2023

Staff Education on Workplace Violence and Prevention Measures

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This is to certify that the doctoral study by

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has been found to be complete and satisfactory in all respects,
and that any and all revisions required by
the review committee have been made.

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Walden University
2023

Abstract

Staff Education on Workplace Violence and Prevention Measures

by

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MS, Walden University.2020

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DNP Project Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Nursing Practice

Walden University

February 2023

Abstract

Forensic nurses are essential in helping forensic mental health patients at an inpatient/outpatient forensic psychiatric health care facility. The practice gap that the forensic psychiatric health care facility experienced was a deficit in knowledge among forensic nurses on the importance of workplace violence and prevention. The practice-focused question guiding the project was to determine if education on the American Nurses Association's workplace violence and prevention measures would increase forensic nurses' and staff's education scores.The purpose of the project was to close the gap by educating nurses and staff on measures to increase a safer environment. The instructional design was the ADDIE Model. The project is quality improvement using the *Staff Education Module* with a pre and post test to measure the outcome. Privacy was protected by using aggregate data; five nurse practitioners and one manager served as the panel of experts and approved the content. Data were collected using a socio-demographic survey to describe the characteristics of 13 (nine females and four males) forensic volunteer nurses, and a 14-item questionnaire anonymous survey gathered data on knowledge about workplace violence and prevention measures. Pretest scores ranged from a high of 65 to a low of 46 ($M = 58.62$). Posttest scores ranged from a high of 70 to a low of 50 ($M = 64.65$) which supports the practice-focused question. A positive social change may be anticipated, since there was a statistically significant increase ($t = -2.45024$, $p = 0.02$) in forensic nurses' knowledge on workplace violence and prevention, which has potential to avoid adverse outcomes.

Staff Education for Workplace Violence Setting

by

Fatu Koroma

Project Submitted in Partial Fulfillment

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Walden University

February 2023

Acknowledgements

I wish to thank my Doctor of Nursing Practice (DNP) Project Committee members: Dr. Francisca Farrar Chair and Content and Expert, Dr. Melanie Braswell, Consultant, and Dr. Barbara I. Gross URR. Also, I wish to thank all of my instructors and preceptors during, clinical staff, and a variety of family and friends for the support provided to me while pursuing and accomplishing this respective academic point in my career.

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Section 1: Nature of the Project

Introduction

In this Doctor of Nursing Practice (DNP) project, I examined Staff Education for Workplace Violence Prevention.The staff education plan question was: Will a staff education program on workplace violence increase the forensic nurses' knowledge? The local settingfor this project was aninpatient/outpatient forensic psychiatric facility. In forensic mental health care facilities, patients who have been committed to the facilities via court mandates await determination by the patient committee to determine if patients are mentally stable enough to stand trial for crimes they committed. Services are provided to patients who seek treatment for mental health disorders, some of whom are admitted voluntarily or involuntarily. Often, those patients not only have physiological comorbidities but substance abuse and or misuse disorders, and display violently aggressive behaviors such as kicking, biting, scratching, punching, and refusing treatment (American Nurses Association (ANA, 2018). Sometimes, patients' behaviors cause harm to themselves, other patients, nursing staff and other health care professionals, and to others.

D'Ettorren and Pellicani (2017) stated that workplace violence (WPV) is a global concern that impacts patients and health care workers or staff (Hvidhjelm, 2014). Physical and nonphysical consequences of workplace violence exist. Between 7.5% and 33% of health care workers or victims develop physiological workplace violence consequences. Symptoms of psychological post-aggression include anxiety, avoidance behavioral, and depression. Twenty-six (26%) of mental health nurses experienced

serious injuries, serious assault eye injuries, fractures, and permanent disability (Maylon & Cullinan, 2011).Ten percent of nurses/victims experienced post-traumatic stress up to six months after the assault (Bichter & Berger, 2017).Other factors of workplace violence for nurses include guilt, self-blame, and shame (Nolan et al., 1999). Health-related quality of life is decreased due to worker's exposure to short-or long-term workplace violence (Chen et al., 2010). Subsequently, staff education is needed on workplace violence to better understand its impacts on forensic nurses.

<div align="center">**Problem Statement**</div>

Local Nursing Practice Problem

There is a need for this *Staff Education* Program for *Nurses on Workplace Violence Prevention* in an Eastern Shore community in the State of Maryland because workplace violence against nurses is a continuous problem (ANA, 2018). In the workplace, one in four nurses has experienced workplace violence such as being verbally assaulted, kicked, punched, grabbed, or stabbed (ANA, 2018). However, Boafo (2016) stated that the rate of workplace violence toward nurses may range from 9% to 89% (Boafo & Hancock, 2017; Franz et al., 2010). Both physical injury and nonphysical injury such as mental injury may impact nurses or health care professionals in terms of their physical and psychological wellbeing, quality of care provided, recruitment and retention rate (AbuAIrub& Al-Asmar, 2014; Boafo et al, 2016; Al-Omari, 2015).. When caring for patients in an inpatient forensic psychiatric facility or an outpatient forensic psychiatric facility, nurses are exposed to violent-aggressive behavior.

Trestman (2017) stated that, at forensic psychiatric facilities, aggressive behavior is twice as high as it is on units at the inpatient psychiatric facilities (Lozzino et al., 2015). During hospitalization at psychiatric units, a minimum of20% of patients commit an act of violence (Bowers et al., 2011).Overall, in forensic mental health care facilities, violently aggressive behavior occurs in patients who have mental health issues, and puts the safety of nursing staff and others at risk.

This is a problem that could be resolved by staff education. For instance, discussions occur in staff meetings and shift reports about the number of violent attacks by patients on registered nurses. Attacks by patients on the registered nurses at the respective site may vary on a daily basis. For example, sometimes one to eight attacks by patients may occur in a single day, which involve five to eight registered nurses. The registered nurses must monitor and assess the situations to ensure safety for both patients and staff. Therefore, registered nurses need to be educated on risk factors, symptoms, prevention, and re-remediation of facility policy. Subsequently, there is a need for staff education strategies to mitigate violently aggressive behavior in forensic psychiatric facilities.

Purpose Statement

The purpose of this project was to understand the impact of staff education for nurses on workplace violence prevention. The practiced-focused question was: Will a staff education program for forensic nurses on workplace violence increase the nurses' knowledge?

evidence-based strategies can be used to mitigate patients' violently aggressive behaviors in forensic psychiatric facilities. Gaps in practice occur due to a lack of a clear understanding of nursing roles, although registered nurses at forensic psychiatric facilitiespossessmental health assessment skills, including skills of aggression prevention, violence management, medication administration, and balancing of medical and legal issues. Subsequently, education strategies may include trust in therapy, transference versus countertransference, confidence versus. fear, win versus. lose, success versus. failure, and use versus abuse (Dikec et al., 2017). Overall, staff education strategies were instrumental in comparing routine care, including an outcome of increased knowledge.

Nature of the Doctoral Project

For this project, I created a staff education program to provide strategies conducive to forensic nurses learning in terms of workplace violence. I conducted this project using literature search, databases (PubMed, Scopus, Google Scholar, MEDLINE, Cumulative Index to Nursing and Allied Health Literature (CINAHL), Cochrane, PsycINFO, EBSCOhost, SAGE, and Science Digest). Key words included *workplace, violence, aggressive behavior, forensic, psychiatric, prevention, nurses/nurse practitioners,* and *staff education.* Overall, current evidenced-based interventions exist that are instrumental in helping nurses minimize the incidence of workplace used to select articles is the Iowa evidence-based theory. Subsequently, staff education for workplace violence was beneficial for nurses.

I developed pre- and postsurveys for this project using an expert panel. The survey was a Likert scale from 1 through -5 and consisting of content validity questions.

Facility administration reviewed and approved the survey and staff education program. I

analyzed the mean and percentage to determine the effectiveness of the program.

Subsequently, for nurses practicing in an inpatient forensic psychiatric facility, lessons

learned included adopting a caring attitude via reflecting on care provided by themselves.

The caring method encompassed an approach characterized via increased awareness,

openness, and reflection in the care of aggressive and potential violent behaviors. This

staff education program for nurses involved empowering education which is

commensurate with the needs of the training program and desirability of learning among

nurses. Greater mastery of skills can be achieved among nurses, including facilitation of

tasks (Chaghariet et al., 2017).

Significance

This DNP project includes several potential contributions to nursing practice.

These include: (a) using existing evidence encompasses project planning, (b) knowing

how to apply it to individual settings, (c) using literature to choose a topic for adequate

research, (d) determining how change can be effectuated, and (e) deciding ways to solve

problems (Laureate Education, Inc., 2011(d).

Stakeholders in this project included internal stakeholders (psychiatric services

staff, nurses, psychiatrists, social patients, family members and caregivers and legal

team) and external stakeholders community leaders, court judges, Centers for Medicare

& Medicaid (CMS), The Joint Commission, and applicable local, state, and federal

regulatory agencies. The respective stakeholders may be impacted by addressing the

particular problem. As entities of an organizational environment, they are instrumental or

play a role in the organization's performance and health which is impacted by the organization, including a need to clarify the consequences of changes and decisions (Marquis & Huston, 2017).Within the context of health care delivery processes and health care organization, the patient's safety must be considered, including designing mechanisms for protecting patients and or staff from harm (Leotsakos et al., 2014). Subsequently, I used a staff education plan/program for improvement in patient and staff safety is significant.

