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Self Care Education for Nurses Following an Assault

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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
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Abstract

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MS, Nebraska Wesleyan University, 2008

BS, Nebraska Wesleyan University, 2004

Project Submitted in Partial Fulfillment

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Abstract

Every day, 1 in 4 nurses experience physical and/or verbal assault, surpassing the rates among police officers and prison guards. This issue is particularly widespread among nurses working in mental health settings. The local practice problem for this project was the absence of self-care education for nurses following workplace assaults. The literature revealed that such assaults have traumatic effects on nurses, with a systematic review indicating that they endure significant and enduring psychological trauma due to workplace violence. The support available for nurses in such situations remains inadequate. To address this problem, the project was guided by Orem's self-care theory, which emphasizes the importance of individuals being self-reliant and responsible for their own care. An education program was designed to provide nurses with knowledge about self-care following a workplace assault. The program spanned 2 weeks, with a 2-hour session held each week at a secure location away from high-risk areas and offered at two times of the day. Ten nursing staff participated in the program, which involved discussions on self-care, demonstrations of relaxation skills, and a supportive sharing environment for the participants. To assess the program's effectiveness, a pretest/posttest was administered to the participants. The results indicated an 11% increase in knowledge (pretest mean score 7, posttest mean score 7.8). By equipping nurses with the knowledge to care for themselves after experiencing workplace violence, the program may enhance their well-being and resilience in challenging situations to promote positive social change.

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Dedication

This project is dedicated to my children, Haddie and Jayden, and to my mother, who encouraged me through the completion of this project. I also dedicate this to friends, faculty, and all who helped throughout this journey. This project is also dedicated to nurses who work with aggressive patients in the mental health field, emergency departments, and nursing facilities.

Acknowledgments

Many thanks to my family, who provided me encouragement and strengthened

my will to keep moving forward. Special thanks to the faculty who encouraged me and

kept pushing me to succeed in this endeavor.

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Section 1: Nature of the Project

U.S. healthcare workers in the late 1990s and early 2000s accounted for two thirds of nonfatal workplace violence injuries across all industries resulting in days away from work (Centers for Disease Control and Prevention [CDC], 2021). The likelihood of health care workers experiencing workplace violence is higher than that of prison guards or police officers. Daily, 1 in 4 nurses are physically and/or verbally assaulted (American Nurses Association, 2022), causing 17.2% of nurses to leave their jobs every year (Nursing Solutions Inc., 2019). The CDC, (2021) has developed several education programs focused on strategies to prevent workplace violence; however, they do not provide education regarding self-care for nurses after an assault. The current Doctor of Nursing Practice (DNP) staff education project focused on educating nurses in the psychiatric setting on self-care following an assault in the workplace to provide them with knowledge for enhancing their self-efficacy and restore their self-confidence. The education program provided nurses returning to work following an assault with knowledge to understand the importance of taking care of themselves. This education program may support nurses who stay in the workforce and reinforce the importance of nurses taking care of themselves.

Problem Statement

The local practice problem for this project was the lack of self-care education for nurses following a workplace assault. The literature provided evidence of the traumatic effects of assaults on nurses, but there was limited evidence on what nurses should do to care for themselves following an assault. The DNP project site did not provide education

to nurses on self-care following incidents of workplace violence. The practicum site did offer an employee assistant program but only if employees chose to participate. Zhang et al. (2021) concluded that nurses experience significant and lasting psychological trauma due to workplace violence; however, support for nurses remains inadequate. Teaching nursing staff about self-care strategies following workplace violence may help nurses better understand and cope with the aftermath of an assault. The focus of this project was to provide education on self-care for nurses following a workplace assault.

Purpose Statement

The meaningful gap in practice addressed in this project was the lack of education for nurses on self-care strategies following a workplace assault. The guiding question for the project was the following: Can an education program on self-care strategies increase nurses' knowledge about how to care for themselves following a workplace assault? Teaching nurses to recognize unhealthy symptoms after an assault may aid them in seeking out help if needed.

The lack of knowledge about self-care following an assault can inhibit nurses' recovery and ability to return to work. The National Institute for Occupational Safety and Health (CDC, 2020) provides a course for nurses who have suffered assaults. The course discusses post trauma but does not include educational information for individual self-care following an assault. The course offers a post event response but does not include education on self-care skills for individual nurses. Each nurse has individual ways of responding to stress, and it is important to teach the nurse how to recognize and cope with that stress as part of self-care. The purpose of the current project was to develop and

implement an education program for nurses working in a psychiatric hospital. The program focused on self-care following a workplace assault.

