local background and context; and the role of the DNP student. The purpose of this project was to create a staff education module, with a pretest and posttest, that can be validated by a panel of experts and that addresses the public health nursing practice gap of lack of use of interventions to improve the health of people where they work (American Public Health Association, 2013). In Section 3, I will discuss sources of evidence, development of project, analysis, and synthesis.

Section 3: Collection and Analysis of Evidence

Introduction

This project addresses the following public health nursing practice focused question: Will a panel of experts validate a staff education module designed to improve knowledge deficits about the CFP? The purpose was to create a staff education module, with a pretest and posttest, that can be validated by a panel of experts. The education module addresses the public health nursing practice gap in lack of use of interventions to improve the health of people where they work (American Public Health Association, 2013). In this section, I discuss sources of evidence, development of project, analysis, and synthesis.

Practice-Focused Question

The local problem is that participation in the CFP has been low. The purpose of this project was to create an education module that can be validated by a panel of experts to address the local public health nursing practice gap of lack of use of interventions to improve the health of people where they work (American Public Health Association, 2013). The practice-focused question is: Will a panel of experts validate a staff education module designed to improve knowledge deficits about the CFP?

Sources of Evidence

To establish an evidentiary base for this staff education project, I conducted a review of literature published within the past 5 years. Searches in PubMed, Google Scholar ProQuest and CINAHL databases, using the keywords *rural health, access to care, rural health statistics, heart disease, diabetes, health promotion education,*

workplace wellness education and utilization, wellness program barriers, and wellness program marketing yielded evidence that supports comprehensively incorporating education about workplace wellness programs can improve wellness program participation.

Existing research has identified knowledge-based barriers to wellness program participation and potential steps to take to overcome those barriers. Lack of awareness of wellness programs can be a barrier to participation (Sigblad et al., 2020). Including classes on the CFP and the associated resources into new employee orientation and making it a part of the onboarding/in-processing checklist could reduce lack of knowledge as a barrier for employees. Incorporating education about wellness program components as an agenda item during meetings can contribute to increased program participation as well (Takahashi et al., 2021). Communication between supervisors and individual employees can also increase program awareness.

Program participation can further be facilitated when supervisors, at all levels, maximize the opportunities to assess knowledge of the CFP amongst staff members. Initial new employee counseling is an opportunity to reinforce knowledge gained during new employee orientation. Program interest, and how to access the program during counseling at the beginning of subsequent evaluation periods also builds upon previous knowledge. Addressing wellness program offerings can improve program knowledge and awareness at all levels throughout an organization and can encourage managerial support of program participation (Hammerback et al., 2021). Moreover, supervisory reinforcement of knowledge about wellness program resources can help to reveal and

address barriers to participation (Schubin et al., 2021). Training about wellness programs can also be linked to organizational goals and requirements.

Educating employees about how wellness programs relate to the operations of the organization can encourage participation. Incorporating classes that demonstrate how the CFP contribute to risk management and fulfill training requirements, such as safety training, can solidify the significance of the program to the organization. Providing education about wellness programs that link organizational mission to wellness resources that benefit the individual employee can demonstrate organizational support of both the program and employees can encourage program participation (Grossmeier J, 2020). Systematically incorporating education about workplace wellness programs helps to encourage wellness program participation by entrenching wellness efforts into organizational culture (Passey et al., 2018).

Analysis and Synthesis

The goal of this project was to develop a staff education module that addressed the practice-focused question. The staff education module was developed using the ADDIE process. A panel of experts reviewed the content of the education module and used a Likert scale for validation.

Content for the staff education module was developed (see Appendix A for course outline) using CDC Quality Training Standards (see Appendix B) as a guide. CDC Quality Training Standards identify eight standard benchmarks for quality training (CDC, 2020). The education module includes a pretest (see Appendix C) and a posttest (see Appendix D) for participants. The pretest assesses what participants know about the

existence of the CFP and associated resources. The posttest was derived from the Recommended Training Effectiveness Questions for Post-course Evaluations Users Guide (CDC, 2019). The proposed education module was reviewed by a panel of experts. The expert panel used a Likert scale in which 1 = *strongly disagree* and 5 = *strongly agree* (see Appendix E) modeled from the CDC Quality Training Developer Checklist (see Appendix F) to validate that the course content meets the eight quality benchmark standards for effective training (CDC, 2020).