I considered factors in determining the potential transferability of the respective Doctoral Project to similar practice areas. These factors included (a) knowing that the DNP research may be applicable to any area of specification or clinical question, problem, or issue, and (b) knowing that the outcomes may be measuredto see if the chosen intervention is effective or not effective (Laureate Education, Inc, (2011d).Bernardes, et al. (2021) stated that although violence impacts all occupations, the highest risk of exposure involves psychiatric, emergency departments, geriatric, working directly with individuals having a history of violence due to alcohol or drug abuse, regions with high crime rates, and poorly-lit environments (Occupational Safety and Health Administration (OSHA, 2020).

Potential Implications for Positive Social Change

This DNP Projectmay impact social change through the staff education about violently aggressive behavior in forensic psychiatric facilities. The DNP Project supports the mission of Walden University to promote positive social change.It entails providing staff education to a diverse community of health care professionals of various disciplines

of nursing, and stakeholders.I used this project to increase my knowledge and or

confidence with caring for aggressive and potential violent behavior with following

facility policy and learning skills for debriefing. Subsequently, developing and

implementing a DNP staff education project/program include empowering change-

makers, including communities, and elevating social change outcomes (Walden

University, LLC, 2021).

<div align="center">**Summary**</div>

I developed a staff education program to create strategies conducive to nurses'

learning about workplace violence. d'Ettorre&Pellicani (2017) stated thatworkplace

violence (WPV) is a global concern which impacts patients and health care workers or

staff (Hvidhjielm, 2014).d'Ettorre&Pellicani (2017) stated that due to WPV

consequences, psychological post-aggression symptoms such as anxiety, avoidance

behavioral and depression occurred between 7.5% and 33% of health care workers or

victims (Maylon & Cullinan, 2011)..

Violence experienced by health care workers is a continuous problem and exceeds

violence experienced by police officers or prison guards.In the workplace, one in four

nurses has experienced workplace violence such as being verbally assaulted, kicked,

punched, grabbed, stabbed, and or worse occurrences (ANA, 2018). In this project, I

addressed gaps in extant research such as a lack of a clear understanding of nursing roles,

although forensic psychiatric nurses and or psychiatric nurses possess mental health

assessment skills, including skills of aggression prevention, violence management,

medication administration, and balancing of medical and legal issues.

Section 2: Background and Context

Introduction

There is a need for staff education strategies to mitigate aggressivebehavior in forensic psychiatric facilities. The ANA (2022) stated that (a) nurseWPV is a continuous problem which exposes nurses or health care workers to violence that exceeds violence experienced by police officers or prison guards; and (b) one in four nurses in the workplace has experienced workplace violence such as being verbally assaulted, kicked, punched, grabbed, stabbed, and or worse occurrences.Thepractice-focused question of the DNP project was: Will a staff education program on workplace violence increase the forensic nurses' knowledge?

The purpose of this project included(a) supporting social change to provide staff education about violently-aggressive behavior in forensic psychiatric facilities(b)) supporting the mission of Walden University to promote positive social change to provide staff education to a diverse community of health care professionals or various disciplines of nursing, stakeholders and (c)) allowing me to increase knowledge and or confidence with caring for aggressive and potential violent behavior while following facility policy, and learning skills for debriefing. Developing and implementing aDNP Staff Education Project/Program continue the legacy of positive social change of three major commitments which include empowering change-makers, building communities, and elevating social change outcomes (Walden University, LLC, 2021).

Concepts, Models, and Theories

In this section, I will discuss my use of all concepts, models, and theories that inform the DNP Project, synthesis of writings of key theorists, philosophers, and/or fundamental seminal scholars related to the concepts, models and/or theories used in the respective DNP Project. I used the ADDIE model for the plan/program for Staff Education for Workplace Violence Setting. This model was threefold for (a) developing the 2-hour staff education program, (b) rolling out the actual education for the staff to complete as a competency, and (c) using the model theory in obtaining the best design for the 2-hour session.

During the analyze phase of the ADDIE model, the probable cause for a performance gap was identified, including being able to determine if instructions closed the gap, the degree to which the gap was closed, and potential success based on recommended strategies via empirical evidence. During the Design phase, the *"line of sight"* was established for progressing via the remaining ADDIE phases, and is indicative of a practical approach in determining and maintaining an alignment of needs, purpose, goals, objectives, strategies, and assessments throughout the ADDIE process. Overall, the performance gap due to a lack of knowledge and skills was achieved via a set of functional specifications.During the Develop phase, tools were needed to implement the planned instruction, to evaluate the instructional outcomes, and to complete the remaining phases of the ADDIE instructional design process which was selected or developed. Subsequently, the Develop phase encompassed a comprehensive set of learning resources in terms of instructional strategies, content, other lesson plans, and

educational media needs in support of directions for each instructional episode, and learning modules, including independent activities to facilitate construction of knowledge and skills.

Preparing the learning environment and engaging the nurses included theImplement phase of ADDIE. Subsequently, the students/nurses were able to move to the learning environment and close the performance gap via constructing new knowledge and skills, which was indicative of the conclusion of development activities and closing the performance gap. During the Evaluate phase, prior to and after implementation, the quality of the instructional product and processes were assessed. Overall, in addition to conducting evaluations, other considerations included determining the evaluation criteria and selecting the proper evaluation tools (Branch, 2009). Figure 1 Common Instructional Design Procedures Organized by ADDIE (Branch, 2009, p. 3) was used in the respective DNP projector developing a plan/program forStaff Education for Nurses on Workplace ViolenceProtection.

Figure 1

Common Instructional Design Procedures Organized by ADDIE

	Analyze	**D**esign	**D**evelop	**I**mplement	**E**valuate
Concept	Identify the probable causes for a performance gap	Verify the desired performances and appropriate testing methods	Generate and validate the learning resources	Prepare the learning environment and engage the students	Assess the quality of the instructional products and processes, both before and after implementation
Common Procedures	1. Validate the performance gap 2. Determine instructional goals 3. Confirm the intended audience 4. Identify required resources 5. Determine potential delivery systems (including cost estimate) 6. Compose a project management plan	7. Conduct a task inventory 8. Compose performance objectives 9. Generate testing strategies 10. Calculate return on investment	11. Generate content 12. Select or develop supporting media 13. Develop guidance for the student 14. Develop guidance for the teacher 15. Conduct formative revisions 16. Conduct a Pilot Test	17. Prepare the teacher 18. Prepare the student	19. Determine evaluation criteria 20. Select evaluation tools 21. Conduct evaluations
	Analysis Summary	*Design Brief*	*Learning Resources*	*Implementation Strategy*	*Evaluation Plan*

Note. Taken from Branch, 2009, p. 3.

I provide several revisions that have been made to the original ADDIE Model by Research.com. (2020). Research.com. (2020), Figure 2below by Kurt (2017).depicts revisions that have been made to the original ADDIE model by several instructional design practitioners resulting in enhanced interactivity and dynamic. Due to the many new iterations of the ADDIE model, Allen (2006) stated that (a) evaluation was crucial at every phase; and (b) emphasis on continuity of the processand continuous quality of the overall system occur for each phase of ADDIE

Figure 2

Revised ADDIE Models
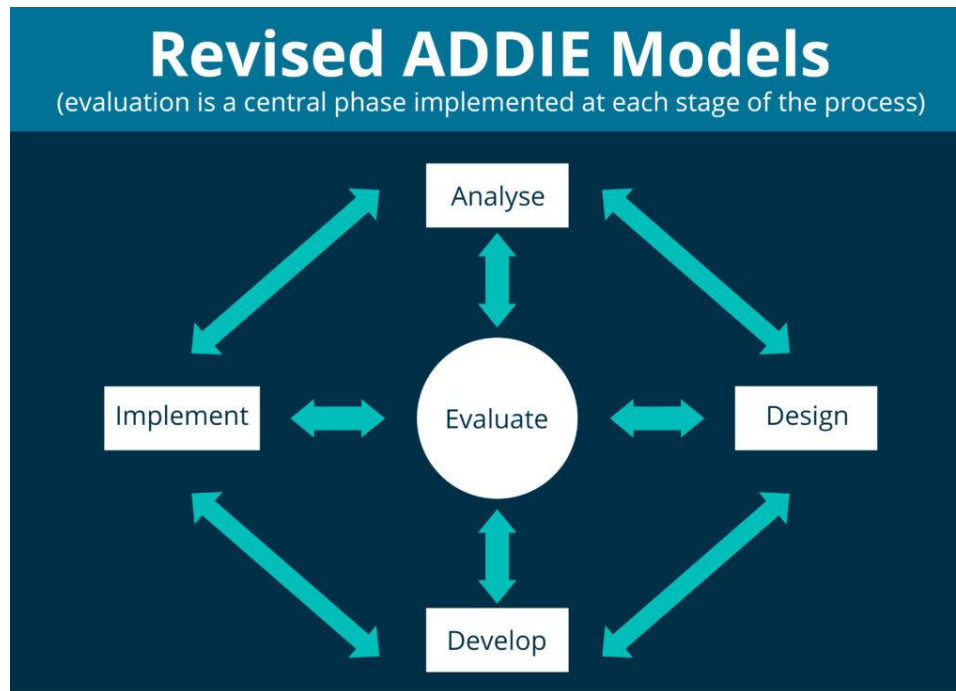
Note.(Kurt, 2017)

Figure 3

The ADDIE Model

Note. Adapted from Allen, 2017, p. 75.

Clarification of Terms with Multiple Meanings

Terms used in the respective DNPProject include trainees and participants which mean the registered nurses who volunteered to participate in the sponsoring Eastern Shore health care facility. Al-Qadi (2021), stated that health care violence encompasses any incidents where individuals are threatened, abused or assaulted in work-related circumstances in terms of explicit or implicit challenge to staff's safety, health, or well-

being (Mayhew andChappell, 2005) Health care violence encompasses behaviors or any threatening statements indicative of a reasonable cause for workers to think that they are at risk (Lau et al., 2004)..Lynechan (2000) stated that a range of behaviors include physical violence, direct violence, nonphysical violence such as sexual harassment and verbal abuse.

Relevance to Nursing Practice

The present doctoral project advances the nursing practice in terms of filling gaps in nursing practice via engaging the (RNs) and the respective inpatient and outpatient forensic psychiatric facility to develop and implement a plan/program for Staff Education for Workplace Violence Setting.. Doing so not only helps the registered nurses and the respective inpatient and outpatient forensic psychiatric to appropriately respond to its aftermath, but is critical to the success of any staff education plan/program and or violence prevention programs in nursing practice. Finally, the issues of the workplace violence can be tackled by the RNs) via doing accordingly [ANA]. In searching for a solution, it is evident that workplace violence in health care and social assistance settings presents a problem. Filling in the gaps in nursing practice may include adopting a zero-tolerance policy and steps to prevent workplace violence. A paradigm is how workplace violence is viewed rather than thinking that it is as a fair accomplice (ANA, 2019]

The problem is important to the nursing profession because in forensic psychiatric facilities, the primary responsibility of nurses is to assess the dangerousness of patients, violence management, and security. The ANA (2019) stated that it is instrumental in striving to end nurse abuse via advocating for federal administrative and legislative

solutions, including supporting nurse advocates at the state level. Although the ANA continues to support advocate for change in workplace violence, it is noted that few health care employers have developed adequate or suitable plans to preclude workplace violence. Currently, the ANA is collaborating with sponsors of a February 2021 Workplace Violence Prevention for HealthCare and Social Service Workers Act (H.R.1195) in anticipation of its passage in both chambers, and signing into law by the President.

On April 16th2021, the bill passed the House of Representatives with a bipartisan support of a 254-166 vote. The objective of the bill encompassed requirement of the OSHA to develop enforceable standards and social employers are required to write and implement a workplace prevention plan for protection of employees from workplace violent incidents (American Nurses Association 2018). Subsequently, staff education for workplace violence is beneficial for nurses, and will result in this respective DNPProject addressing the potential and or justification of the proposed issue or problem of WPV. An alternative is to teach from an education module with an evidence-based profession such as via the ANA.

Overall, a brief history of the broader problem in nursing practice in which this specific doctoral project is embedded includes statistics presented. Al-Qadi (2021) statedthat workplace violence increased in the United States by 23%. Workplace violence became the second most common fatal event in 2016 (Bureau of Labor Statistics [BLS 2017]. Subsequently, workplace violence accounts for 1.7 million nonfatal assaults, and 900 workplace homicides annually (Gacki-Smith et al., 2013). In 2012 to 2015, there was

an increase of workplace violence in US hospitals from two events per 100 beds to 2.8 events per 100 beds, respectively [BLS; 2017].In 2016, to preclude workplace violence, $429 million were spent on insurance, staffing, and medical care, including investing $1.1 billion in security and training by medical services by health-care facilities and hospitals (Van Den et al., 2017).

Al-Qadii (2021) stated that violence against nurses may be mitigated via addressing the factors which contribute to violence occurrence. Subsequently, abuse and violence may be greatly mitigated in terms of (a) providing enough staff and training programs; (b) increasing facilities such as medical equipment and beds; (c) assigning or designating work in a fair manner; (d) encouraging teamwork; (e) controlling public access; (f) limiting visitation hours for stabilizing hospital situations and ensuring nurses' safety; and(g) implementing applicable legislation and policies for mitigating workplace violence (AbuAiRub et al., 2013).

Standards and practices to reduce gaps included(a) identifying risk factors of workplace violence; (b), mitigating or precluding assault, (c) implementing appropriate actions or precautions, (d) establishing a zero-tolerance policy to cover all patients, workers, contractors, clients, contractors, and anyone interacting or having contact with the organization's personnel; and(e)implementing a separate violence prevention program and or incorporating it into the organizations' safety and help program, employee handbook, manual of standard of operating procedures, and applicable state and federal regulations. Subsequently, mitigation of the likelihood of workplace violence may occur via employers assessing their worksites and identifying methods for the intended

objectives [OSHA; 2017).Moreover, the relevance of this DNP Project is to increase the forensic nurses' knowledge about workplace violence, as well as, confidence, where applicable.

Local Background and Context

The setting for the doctoral project was a forensic psychiatric facility. Services provided include emergency psychiatric services, psychiatric intensive outpatient services, psychiatric partial hospitalization services, and psychiatric outpatient services. Education for staff nurses was done via voice over PowerPoint for content and survey monkeys for pre and posttests. Participants were provided the surveys, pretests, and posttests Also, suitable videos available to watch in terms of debriefing and role modeling skills. At the conclusion of the Staff Education Program, participants were provided feedback and or recommendations. It was feasible to accomplish this project in the identified setting or context.

Summary of Local Evidence

The local evidence on the relevance of the problem justifies the practice-focused question (s) and the various parts (Prospectus and Proposal) of the DNP Project. Also, the local evidence on the relevance of the problem is supported by sources of evidence, is aligned with the practice-focused question, and the approach or procedural steps and or criteria,Several strategies exist to achieve empowering education, including clinical performance monitoring, fostering of searching skills, participation in design and implementation, motivational factors, and problem-solving approach (Chaghari et al, 2017).

This project was conducted due to workplace violence that occurs at the

respective forensic psychiatric facility which impacts the registered nurses Workplace

violence incidents may occur from one to four incidents per day and or may vary.,

Workplace violence incidents may impact approximately three nurses per shift. Over the

past six months, data at the respective forensic psychiatric indicated that approximately

96 workplace violence incidents have occurred which impacted 18 nurses.

Context for the Doctoral Project

The setting for the Doctor of Nursing (DNP) Practice Project was a forensic

psychiatric facility. Services provided include emergency psychiatric services, psychiatric

intensive outpatient services, psychiatric partial hospitalization services, and psychiatric

outpatient services. The sponsoring forensic psychiatric facility's mission is to provide

quality assessment of recovery based trauma informed care services to all patients non-

discriminatorily within a timely pretrial evaluation of defendants referred by the judicial

circuit, including maximum security of patients to ensure public safety. The mission

encompasses providing effective and efficient care to patients requiring hospitalization

within a therapeutic and secure environment. Value includes safety, integrity, diversity,

just culture, competency, and innovation. Education for staff nurses was done via

voiceover PowerPoint for content and survey monkeys for pre and posttests. Participants

were mailed surveys to the staff education project. Suitable videos were available to

watch in terms of debriefing and role modeling skills. Governance of the sponsoring

organization was structured for a patient safety board which complies with all applicable,

state, and federal regulations. It was feasible to accomplish this project in the identified setting or context.

Role of the DNP Student

My area of specialty (forensic psychiatric health care) will be instrumental in my role of the DNP Student in terms of professional context and relationship. My role of the DNP Student involved possessing leadership abilities and competencies, involved meeting with the Director of Nursing, (DON), or Nurse Manager (Nursing Instructor of Education Department), and the Human Resources (HR) Training Specialist of the partnership or sponsoring organization to discuss objectives of the development and implementation of the Staff Education Plan in terms of Workplace Violence. My role as the DNP Student included providing encouragement to the interdisciplinary team during challenging situations that may arise during project development Encouragement included (a) carefully analyzing with the team which may result in the surfacing of core issues leading to exponential efficiencies;(b)) having the ability to get the team moving, staying focus, maintaining strength and confident to enhance success; (c) approaching team members privately or in a journal or directly and politely share the truth about their having fallen short, if the leader needs to kvetch, to preclude dissatisfaction and mistrust; (d)) providing good information, as the situation permits, updating information, as possible, and keeping focused on work they can do in lieu of what they cannot do. Subsequently, success may be accomplished in lieu of managing team members' fears (Daum, 2020). Also, pursuant to Marquis & Huston (2017), leadership effectiveness encompasses factors such as having the ability to use problem-solving process,

communicating well, developing group identification, demonstrating competence, leadership fairness, creativity, dependability, and maintaining group effectiveness (Hollander, 1978).Overall, the leader must be able to build relationship, be professional in advocating fairness in team work, staff support, and research, possess clinical expertise in quality improvement and evidence-based practice (EBP), including possessing business sense (knowledgeable, resource, staff development, financial management, and mentoring others (Kaucher, 2020)

Role of the Project Team

The project was completed at an inpatient/outpatient forensic psychiatric facility unit overseeing the Staff Education program, and will be reviewed by the Director of Nursing (DON), Nurse Manager (Nursing Instructor of the Education Department) and Human Resources (HR)' Training Specialist, not Walden University, and all recruitment materials will reflect that; and Evaluation. Also, the (DON), Nurse Manager (Nursing Instructor of the Education Department), and (HR)' Training Specialist collaborated to ensure that objectives of the recruitment materials are met to ensure that the DNP Staff Education Plan will be completed.