Summary

In this section, I discussed sources of evidence, analysis, and synthesis of this project. The purpose of this project was to address the public health nursing practice gap of lack of use of interventions to improve the health of people where they work (American Public Health Association, 2013) through an educational program. Analysis of the evidence supported development of a staff education module that includes a pre and posttest. In section 4 I will discuss findings, implications, recommendations, contributions of the doctoral team, strengths, and weaknesses of the project.

Section 4: Findings and Recommendations

Introduction

The DOD has dedicated resources to help improve the health and wellness of civilian personnel, but leadership at the local level are concerned the health and wellness resources are not being used. Literature suggests that participation in workplace health and wellness programs increases when staff education about workplace health and wellness programs is provided. The purpose of this project was to create a staff education module, with a pretest and posttest, that could be validated by a panel of experts. The practice-focused question for this study was: Will a panel of experts validate a staff education module designed to improve knowledge deficits about the CFP? For the staff education module, I developed a PowerPoint presentation to address knowledge deficits about the CFP. A pretest and posttest were developed to gauge knowledge of the CFP prior to and after training. The PowerPoint and the pretest and posttest were presented to six expert panelists for review and critique.

Findings and Implications

Approval for this project was obtained from the Walden University IRB (04-21-22-106580). A panel of six experts was established based on their specialized knowledge of Army public health, which is the proponent for the CFP, and/or their knowledge of Army training methodology. The role of the panelists was to validate the education module. The identities of the panelists remained confidential as required by Walden University guidelines. A pretest and posttest were developed to evaluate knowledge of the CFP prior to and after training. The PowerPoint presentation focused on what the

CFP is, why the program was developed, significance of the program to the individual, local statistics about disease prevalence, time allotted for program participation, program resources, how to access the program, and additional resources for health and wellness.

The expert panel consisted of three former Army public health nurses, a former Army health promotion officer, a former chief of Army public health, and a former Army nurse educator. The education module was sent via private secured email links to the panelists with written instructions for guidance. Panelists were instructed to contact me via email if they had any questions. No questions were presented from any of the panelists. One panelist's response to the Likert scale indicated they needed more information about the context and background of the project to provide an informed critique. As such, that panelist's responses could not be included in the results.

The panelists evaluated and critiqued the staff education module. The results of the Likert scale validated that the course content meets the eight quality benchmark standards for effective training as defined by the CDC. The five panelists' responses to the Likert Scale signify that the content of the staff education module meets the eight benchmarks for quality training. This project's findings have the potential to improve the level of knowledge about the CFP among the target population. Table 1 reflects the responses from the five expert panelists.

Table 1*Likert Scale Expert Panelist Results*

1. The training is the most appropriate and effective route to solving the stated problem.		
Agree (score 5)	5/5	Comments: None
2. An assessment was done that identified a need for the training.		
Agree (score 5)	5/5	Comments: None
3. Training goals are identified.		
Agree (score 5)	5/5	Comments: None
4. Learners are identified.		
Agree (score 5)	5/5	Comments: None
5. The training includes specific, measurable, achievable, relevant, and time-bound goals.		
Agree (score 5)	5/5	Comment: Add time for objective: "At the conclusion of this presentation"
6. The learning goals and training objectives match.		
Agree (score 5)	5/5	Comments: None
7. The educational method supports the learning objectives.		
Agree (score 5)	5/5	Comments: None
8. The training content meets the needs of the learners.		
Agree (score 5)	5/5	Comments: None
9. The training content aligns with learning objectives.		
Agree (score 5)	5/5	Comments: None
10. The training includes an opportunity for learners to ask questions and receive feedback.		
Agree (score 5)	5/5	Comments: None
11. The training reflects conversational style, using language that is appropriate to meet the learners' reading level.		
Agree (score 5)	5/5	Comments: None
12. The selected media and interface facilitate learning.		
Agree (score 5)	5/5	Comments: None
13. The content is organized into logical sections.		
Agree (score 5)	5/5	Comments: None
14. The training includes a training evaluation plan that affords learners the opportunity to provide feedback on the training.		
Agree (score 5)	5/5	Comments: None
15. There is a balance of lecture and interactivity in the training.		
Agree (score 5)	4/5	Comments: None
Somewhat Agree (score 4)	1/5	Comments: None
16. Do you have any recommendations to improve the training?		
Comments: 1. Wording for objectives change to: learner will have knowledge of...		
2. Excellent presentation!		

Recommendations

The five panelists validated the education module based on their expertise and evidence-based guidelines. The PowerPoint presentation for the education module provides adequate information to improve participants' knowledge of the CFP. The PowerPoint presentation will be enhanced by the wording adjustments to the objectives suggested by panelists.