The Director of Nursing (DON), the Human Resources (HR) Specialist, and the Education Department Nursing Instructor were presented with a copy of the completed and approved DNP Project Prospectus to become aware of the objectives of the DNP Project in terms of developing a Staff Education Program for Workplace Violence Setting, depicting the need for the organization's or sponsoring agent's responsibility for recruitment materials, and depicting the need for volunteering forensic registered nurses

to participate in the Staff Education Program for Workplace Violence Setting via surveys and taking pretests and protests.

The timeline of the DNP Project was adequate for nurses or participants to review recruitment materials, take the pretests and posttests, and to provide feedback on doctoral project results for project completion within the eleven week timeline. The time frame for training classes will be two hours.

<div align="center">**Summary**</div>

Section two of the Doctor of Nursing Practice (DNP) Project depicts that nurse workplace violence is a continuous problem which exposes nurses or health care workers to violence that exceeds violence experienced by police officers or prison guards. In the workplace, one in four nurses has experienced workplace violence such as being verbally assaulted, kicked, punched, grabbed, stabbed, and or worse occurrences (ANA, 2018). The practice-focused question is: Will a staff education program on workplace violence increase the forensic nurses' knowledge? Also, the forensic nurses' confidence may increase. Review of the ADDIE model shows that it was highly instrumental in the analysis, design, development, implementation, and evaluation for the Staff Education Program to meet the objectives of the practice-focused question(s). Subsequently, the role of the Doctor of Nursing Practice (DNP) student and the Team experienced successful expectations and or overall protocols or criteria for project development, as anticipated and or previously discussed. Subsequent discussions in Section Three include Collection and Analysis of Evidence, Practiced-Focused Question(s), Sources of Evidence, Participants, Procedures, Protections, Analysis and Synthesis, and Summary.

Section 3: Collection and Analysis of Evidence

Introduction

Collection of information for this DNP Project was used from various sources.Currently, published information by Jeffery et al. (2015) consists of information by Cumulative Index to Nursing and Allied Health, and Allied Health Literature (CINAHL).I collected information on workplace violence or aggression at psychiatric and mental health facilities from PubMed, Cochrane, and other databases.

My assessment included considerations of RNs that specialize in mental health, or they are licensed or certified due to completion of specialist post-education in psychiatric nursing, and having experienced WPV. Nursing competency wasassessed for educational delivery programs and stall education plans or guides with theories promoting competency. Development of learning activities and revisions of large educational programs were assessed by meThe ADDIE model met the objective of the Doctor of Nursing Practice Project.I collected and analyzed pretest and posttest data. Using Microsoft Excel, data provided by the 13 RNs were recorded where each nurse is identified via a four digit code. Calculations include means and standardized score calculations, differences for score calculations and *t-value* calculations based on a significance level of 0.05, two tailed. This information is included in the Appendices.

Practiced-Focused Question(s)

The practice-focused question was: Will a staff education program on workplace violence increase the forensic nurses' knowledge? For Staff Education Program, PICO, includes delineating the Problem or Population (P) = Nurses caring for forensic mental

patients; Intervention (I) = Education on workplace violence;Comparison (C) =Normal routine; and Outcome (O) =Improved knowledge of nurses.

Sources of Evidence

The DNP project was conducted using a comprehensive and exhaustive literature search, databases (PubMed, Scopus, Google Scholar, MEDLINE, Cumulative Index to Nursing and Allied Health Literature (CINAHL), Cochrane, PsycINFO, EBSCOhost, SAGE, Science Digest, and Laureate Education, Inc.). Key words include *workplace, violence, aggressive behavior, forensic, psychiatric, prevention, nurses/nurse practitioners,* and *staff education*. Overall, current evidenced-based interventions exist that are instrumental in helping nurses minimize the incidence of workplace violence (Johann & Martinez, 2016). The ADDIE model and the Iowa Evidence-based theory were beneficial to nurses in selecting articles for use in the Staff Education Plan/Program for Workplace Violence Setting.

Selvin et al. (2020), patients with serious mental health illnesses and those who have committed a crime receive treatment via forensic psychiatric care (Nedopil et al., 2015). Subsequently, in terms of creating a health-promoting climate, the setting can be challenging for mental health staff (Hörberg, 2008). Justification of evidence that this problem is important to the nursing profession is that in forensic psychiatric facilities, the primary responsibility of nurses is to assess the dangerousness of patients, violence management, and security. The ANA is instrumental in striving to end nurse abuse by advocating for federal administrative and legislative solutions, including supporting nurse advocates at the state level. Although, theANA continues to support advocate for change

in workplace violence, it is evident that few health care employers have developed

adequate or suitable plans to preclude workplace violence. Currently, the ANA is

collaborating with sponsors of a February 2021 Workplace Violence Prevention for

HealthCare and Social Service Workers Act (H.R.i1195) in anticipation of its passage in

both chambers, and signing into law by the President. On April 16th2021, the bill passed

the House of Representatives with a bipartisan support of a 254 to166 vote. The bill

stipulates requirements of OSHA to develop enforceable standards. Social employers are

required to write and implement a workplace prevention plan for protection of employees

from workplace violent incidents [ANA, 2018].). Subsequently, Staff Education for

Workplace ViolencePrevention is beneficial for nurses.

I used a summarized peer-reviewed literature article which provided a special

focus on the European experience in a hospital setting. The literature article discussed a

need for initiatives for enhancing understanding, prevention, and management of

violence. For general hospital settings across Europe, findings indicated several variables,

including individual, historical, and contextual, which are attributable to aggressive

episodes by adult patients in general hospitals units, especially emergency or psychiatry

services (Caruso et al., 2021).The ADDIE model was used in development of Staff

Education Program for Workplace Violence Setting Data were collected from various

websites and by the sponsoring organization from 13 RNs. A different four digit code

was used to identify each nurse participant in the pretest and posttest survey I analyzed

data Analysis to determine if the ADDIE model were effective as a training tool in the

Staff Education Programfor Workplace Violence Setting. The purpose of the Staff

Education Program is to increase the forensic nurses' knowledge, and to increase or enhance confidence, when applicable.I used evidence from scholarly peer-reviewed articles or journals and evidence generated from analysis of the recruitment material survey and pretest and posttest scores. Originally, data were collected from scientific/scholarly peer-review articles contained in websites, state and federal libraries, from hospital's database. Subsequently, the overall validity is a source of evidence. Limitations occurred due to the small sample size of 13 RNs who volunteered to participate in the Staff Education Programfor Workplace Violence Setting.

Participants

At an inpatient and outpatient psychiatric facility, there was a combination of 13 first and second shift RN participants for my DNP Project. The DON, the Nurse Manager, the HR Specialist, and I collaborated to discuss the extent of involvement of the sponsoring organization's nursing officials in recruitment of materials for the 13 RNs who volunteered to participate in the development of the Staff Education Program for Workplace Violence Prevention.

Procedures

To implement procedural steps, I (a) verifiedthe Staff Education /Plan/Program for Workplace Violence Setting with organizational leadership and end users via formative and iterative review; (b) reviewed the Staff Education Program based on formative or iterative review; (c) presented the revised Staff Education Plan/ Program to organizational leadership and users/key stakeholders and discussed to validate content and ensure usability; (d) secured evidence-based resources to implement the Staff

Education Plan/ Program; (e) finalized development of the Staff Education Program, including a second survey review with organizational leadership and end users, and (f)supported the organization in the recruitment of staff for the education/plan program unless the program is required by the organization.

In addition to the procedural steps used,an expert panel evaluated theeducation module and the content validity questions included in data analysis. TheDON or HR Training Specialist or Nursing Manager/Instructor of the Education Department reviewed content via literature and policy input from nurses. The DON and the HR Training Specialist concurred for approval form to be signed by the Nursing Manager/Instructor. The instructional design is ADDIE.I completed the procedural steps of theDNP project to implement theplan/program for Staff Education for Nurses on Workplace Violence Prevention at an inpatient/outpatient forensic psychiatric facility unit overseeing the Staff Education Plan/Program, not Walden University. The expert panel of the overseeing unit evaluated all recruit materials, and reflected that.This DNP project involved using the Walden University Staff Education Manual. Participation in the program was not mandatory and did not affect their jobs. Participants provided their consent by coming to the education class and completing the survey.

Pursuant to Walden University, LLC (2019), this DNP Project complied with steps for developing a staff education program with the process of planning, implementing, evaluating, and involving pertinent stakeholders. This DNPproject was conducted in compliance with the Institutional Review Board (IRB) requirements, and used data sources preapproved by the IRB which consisted of public data: reports,

websites, literature, anonymous questionnaires from staff, and partnership organization's internal data, operational records, and other artifacts. I assessed data from the anonymous surveys and provided statistical analysis of data findings in tabular form. I conducted pretests for knowledge and lecture, and provided posttests identical to the pretest survey questions to the nurses to measure for an increase in knowledge following the Staff Education Plan//Program.

In keeping with the objective of the DNP Project, I developedstaff Education Plan/Program or model on workplaceviolence.. I developed the DNP Project in terms of (a) debriefing and patient role play for challenging patients;(b) evidence–based practice commensurate with facility policy to mitigate or bridge the gap related to practice; and;(c) behavioral health as regards workplace violence.Asikainen et al. (2020) stated that several most effective ways to reduce violence in psychiatric care include debriefing, nursing communication, and leadership.

Protections

I conducted this DNP Project which complied with steps for developing a staff education plan/program byWalden University, LLC (2019). Steps for developing a staff education plan/projectencompassed the process of planning, implementing, evaluating, and involving pertinent stakeholders. Project subjects were identified using a four-digit code which participants create and use the same four-digit code for the pretest and the posttests. I conducted this DNP Project in compliance with the (IRB's) requirements,anddata sources pre-approved by the IRB. Data contained public data: reports, websites, literature, anonymous questionnaires from staff, and partnership

organization's internal data, operational records, and other artifacts. I assessed and included data in statistical analysis of data in Section 4: Findings in the data assessment, and data from analyzed the anonymous surveys. I collected pretests for knowledge and lecture, and used posttests identical to the pretest survey questions to measure for an increase in knowledge following the staff educationplan/program. No ethical breaches occurred in analysis, design, development, implementation, and evaluation of this respective DNP Project.

Analysis and Synthesis

I used Microsoft Excel to record data and to conduct statistical analyses such as (a) Summary of Results of Pretests and Posttests; (b) Mean and Standard Score Calculations; (c) Difference Scores Calculations; (d)T-value Calculationsand; (e) Significance Level of 0.05 and Two Tailed Calculations, listed in Statistical analysis of data in section 4: Findings.Approaches to managing outliers included examining data to determine the range of means from the standard deviations, including explanations of missing information and or any impacts of data validity. Overall, in addressing the practice-focused question(s), I used a four-digit coding for each of the 13 RNs volunteer participants of the first and second shifts, and conducted statistical analyses based on supporting data. The first survey consisted of 14 questions provided to the 13 registered nurse participants prior to the training to find out their knowledge on workplace violence. The second survey consisted of the same 14 questions provided to the registered nurse participants, after training, to see if their knowledge has increased. The survey was a Likert scale from 1 to 5,where response to the questions included: 5=*strongly agree*, 4=

agree, 3= *neutral*, 2=*disagree*, and 1= *strongly disagree*. The pretest and posttest surveys, content validity of means and standardized score calculations, differences fourscore calculations and *t-value* calculations were based on a significance level of 0.05, two tailed. A space was provided on the surveys for any additional comments, including if the registered nurse volunteer participants felt that the objectives of the Staff Education Program on Workplace Violence Setting were met.

Summary

For this DNP Project, I developed a plan/program for Staff Education for Nurses on Workplace Violence Prevention in health care. The practice-focused questionwas Will a staff education program on workplace violence increase the forensic nurses' knowledge? PICO includes delineating the Problem/Population (P), the Intervention (I), Comparison (C}, andOutcome (O. Therefore, for this respective Education DNP project, PICO includes:

P = Nurses caring for forensic mental patients

I= Education on workplace violence

C = Normal routine

O=Increased knowledge

There was a need for staff education program because nurse workplace violence is a continuous problem which exposes nurses or health care workers to violence that exceeds violence experienced by police officers or prison guards. Subsequently, violence against nurses may be mitigated by addressing the factors which contribute to violence occurrence (Al-Qadi, 2021).The ADDIE modelwas used in development of the

StaffEducation Plan/Program for Workplace Violence for Nurses on Workplace Violence Prevention.

The participants in the DNP project were a combination of 13 volunteer RNs of the first and second shift at the inpatient/outpatient forensic psychiatric facility The DON, the HR Specialist, and the Nurse Manager/Instructor collaborated with the respective DNP student to discuss Project's objectives in terms of the extent of their involvement, as a sponsoring organization in recruitment of materials for volunteer nursing staff, and eventually, signed approval form by the Nursing Manager/Instructor conducive to development of the proposed Staff Education Plan/Program. I conducted the DNP project in compliance with the IRB) requirements, and used data sources pre-approved by the IRB which consist of public data: reports, websites, literature, anonymous questionnaires from staff, and partnership organization's internal data, operational records, and other artifacts.

Section 4: Findings and Recommendations

Introduction

By my observation, exposure to patients' violent-aggressive behavior impact nurses, when caring for patients in an inpatient forensic psychiatric facility or an outpatient forensic psychiatric facility. At the sponsoring organization, sometimes, one to eight attacks by patients occurred or may occur in a single day which involves five-to-eight RN forensic nurses. There was a need for a staff education plan/program in an Eastern Shore community in the State of Maryland, because nurse workplace violence is a continuous problem which exposes registered nurses to violence that exceeds violence by police officers or prison guards. The [ANA; 2018] stated that in the workplace, one in four nurses has experienced workplace violence such as being verbally assaulted, kicked, punched, grabbed, stabbed, and or worse occurrence. To ensure safety for other patients and staff, nurses needed to be educated on risk factors, symptoms, prevention, and re-remediation of facility policies.Violence against nurses may be mitigated via addressing the factors which contribute to violence occurrence (Al-Qadi, 2021). A violence prevention course for nurses includes definition, types, risks, consequences, and post events [NIOSH; 2022]

In terms of Grading of Evidence, I used Likert scores, including evidence from scholarly peer-reviewed articles or journals. I generated evidence from analysis of the recruitment material survey, pretext and posttest scores, and expert evaluation.

The practice-focused question was: Will a staff education program on workplace violence increase the forensic nurses' knowledge? PICO for Staff Education for Nurses

on Workplace Violence Prevention includes delineating the Problem (P), Intervention (I). Comparison (C), and Outcome (O). Therefore, for this respective Education DNP project, PICO includes:

P = Nurses caring for forensic mental patients

I= Education on workplace violence

C = Normal routine

O=Increased knowledge

The purpose of this project embodied supporting the Walden University mission to promote positive social change. It provided staff education about violently-aggressive behavior in a forensic psychiatric facility to a diverse community of health care professionals, various disciplines of nursing, and stakeholders.

Sources of evidence in conducting the DNP project included using a comprehensive and exhaustive literature search, databases (PubMed, Scopus, Google Scholar, MEDLINE, Cumulative Index to Nursing and Allied Health Literature (CINAHL), Cochrane, PsycINFO, EBSCOhost, SAGE, Science Digest, and Laureate Education, Inc.).The ADDIEmodel, the Iowa evidence-based theory, including information from the ANA, the OSHA, the National Institute for Safety and Health (NIOSI), and the Centers for Disease and Control Prevention (CDC) were used to select articles used in the plan Staff Education for Workplace Violence Setting. was beneficial for nurses.

Strategies included analyzing data to determine if the objectives of the plan/program for Staff Education for Nurseson Workplace Violence Prevention met

usefulness of the ADDIE model. After recruitment was developed via the agency or partnership organization I provided anonymous survey to 13 staff personnel (13 RNs nurses: nine females and 4 males) of a diverse background. Pretests and posttests were provided to the nurses to see if their scores improved which indicated an increase in knowledge, after the posttest if scores on the posttests indicated an increase in the nurses' knowledge about workplace violence.

Findings and Implications

Overall, findings and implications were beneficial in terms of successfully completing the DNP project plan: Staff Education for Nurses on Workplace Violence Prevention, as depicted in Table 1below.

.**Table 1**

Statistical Analysis of Data in Section 4: Findings

DNP	Number of Participating Forensic Nurses	Number of Questions on the Survey	Mean	Standard Score (SS)	Difference Score Calculations
Pretests	13	14	58.62	627.08	$s^2_1 = SS_1/(N - 1) = 627.08/(13\text{-}1) = 52.26$
Posttests	13	14	64.85	381.69	$s^2_2 = SS_2/(N - 1) = 381.69(13\text{-}1) = 31.81.$

Difference score calculations and *t*-value calculations were determined based on a two tailed hypothesis with a significance level of 0.05. The result was significant at *p* <.05, since the *p* value was 0.021947. The *t value* was -2.45024.Based on findings for the respectiveDNP project data analyzed indicate that the Pretest scores of the 13RNs ranged from a high of 65 to a low of 46, after administration of an anonymous survey. A mean of 58.62, and a standard score (SS) of 627.08 were used to calculate difference score calculation of s21 = $SS_1/(N - 1)$ = 627.08/(13-1) = 52.26 for the Pretest Results. Data analyzed indicated that the posttest scores of the 13 RN nurses ranged from a high of 70 to a low of 50 with a mean of64.85, and a standard score of 381.69. Difference score calculations and *t*-value calculations were determined based on a two-tailed hypothesis with a significance level of 0.05.The result is significant at *p*<.05, since the *p*-value was 0.021947. The *t* value was -2.45024. The nurses' scores increased or improved, after taking the posttest, and scores were less when the nurses took the pretest, both of which the pretest and posttest were comprised on the same anonymous survey questions (See Appendix C). Overall, feedback or comments were instrumental in the future success of the respective DNP project. Subsequently, the ADDIE model was effective in designing, developing, implementing, and evaluating a plan for Staff Education for Nurses on Workplace Violence Prevention in a in a forensic psychiatric inpatient/outpatient facility.