Contribution of the Doctoral Project Team

As the doctoral student, I was the project team leader. The panelists were chosen for knowledge, expertise, and background in Army public health and standard Army training processes. Additionally, experience with the CFP was critical for panelists to have full context of the project. The panelists' collective goal was to improve knowledge deficits about the CFP and the potential health benefits gleaned from use of the program resources. The collaborative efforts of the team contributed to the validation of the project.

Strengths and Limitations of the Project

The strengths of the project are the expertise of the five panelists and their experience with the CFP, Army public health, and Army training structure. Moreover, evidence-based guidelines from Army training doctrine and the CDC were used to develop the education module and evaluate the validity of the training. The ability to collaborate virtually with the panelists enabled evaluation of the project to proceed and yielded an education module that can effectively meet the organization's desire to

increase the knowledge of the CFP. Virtual collaboration can provide a larger pool of potential expert panelists.

The limitations of the project stem from adjustments that had to be made secondary to the COVID-19 pandemic. The facility could not support face-to-face education for the staff due to COVID-19 restrictions. Without the ability to present the training module to the staff, there was no opportunity to obtain feedback from the target audience.

Section 5: Dissemination Plan

The purpose of this project was to create a staff education module, with a pretest and posttest, that could be validated by a panel of experts. The project included the purpose statement, practice problem, background, theoretical framework, and project results to improve knowledge deficits about the CFP. A validated staff education module can be used to address the local public health nursing practice gap of lack of use of interventions to improve the health of people where they work. The education module can educate civilian employees and anyone who supervises civilian employees about what the CFP is, the benefits of the CFP, and how to access the CFP. The plan for disseminating this project is to provide the education module to all current employees and incorporate the training into new employee orientation. This dissemination plan serves as a starting point for the organization and can be built upon later by incorporating refresher courses annually to staff and program knowledge checks during routine counseling throughout the rating period for all employees.

Analysis of Self

The pursuit of this terminal degree has been profound. I started my nursing career caring for patients on a cardiothoracic surgical ward. That experience led me to public health nursing because I wanted to help people avoid needing heart bypass surgery. Public health helped me to see that public health and primary care are interconnected, but in my experience, that connection is often not well-recognized in practice. That experience fostered my endeavor to become a family nurse practitioner, but I maintained some discontent with how to facilitate a communion between public health prevention

and education strategies and time constraints for patient care and follow up in the primary care setting. Although I am naturally inquisitive, I was reluctant to pursue a doctoral degree. I believed I did not have a proclivity for research. Ironically, my inquisitive nature coupled with my natural propensity to want to find resolution for problems has fostered an affinity for scholarly research. My doctoral study has provided me with a sound foundation to advance nursing practice by identifying and addressing nursing practice gaps. Additionally, I am equipped to effectively communicate how nursing practice gaps influence other disciplines. This facilitates my ability to engage in intra- and interdisciplinary collaboration on evidence-based measures to address issues on a broader scale.

Summary

This DNP project can add to the body of evidence that supports influencing the health of individuals by incorporating health and wellness education and resources within the workplace. The focus of this project was to provide staff with an education module that informed them of the health and wellness program and resources available to them through their workplace. Knowledge of the program and resources increases the potential for adoption of beneficial health behaviors that can reduce risk for chronic disease and improve quality of life. This project could also contribute to the body of evidence on how public health preventive strategies can influence chronic disease management in the primary care setting.

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Appendix A: Course Outline

- I. Presentation Introduction (10 minutes)
 - A. Ice Breaker
 - B. Survey
 - C. Training Goals
 - D. Training Objectives
- II. Presentation (30 minutes)
 - A. Program background
 - 1. What the program is
 - 2. Why the program was developed
 - 3. Significance of the program to the individual
 - B. Local statistics about disease prevalence
 - 1. Heart disease
 - 2. Diabetes
 - 3. Stroke
 - C. Program resources
 - 1. Time allotted for program participation
 - 2. Program resources
 - 3. How to access the program
 - 4. Additional resources for health and wellness
 - D. Conclusion
- III. Question and answer session
- IV. Posttest (10 minutes)

Appendix B: CDC Quality Training Standards

**CDC QUALITY
TRAINING
STANDARDS**
*Setting the Bar
for Training Excellence*

In January 2018, education leaders from across the Centers for Disease Control and Prevention finalized eight training development standards to serve as a quality benchmark for trainings developed or funded by CDC. The standards provide guidance for developing quality training that results in learning. As part of a routine review, in September 2020, CDC's education leaders determined the standards remain an important tool to help ensure that learning occurs and are especially relevant today in helping learners navigate a rapidly changing environment.