Findings and implications of the respective DNP projectwere consistent with objectives of the Development Training Program in which the CDC uses the ADDIE model as a training program which helps a learner attain knowledge and or skill. Overall, the training improves the learner's competence, capacity, and performance, via

communication, education techniques and tools in terms of providing knowledge and attitude to build skills. Any training program that meets the quality standards by the CDC may use the ADDIE model [CDC; 2021]. Asnoted in Appendix E, the developed course by the CDC/NIOSHis Web-Based 2908 –NIOSH Pub. No. 2013-155 (Craine et al. 2021). It is a training and continuing education online. Another course on Workplace Violence for Nurses is the CDC Web-Based CourseWB4525 (CDC.gov/ 2021) Subsequently, the respective DNP project is consistent with the CDC's/NIOSH's Prevention Program in terms of using the ADDIE model for analyzing, designing, developing, implementing, and evaluating.Overall, CDC designed the its program for developing a training program, obtaining and providing feedback, determining if training met the desired outcomes, making decisions about resource allocation, improving training, and helping make decisions about future training.

Limitations occurred due to the small sample size of 13 RNs who volunteered to participate in the plan/program for Staff Education for Workplace Violence Setting. Implications resulting from the finding in terms of individuals, communities, institutions, and systems resulted in evidence that the ADDIE model may be used to analyze, develop, design, implement, and evaluate an effective staff education plan/program for workplace violence.If RNs and or individuals have concerns about WPV, and want to mitigate or eliminate it, frequently existing modified components of the model may be used as a training tool Social learning behaviorism, cognitivism, and constructivism are included in the model. The model maybe used for compliance training and other learning

events. This DNP project helped shaped and defined the relationship of instructional materials'outcome to the ADDIE theory or frame (Penney, 2016).).

Potential implications to positive social change entail education strategies which may include trust in therapy, confidence versus fear, transference versus countertrans-ference, , win versus lose, success versus failure, and use versus abuse (Dikec et al., 2017). StaffEducation for Nurses on Workplace Violence Prevention prevents harm to nurses or patients. Staff education will be provided to a diverse community of health care professionals. The University's mission is to promote positive change. The legacy of positive social change continues with three major commitments such as empowering change makers, building communities, and elevating social change outcomes (Walden University, LLC, 2011). I will promote social change upon dissemination of my plan/program for Staff Education for WorkplaceViolence Setting.

Recommendations

Recommendations are that staff education plans or program be continued, since workplace violence is an ongoing problem not only in the health care system but occurs in all professions Provost et al. (2021) stated that in terms of WPV, there is concurrence or consensus that during violent incidents, education may be useful specifically in clinical settings,mentoring support and unit-level modeling, and support of supervisors and peers. Subsequently, in health care settings, policy decisions and practical program enhance violence protection (VP) education effectiveness.

Filling in some gaps in practice resulted in implementing evidence-based strategies. Since gaps in nurses are challenged in care with injuries occurring to nurses, proposed solution

was hat education closed the gaps legally in many states if there was a history of criminal

action or felony against nurses.Some gaps are filled via using various methods and policy

advocacy depicted by the [ANA; 2021], the use of the AACN Essentials, Bloom

Taxonomy Learning Objectives, the DNP Essentials (core competencies, content,

practical experience, leadership, etc.), and Walden's DNP Process, and Staff Education

Model. For computations of Statistical Analysis of Data in Section 4: Findings, I used

Microsoft Excel as a secondary product. The StatisticalAnalysis of Data in Section 4:

Findings included Pretests and Posttests analysis for the Number of Participating

Forensic Nurses the Number of Questions on the Survey, Mean, Standard Score (SS), and

Difference Score Calculations, (See Appendix C).This DNP project was instrumental in

filling in some gaps in practice which include (a) advocating for change in practice,

organizational, state or organizational level(b) examining the research evidence, strength

of evidence, quality of evidence, and translation of research evidence(c) advocating for

and including stakeholders, types of interprofessional team to pull together to influence

change(d) using previous techniques in implementing change and influencing other

systematic aspects(e) advocating for oneself, nurses, patients, families, and knowing how

to implement change (f) advocating for policy change for quality care, and staff

education, (g) getting involved with policymakers, talking with legislationatthe grassroots

level, and professional level, involving data, and (h) setting up communication networks

(Laureate Inc., 2011).Without further advisement and planning, there were no

recommended implementation and evaluation procedures that could be assigned to

administrative decision makers not involved in the development and planning of the DNP project.

Contributions of the Doctoral Project Team

Contributions of the DNP project team included cooperation of the sponsoring organization in terms of providing recruitment materials to allow the 13 volunteer nurses of diverse background based on a socio-demographic survey (See Appendix A), who participated inthe anonymous 14 questionnaire survey (See Appendix B). The DON, the HR Specialist, and the Nurse Manager/Instructor were instrumental in ensuring that the objectives of the DNP project were met. The sponsoring organization and I ensured that no ethical guidelines were compromised, and that they complied with Walden University's IRB requirements.

All participants in the interdisciplinary team, including theinternal and external stakeholders were instrumental in ensuring that this respective DNP project for Staff Education for Workplace Violence Setting reached fruition. The role of the DNP project team was approved by the DON. The panel of experts validated the content, nurses were educated, and took pre and posttests. The basic role was partnership. This participation of forensic nurses was on a volunteer basis via anonymous consent. To the participants, I provided no signing instructions but I provided announcements about the educational plan/program of the DNP project. The DNP project team was instrumental in the development of the final recommendations and or product(s). Plans to extend the DNP project beyond the DNP project include posting it on my business website of my clinical practice as a nurse practitioner, and to make it available as a model for other healthcare

professionals to use as a guideline and or a scholarly document on in terms of developing

their Staff Education Plan/Program on workplace violence pursuant to their sites.

Strengths and Limitations of the Project

Strengths of the project resulted in reaching the objectivity of the Doctoral of

Nursing Practice (DNP) Project in terms of an increase in the forensic nurses' knowledge

based on an increase of the posttest scores. Subsequently, the Analyze, Design, Develop,

Implement, and Evaluate (ADDIE) model was instrumental in analyzing, designing,

implementing, and evaluating a Staff Education Plan/Program for Workplace Violence in

a forensic psychiatric facility in a forensic psychiatric facility, as well as, other health

care facilities. More specifically, several participants suggested the concepts of this DNP

Project should be expanded to other hospitals, rehabilitation center, and or nursing

homes, since violence also occurs at theinstitutions. The participants voiced appreciation

for having been a part of the DNP Project in the development of a Staff Education

Plan/Program. They stated that in the past, they had only participated in orientation and

or seminars without having volunteered in any project such as a staff education plan, that

they had learned more about the ADDIE conceptual framework, and that their knowledge

was enhanced in terms of not only workplace violence at a psychiatric forensic mental

health inpatient/outpatient care facility, but about workplace violence on a national or

global level. Subsequently, it was evident that the DNP Staff Education Plan/Program

session was successful.

In addition to selection of various evaluation methods to plan, develop, and

implement a program or project to determine if the goals of the clinical question were

met. Also, discussions with others at the practicum setting have strengthened

understanding of project development, and other impacts of current and future Staff

Education Plans or Programs. Although workplace violence is a continuous occurrence

and problematic, limitations include a small sample size of only 13 volunteer nurses.

Subsequently, in terms of workplace violence, additional Staff Education Plans/Programs

are necessary and conducive to the influx of current and future nurses and or heal.th care

professionals, and interests of both internal and external stakeholders. Overall, Staff

Education Plan for Workplace Violence Setting will be included in on boarding education

to ensure that forensic nurses/nurse practitioners and staff receive additional training on

workplace violence which frequently occurs at the facility. It will be an annual mandatory

requirement for all staff, including physicians/psychiatrists, physical therapists, social

workers, security staff, and legal staff, all of which interact with patients, visitors, and

staff, on a daily basis.

Section 5: Dissemination Plan

Description of Plans to Disseminate the DNP Project

I plan to disseminate this work to the institution experiencing workplace violence setting. I will disseminate this work by presentation of developed PowerPoint with notes and intervention over a designated time to the impacted institution's nurses and staff. Shigli et al. (2016) stated that overall, strengths of PowerPoint include a visual teaching tool and learning process, and expectation is that from the profession, nursing knowledge will be delivered via oral presentation or written form. The type of presentation is one's professional responsibility. Moran et al. (2021) equated this to being accountable to nursing theory, research, and practice (Moran et al., 2021). I presented the plan/program for Staff Education for Nurses on Workplace Violence PreventiontoUnit One North. Others to which this Plan will be presented to include (a) the Chief Nursing Officer, since it involves her nursing staff, (b) the Chief Financial Officer (CFO) who would be interested in cases where nurses are injured and must take time off of work, or need medical attention that the facility must incur; and (c) the Security and Legal department who have interest in cases involving workplace violence of nurses patients, visitors and the facility.I will present my work/findings during unit staff meetings. I will include my work in the facility's internal or system newsletter. The newsletter addresses write-ups about what work is being done at the facility.