A quality training is one that meets all eight standards

- 1** **TRAINING NEEDS ASSESSMENT** informs training development
- 2** Training includes **LEARNING OBJECTIVES**
- 3** Training content is **ACCURATE AND RELEVANT**
- 4** Training includes opportunities for **LEARNER ENGAGEMENT**
- 5** Training is designed for **USABILITY AND ACCESSIBILITY**
- 6** **TRAINING EVALUATION** informs improvement
- 7** Training includes opportunity for **LEARNER ASSESSMENT**
- 8** Training includes **FOLLOW-UP SUPPORT FOR THE LEARNER**



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Appendix C: Pretest

1. Do you have access to health education and promotion programs through your employer?

- Yes
- No
- I do not know

2. Do you have access to any of the following resources?

- Weight management
- Metabolic testing
- Nutrition Consultation
- Body composition analysis
- Exercise testing
- Exercise prescription
- Stress management education
- Biofeedback instruction
- Sleep education
- None of the above

3. Have you used any of the previously mentioned resources recently?

- 30 days
- 60 days
- 90 days
- Have not used any of the previously mentioned services in the past 90 days. (Skip to number 6)

4. Which resource(s) have you used within the past 90 days?

- Weight management
- Metabolic testing
- Nutrition Consultation
- Body composition analysis
- Exercise testing
- Exercise prescription
- Stress management education

- Biofeedback instruction
- Sleep education
- None of the above

5. How did you have access to the resource(s)

- Medical provider
- Gym subscription
- Enrolled in a program (i.e., Jenny Craig, Weight Watchers etc...)
- Paid online program
- Free online program
- Health insurance benefit
- Provided at my place of employment
- N/A

6. Would you be interested in using any of the previously mentioned resources in the next

- 30 days
- 60 days
- 90 days
- Greater than 90 days
- Not at all

7. Which resource(s) would you use?

- Weight management
- Metabolic testing
- Nutrition Consultation
- Body composition analysis
- Exercise testing
- Exercise prescription
- Stress management education
- Biofeedback instruction
- Sleep education
- None of the above

Appendix D: Posttest

1. Rate your knowledge of the Civilian Fitness Program before the course.
 - Not at all knowledgeable
 - Slightly knowledgeable
 - Moderately knowledgeable
 - Very knowledgeable
 - Extremely knowledgeable

2. Rate your knowledge of Civilian Fitness Program now after the course.
 - Not at all knowledgeable
 - Slightly knowledgeable
 - Moderately knowledgeable
 - Very knowledgeable
 - Extremely knowledgeable

3. Will you use any of the resources you learned about in this course?
 - Definitely not
 - Probably not
 - Possibly
 - Probably yes
 - Definitely yes
 - Not applicable—I did not learn anything new from this course

4. What factors may keep you from signing up for assistance from the Civilian Fitness Program? (Select all that apply)
 - I need additional training in the subject matter
 - I will not have the resources I need
 - I will not be provided opportunities to use what I learned
 - I will not have the time to use what I learned
 - My supervisor will not support me in using what I learned
 - My colleagues will not support me in using what I learned
 - Other (please specify):

5. Was contact information for the Civilian Fitness Program provided?
 - Yes
 - No

6. How could this course be improved to make it a more effective learning experience?

Appendix F: CDC Quality Training Standards Training Developer Checklist

CDC QUALITY TRAINING STANDARDS Training Developer Checklist

This checklist is for training developers to use during the development process to ensure their training meets **CDC's Quality Training Standards**.

A quality training is one that meets **all** eight standards. Listed below are the related training attributes for each Quality Training Standard. Check the box for each attribute that applies to your training. To meet a standard, your training must address each attribute. Also address the additional attributes (listed below the required attributes) if they apply to your specific learners or training goals.

Check each attribute addressed in your training

Standards

1

- Ensure that training is the most appropriate and effective route to solving the stated problem.
- Conduct a needs assessment. Consider a complex or simple approach that, depending on the situation, may include
 - Environmental scan (e.g., does a similar training exist that could be used or adapted?),
 - Content analysis, and/or
 - Learner analysis/input.
- Identify and confirm the training goal with stakeholders.
- Identify and describe the learners.
- Identify an instructional gap(s) (what a learner needs to learn to solve the stated problem).
- Select a delivery method(s) or strategy(ies) appropriate for content and learners.