Clarification of Audience

In addition to nurses and nursing professional organizations, the dissemination audience may include director of nurses, and human resource specialists may disseminate

information about the respective staff education plan/program due to their decisions about training conducted at their respective health care facilities. Overall, those who are more likely to be the early adopters of research into practice include leaders in their fields who attend these conferences. Use of the poster format involves an additional advantage of facilitating a personal interaction between the practitioner and the researcher. Advantages include researchers being able to explain their projects in detail, including receiving feedback conducive to additional studies (Edwards, 2015).

Venues of Dissemination

The audience includes forensic psychiatric nurses, and nurses of other disciplines. Venues of dissemination are significant to the broader nursing profession. Edwards (2015) stated that venues of dissemination to the broader nursing profession may include forums appropriated for dissemination Examples of these forums include publication in biomedical journals, presentation at meetings, either oral platform or postal presentations and at conferences orprofessional meetings. Another example of venues of information includes presenting clinical or practice research to disseminate research findings quickly, due to the short lag time between completing the research and conference presentation

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Self-Analysis

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Role as a Practitioner, Scholar, Project Manager

In development of the respectiveDNP Project in terms of a Staff Education Plan/Program for Nurses on Workplace Violence Prevention, my role has been as a practitioner, a scholar, and a project manager in which my leadership skills were enhanced. To align the problem or issue with the objectives of the courses during clinical

practicum settings, I acquired and or enhanced my knowledge in proposing an evidence-based change; specifically to a target population

I was instrumental in steering the project in terms of answering the question: Will a staff education program on workplace violence increase the nurse's knowledge? In analyzing, designing, implementing, and evaluating a model for the respective staff education plan/program. I was able to effectuate an increase in the nurses' knowledge with assistance of the sponsoring organization's recruitment materials, and the pretest and posttest scores, including feedback of the 13 volunteer nurses of diverse backgrounds. Because there was an increase in the nurse's knowledge, I was able to plan, implement, and provide intervention via enhancing knowledge, including improvements in practice and outcomes of care. Also, as a practitioner, scholar, and project manager, I realized that implementing change is vital to plan, implement, and to provide intervention based on existing scholarly information. To effectively implement change in any health care organization, (Allen, 2016) stated that the change agent can implement change by (a) establishing the foundation for the implementation phase, time, and attention to conduct detailed analyses and preparatory work; prior to implementing change; (b) ensuring that the change process is effective with use of a clear act of multiple implementation tactics; (c) ensuring that the change is sustained over time; and (d) measuring and evaluating the success of the change However, improvement may involve challenges such as (a) sustaining and evaluating change; and (b) implementing change. Where DVI's meet the role of the DNP Nurse, I will be present at conferences and like to publish with the

American Nurses Association, the American Psychiatric Nurses' Association, and the Academy of Forensic Nursing.

Curtis et al. (2016)stated that (a) evidence and knowledge derived from robust scholarly methods fordriving clinical practice, decisions, and change to improvement in the way that care is delivered (b) research study design (nurse-led), incorporates the principles of knowledge translation; and (c) evidence (best available) should be universally acknowledged in terms of its role played in clinical care provided to individual.   This information was used in the inception and completion of my DNP Project ofa Staff Education Plan/Program for Nurses on Workplace Violence. I enhanced communication during collaboration with pertinent staff, stakeholders, and the interdisciplinary team.

My personal growth achieved during preparation of the Staff Education Plan/Program for Nurses on Workplace Violence was as a Nurse Leader Change Agent.My leadership and communication skills were enhanced by engaging in extensive evidence-based practice research. Marquis & Huston (2017) stated that leadership entailsbeing able to translate evidence into practice and to integrate leadership roles and management functions. Further, Marquis & Huston (2017) stated that six distinguishing traits of leadership entail (a)influencing others beyond group; (b) thinking longer term; (c) looking outward toward the larger organization;(d) being politically astute; (e) emphasizing motivation, value, and vision; (f) understanding how the respective student researcher or health care professional fits into larger picture; and (g) thinking in terms of change and renewal (Gardner, 1990). Overall,Marquis &Huston (2017), stated that

classic change strategies for any situation involving the power of the change agent and the amount of subordinates expected resistance include being aware of the stages of change. One must be highly skilled in the use of behavior strategies to influence or prompt change in others. To gain insights related to planning for and implementing change, the influence of leadership on the transition of evidence into practice, based on practicum experience, is very significant. To translate evidence into practice, there must be (a) planning and implementing program/projects for interventions to effectuate change; and (b) evaluating outcomes. I was able to enhance my leadership skills based on Marquis & Huston (2017) further assessment that leadership competencies include (a) the knowledge(b) skills and or abilities(c) behavioral organizational culture and climate(d)) managing change; and (e) communicating vision (Esparza &Rubino, 2014).

Connection with the Doctoral of Nursing Practice (DNP) Project and Long-Term Professional Goals

As a prospective graduate of Walden University's program, I will continue to influence factors/developments related to ethics, standards, policies, economics, technology, etc. with continuing my professions in the mental health forensic nursing. I will continue to follow rules and regulations and applicable standards in delivering health care, including conducting research. I plan to continue advocating for health care reforms to improve quality health care in terms of safety, equity, timeliness, effectiveness, efficiency, and patient-centeredness, pursuant to the Institute of Medicine's (IOM) domains or protocols. I will advocate for cost-effectiveness and use of technology that best benefits the patients, since they are my first priority. I plan to continue

community service, since prior to the pandemic, periodically, I volunteered at a local shelter and conducted health fairs. As a mental health nurse practitioner, within three years, I plan to open a mental health clinic in the State of Maryland.

Description of Project Completion

Project completion occurred with cooperation of my interacting with the interdisciplinary team of 13 volunteer nurses, the DON, the Nursing Manager, the HR Specialist), and all pertinent internal and external stakeholders. As a reiteration, during inception and completion of myevidence-based DNP Project, competencies that supported successful analysis, design, development, implementation, evaluation, and dissemination encompassed leadership competencies, Bloom's Taxonomy, and AACN Essentials.

Challenges

During the process of project completion, several of the volunteer nurses were impacted with complications of COVID-19, which resulted in a delay of submitting their anonymous survey responses. I experienced problem with alignment of data in tabular form.

Solutions

Once the nurses impacted with COVID-19 improved, they were able to focus their attention back to the survey questionnaire and submitted their responses. I transferred data to Excel tables to get a better fit in tabular form.

Insights on the Scholarly Journey

During the course of the DNP Project, I gained insight and knowledge about proposing an evidence-based change in development of a Staff Education Plan/Program on Workplace Violence Setting. The Plan/program was designed specifically to a target population, and to align the problem or issue with the objectives of the courses during the practicum settings. My use of additional insights was the inclusion of information depicted in Laureate Education, Inc. (2011) such as enhancing knowledge of planning, designing, and using existing evidence.

During inception and completion of my DNP Project,I used competencies that supported successful analysis, design, development, implementation, evaluation, and dissemination of my respective DNP Project. I gained evidence-based leadership competencies from scholarly texts, Bloom's Taxonomy, and American Association of Colleges of Nursing (AACN) Essentials. For example, Marquis &Huston (2017) stated that leadership competencies include (a) the knowledge (b) skills and or abilities (c) behavioral organizational culture and climate; (d) managing change and (e) communicating vision (Esparza &Rubino, 2014).

AACN Essentials used included (a) developing advanced competencies for leadership roles, complex practice, and faculty; (b) enhanced leadership skills for strengthening practice, and health care delivery; (c) matching better program requirements, credit, and time with the credentials earned; and (d) requiring advanced practice knowledge of provisions of advanced educational credentials [AACN;2006].During the DNP Project development, I gained insights to successfully

support evidence-based evidence from (a) nurse managers; (b) communication skills; (c)

collaboration; (d) self-study models,and (e) power point slides, and pre/post tests. I used

information from Bloom's Taxonomy which Dixit (2020) stated that it includes (a)

remembering(b) understanding(c) applying; (d) evaluating and (e) creating

       In addition to having gained practicum instrumental in developing the

advanced practice fundamental competencies specified by the AACN Essentials, and

Bloom's Taxonomy, I developed my DNP Project to meet Walden University's

guidelines. The guidelines consisted of specific topics and checklist that were followed in

Project analysis, design, development, implementation, and evaluation. Overall, insights

included how the real-world concepts and theories differ or mirror experiences gained in

the practicum experience.

Summ**ary**

This DNP Projectincluded development of a Staff Education Plan/Program on

 Workplace Violence Setting was designed applicably to the DNP Project question:Will a

staff education program on workplace violence increase the nurses' knowledge? In the

nurses' feedback, several concerns indicated that (a)nursing staffs are not the only ones

that need training, and that, physicians need training, too;(b)training staffs at the highest

level will help promote communication, goals, including promoting a safe environment,

and(c)nursing staff needs to have training in evaluating their patients to communicate

with them when they are unsafe and need to be medicated. Subsequently, this DNP

Project paves the way for additional Staff Education Plans/Programs for Nurses on

Workplace Violence Prevention based on the nurses' feedback, including the fact that (a)

workplace violence may occur in any organization or facility;(b), use of the ADDIE model as a training tool in development of a staff education plan/program may be applicable to any area of specification or clinical question, problem, or issue, and (c) the outcomes may be measured to see the chosen intervention is effective or not effective, and how to apply it to one's own setting (Laureate Education, Inc.,2012(b).

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Appendix A: Socio-demographic Characteristics: Nursing Staff

_____

1) What is your gender?

‑‑‑‑‑‑‑‑Male ‑‑‑‑‑‑‑‑Female

2) What is your ethnicity?

‑‑‑‑‑‑‑‑Black/African American

‑‑‑‑‑‑‑‑Asian

‑‑‑‑‑‑‑‑Native American/Pacific Islander

‑‑‑‑‑‑‑‑Hispanic

‑‑‑‑‑‑‑‑Caucasian

‑‑‑‑‑‑‑‑Other

‑‑‑‑‑‑‑‑Prefer not to answer

3) What is your age?

‑‑‑‑‑‑‑‑20-35 years

‑‑‑‑‑‑‑‑36-46 years

‑‑‑‑‑‑‑‑47-57 years

‑‑‑‑‑‑‑‑58-68 years

‑‑‑‑‑‑‑‑Prefer not to answer

4)What is your profession

‑‑‑‑‑‑‑‑Certified psychiatric mental health nurse practitioner

‑‑‑‑‑‑‑‑RN Staff Charge Nurse

‑‑‑‑‑‑‑‑RN Staff Nurse

‑‑‑‑‑‑‑LPN Nursing Assistant-Psychiatric Security Assistant

5) Have you experience workplace violence in any form?

‑‑‑‑‑‑‑‑Physical

‑‑‑‑‑‑‑‑Verbal

‑‑‑‑‑‑‑‑None

6) Have you had previous staff education on workplace violence?

‑‑‑‑‑‑‑‑Yes

7) How do you feel about participating in an anonymous survey on workplace violence?

‑‑‑‑‑‑‑‑‑Great

‑‑‑‑‑‑‑‑‑Looking/looked forward to it

‑‑‑‑‑‑‑‑No response

_____

Appendix B: Pretests and Posttests Survey Questions on Workplace Violence

Please rate each statement by checking the appropriate box. Thanks in advance for your cooperation.

Statement	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
Violence is a problem for nursing staff working in an inpatient forensic psychiatric facility.					
At any given time, I believe patients in an inpatient forensic psychiatric facility can exhibit aggressive behavior during their hospitalization.					
The administration of the inpatient forensic psychiatric facility should provide ongoing education for the nursing staff regarding the patient's risk factors, symptoms, prevention, and remediation according to the standard procedures and policies.					

Nursing staff can develop post – aggression symptoms such as anxiety, avoidance behavior and depression when working with a patient that had a violent episode.				
Nursing staff can develop feelings of guilt, self – blame, shame, and a decreased quality of life when working with patients that experience violent episodes.				
Nursing staff needs ongoing training regarding recognizing a patient's traumatic conditional symptoms within their standard procedures and policies.				

tStatement	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
Nursing staff needs ongoing training regarding documenting the patient's behavior and symptoms according to the facility's standard procedures and policies.					
Nursing staff needs training regarding documenting the patient's violent episode and remediation according to the facility's standard procedures and policies.					
Nursing staff needs training regarding understanding the patient's mental illness while forking in an inpatient forensic psychiatric facility.					

Nursing staff needs training to develop their understanding of a patient's mental illness when working in an inpatient forensic psychiatric facility.				
Nursing staff needs training to develop and enhance their preventing aggressive behavior and violence management skills while working in an inpatient forensic psychiatric facility.				
Nursing staff needs training regarding administration of medications to inpatient forensic psychiatric patients daily and during a patient's crisis as they occur.				

Statement	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
Nursing staff needs training regarding debriefing the patient and providing supportive care following a crisis while working in an inpatient forensic psychiatric facility.					
Increasing communication amongst the nursing staff and the leadership is one of the most effective ways to reduce patient violence in an inpatient forensic psychiatric hospital.					

Please check your response to the questions where 5=Strongly Agree, 4= Agree, 3= Neutral; 2=Disagree, and 1= Strongly Disagree. Also, please provide any additional comments, including if you feel that the objectives of the Staff Education on Workplace Violence were met. Thank you for your participation.

Please provide any additional comments below. I welcome your feedback!

_____

_____

Appendix C: Statistical Analyses of Section 4: Findings, Recommendations, and

Summary of Results of Pretest Survey

Pretest	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Score
Nurse 0001	7	6	1	0	0	62
Nurse 0002	12	01	0	0	0	64
Nurse 0003	12	01	0	0	1	65
Nurse 0004	10	3	0	0	0	62
Nurse 0005	10	0	0	0	1	51
Nurse 0006	11	02	0	0	0	63
Nurse 0007	7	04	0	0	0	51
Nurse 0008	12	04	0	0	0	64

Nurse						
0009	5	3	3	0	0	46
0010	10	03	0	0	0	62
0011	10	02	0	0	0	62
0012	12	01	0	0	0	64
0013	5	3	3	0	0	46

Appendix D: Statistical Analyses of Section 4: Findings, Recommendations, and

Summary of Results of Posttest Survey

Posttest	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Score
Nurse 000 1	13	0	1	0	0	68
Nurse 0002	12	1	0	0	0	64
Nurse 0003	6	5	0	0	0	50
Nurse 0004	12	2	0	2	0	70
Nurse 0005	8	6	0	0	0	64
Nurse 0006	9	3	0	0	1	58
Nurse 0007	14	0	0	0	0	70

Nurse 0008	13	0	0	1	0	67
Nurse 0009	10	3	0	0	1	68
Nurse 0010	13	1	0	0	0	69
Nurse0011	12	1	0	0	1	65
Nurse0012	13	0	1	0	0	68
Nurse0013	10	3	0	0	0	62

Appendix E Summary of Results of Mean and Standard Score Calculations of Pretest and

Posttest Survey

Pretest1 (X)	Diff(X -M)1	Sq. Diff (X - M)2	Posttest 2 (X)	Diff (X - M)	Sq. Diff (X – M)2
62	3.38	11.46	68	3.15	9.95
64	5.38	28.99	64	-0.85	0.72
65	6.38	40.76	50	-14.85	220.41
62	3.38	11.46	70	5.15	26.56
51	-7.62	57.99	64	-0.85	0.72
63	4.38	19.22	58	-6.85	46.87
51	-7.62	57.99	70	5.15	26.56
64	5.36	28.99	67	2.15	4.64
46	-12.62	159.15	68	3.15	9.95
62	3.38	11.46	69	4.15	17.25
62	3.38	11.46	65	0.15	0.02
64	5.38	28.99	68	3.15	9.95

46	-12.62	159.15	62	2.85	8.1
762	Mean: 59.62	SS: 627.08	843	Mean: 64.85	SS: 381.69

Appendix F: Difference ScoresCalculations and T-Value Calculations

Pretest   **Posttest**

N_2: 13 N_1: 13

$df_2 = N - 1 = 13 - 1 = 12$ $df_1 = N - 1 = 13 - 1 = 12$

M_1: 58.62 M_2: 64.85

SS_1: 627.08 SS_2: 381.69

$s^2_1 = SS_1/(N - 1) = 627.08/(13-1) = 52.26$ $S^2_2 = SS_2/(N - 1) = 381.69(13-1) = 31.81$

T-value Calculations

$s^2_p = ((df_1/(df_1 + df_2)) * s^2_1) + ((df_2/(df_2 + df_2)) * s^2_2) = ((12/24) * 52.26) + ((12/24)$

$* 31.81) = 42.03$

$s^2_{M1} = s^2_p/N_1 = 42.03/13 = 3.23$

$s^2_{M2} = s^2_p/N_2 = 42.03/13 = 3.23$

$t = (M_1 - M_2)/\sqrt{(s^2_{M1} + s^2_{M2})} = -6.23/\sqrt{6.47} = -2.45$

Significance Level: 0.05

Two-tailed

The result is significant at $p<.05$, since the p-value is 0.021947. The t-value is

-2.45024

Appendix G: Table 8: Centers for Disease Control and Prevention (CDC) Course

No. WB2908-NIOSH Pub. No. 2013-155 on Workplace Violence Prevention for Nurses.

Please note: The course format has been revised for easier use on all devices. The content

of the course remains the same.

Start Course

This free, interactive course is designed to help healthcare workers better understand the scope and nature of violence in the workplace. Upon successful completion of the course, healthcare professionals can earn continuing education units.

Course modules include:

Definition, types, and prevalence

Workplace violence consequences

Risk factors for type II and III violence

Prevention strategies for organizations

Prevention strategies for nurses

Post event response

By completing the course, healthcare workers will be able to:

Identify institutional, environmental, and policy risk factors for workplace violence

Recognize behavioral warning signs of violence in individuals

Employ communication and teamwork skills to prevent and manage violence

Identify appropriate resources to support injured healthcare workers

Take steps to implement a comprehensive workplace violence prevention program (Craine et al., 2021).