Some trainings may require additional attributes. Consider if the following apply to your training:

- Identify appropriate competencies, if relevant.
- Establish and confer with a planning committee that includes representatives of the relevant professions providing guidance.

- Training **NEEDS ASSESSMENT** informs training development

2

- Develop learning objectives that are SMART (Specific, Measurable, Achievable, Relevant, and Time-bound).
- Match learning objectives with goals.
- Select educational methods and strategies that support learning objectives.

Some trainings may require additional attributes. Consider if the following apply to your training:

- Match learning objectives with competencies, if competencies exist.
- Describe prerequisite knowledge and/or skills.

- Training includes **LEARNING OBJECTIVES**

Check each attribute addressed in your training

Standards

3

- Use content that meets the needs of the learners and program.
- Conduct a subject matter expert (SME) review and update or remove content in a timely manner. The SME should ensure that content is up-to-date, appropriate, and accurate and unbiased (e.g., conflicts of interest disclosed).
- Limit unnecessary content by ensuring content aligns with learning objectives.
- Include real-world examples.
- Use visuals that support and are appropriate for content (i.e., relevant and necessary) and learners (i.e., culturally appropriate).

Some trainings may require additional attributes. Consider if the following apply to your training:

- Review content for a recurring training on a periodic basis to ensure accuracy and relevance. Review may include evidence-based practice, peer review journals, best practices, and/or SMEs' opinions.
- Align content with at least one competency, if competencies exist.

- Training content is **ACCURATE AND RELEVANT**

4

- Design training that is interactive or engaging (e.g., knowledge checks, case studies, question & answer sessions, or exercises), as appropriate for learners' needs and training goals.
- Provide opportunity for learners to receive feedback.

Some trainings may require additional attributes. Consider if the following apply to your training:

- Use adult learning principles for adult learners.
- Include experiential or practice-based learning.
- Provide opportunity for learners to share experiences and learn from others' experiences. These may include peer learning and interdisciplinary opportunities for practice.

- Training includes opportunities for **LEARNER ENGAGEMENT**

5

- Use conversational style that is appropriate for learners (i.e., active voice, present tense, and second person).
- Use language and tone that meets learners' reading levels.
- Select media and interface that facilitate learning.
- Design for user experience.
 - Develop easy and user-friendly navigation or materials.
 - Ensure that navigation or materials are meaningful and work for the majority of users and learning styles.
 - Organize concepts in logical sections.
- Make content accessible to learners (e.g., section 508 compliant and accommodations as needed).

Some trainings may require additional attributes. Consider if the following apply to your training:

- Use high quality (e.g., clear, clean, and crisp) audio and visual aids to clarify concepts when appropriate.
- Use technology that is current and easy to access.
 - Ensure that links are functional.
 - Provide technical support.
- Make content culturally and linguistically appropriate for learners.

- Training is designed for **USABILITY AND ACCESSIBILITY**

Check each attribute addressed in your training

Standards

6

- Develop and implement a training evaluation plan that guides formative and summative evaluation.
 - Plan to use process evaluation data and learner feedback for ongoing quality improvement.
- Conduct a formative evaluation as part of development. Use a simple or complex approach that, depending on the situation, can include peer review, quality checklist assessment (e.g., using this checklist), pilot testing, or usability testing.
- Include opportunity for learners to provide feedback on training (include open-ended feedback, if possible).

Some trainings may require additional attributes. Consider if the following apply to your training:

- Conduct a follow-up evaluation after learners have left the “classroom” to determine impact on performance, program, or training goal.

Training **EVALUATION** informs improvement

7

- Conduct outcome evaluation through learner assessment (e.g., posttest, knowledge check, exercise, observed practice, question & answer session, or problem solving).
 - Construct assessment questions that relate directly to learning objectives.
 - Use a variety of question formats such as multiple choice, matching, listing, reordering, and sorting.
 - Provide learners with feedback on their responses to support learning.
 - Use scenarios in which learners can apply what they have learned.

Some trainings may require additional attributes. Consider if the following apply to your training:

- Recognize learner completion through a certificate or other notification.

Training includes opportunity for **LEARNER ASSESSMENT**

8

- Provide opportunities to learners for continued learning after the training that reinforce content delivered during training.
 - Use a complex or a simple approach that includes at least one resource for post training support.
 - Simple approaches include providing contact information for help, tip sheets and other resources for more information, access to communities of practice from the training.
 - Complex approaches include conference calls, webcasts, coaching, and retention reminders such as e-mails and quizzes provided some time after the training.

Training includes **FOLLOW-UP SUPPORT** for the learner



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