Nurses experience disbelief, shock, and helplessness from workplace violence that lead to significant and lasting psychological trauma (Zhang et al., 2021). The literature provided evidence of the traumatic effects of assaults on nurses (Zhang et al., 2021); however, there was limited evidence on self-care skills for nurses following an assault. In the psychiatric hospital where the current project was conducted, six nurse assaults occurred in 2021, resulting in one Level 1 injury (treated on site or no injury) and four Level 2 injuries (treatment outside of the facility). Two of the six assaults resulted in critical incidents indicating more severe injuries (Director of Nursing personal communication, February 6, 2022).

Nature of the Doctoral Project

The project was guided by the *Walden University Staff Education* manual. A search of several databases was conducted to locate articles on workplace violence, standards of practice involving workplace violence, and self-care strategies found to be effective following a stressful event. The databases searched included Medline/PubMed, CINAHL, Google Scholar, and the Cochrane Library. Information from organizations such as the American Psychiatric Association, CDC, American Nurses Association, Substance Abuse and Mental Health Association, and National Alliance Mental Illness were also searched for relevant information. The National Institute for Occupational Safety and Health was also used as a source of evidence for this project. The search keywords included *assault (physical or emotional)*, *education*, *workplace violence*,

compassion fatigue, *self-care*, and *culture of safety*. The keywords reflected the types of assault, education programs, and workplace violence as defined by assault types and recovery terms such as *compassion fatigue* and *culture of safety*. These sources of evidence provided the foundation for the education program. Education is a critical solution to prepare nurses with the knowledge, skills, and confidence to prevent and respond to situations involving assaults; however, education must also include teaching nurses' self-care measures following an assault (Halm, 2017). Teaching nurses about self-care measures (talking to peers and activities that promote relaxation techniques, such as deep breathing, yoga, biofeedback, and physical activity) after an assault helping nurses develop the skills needed to promote their personal well-being physically and emotionally to adjust back into the workforce. A segment of the education included recognizing the triggers that affect the resulting anxiety or stress. Teaching nurses to recognize and cope with personal triggers is part of self-care that nurses must recognize.

Significance

As of 2022, the state where the project was conducted had 32,433 registered nurses, which was slightly lower than the 32,754 nurses recorded in 2020 (American Nurses Association, 2022). The decrease was less than 1%, the project was conducted in a rural area, which can be significantly impacted even by a small reduction in the size of the nursing workforce. In addition, national estimates indicated that 17.2% of nurses leave their positions after experiencing assault (Nursing Solutions Inc., 2019). Consequently, this region was at a heightened risk of experiencing a surge in nurse shortages following incidents of workplace assault. Therefore, education about self-care

for nurses was important because existing evidence did not fully consider the multiple influences that may impact nurses' decisions to remain or leave rural and remote areas (see MacKay et al., 2021). Teaching nurses within the organization how to identify unhealthy symptoms after an assault may aid them in seeking help if needed.

This program may strengthen the relationship between nurses and the organization. Educating nurses regarding self-care may encourage self-confidence and increase the motivation of nurses to return to the workforce. Among nurses, self-care promotes the individualism and autonomy of the nurse as a person of importance to the workforce and a caring part of the organization. When an employee finds alignment between their values, developmental goals, supervisors, and support systems, this fosters a conducive environment for them to excel in their work, experience job satisfaction, and develop a sense of pride in their organization. They tend to stay with the organization and provide outstanding patient care (Boonyaphisompan et al., 2022). When nurses' self-confidence is restored, patients also benefit because nurses become better able to care for their patients.

Summary of Approach

The *Walden Staff Education Manual* outlined the procedural steps for this project and was used to guide it. The DNP staff education project followed the analyze/analysis, design, develop, implement, and evaluate model (see Jeffery et al., 2016). The model guided the development of the information provided for this staff education project. The model was also used to outline the project and present the program to the target audience of nurses.

Analyze

The project was presented to the practice site management. The management team reviewed the gap in practice and gave input into the development of the education program.

Design and Development

The project design and development were based on the gap between the literature findings and the learning needs of the nurses and were guided by the focus on nurses' self-care learning. The development of the ongoing objectives of teaching self-care focused on bringing new knowledge, skills, and behaviors to nurses.

Implementation

The stakeholders were the management group, including the chief operating officer, the director of nursing, the staff educator and risk manager, and the psychologist. The stakeholders were asked to identify the outcomes they wanted to see from this project. Recommendations from the management team were incorporated into the education program. The program was offered as a 2-hour session each week for 2 weeks. This program was offered on sites away from high-risk areas. The program involved discussions on self-care, demonstration of relaxation skills, and a sharing time for participants.

Evaluation

Evaluation included the use of a pretest/posttest to assess nurses' knowledge before and after the education program, respectively. Descriptive statistics (mean and standard deviation) were used to evaluate the knowledge gained by the participants. The

participants in this project were nurses who work with potentially aggressive patients, the director of nursing, human resource officer, chief executive officer, and staff educators. Nurses were the primary target population, and they provided insight into the education program. The director of nursing and chief executive officer were the executive managers who reviewed the results of the education program and were significant elements of the evaluation of the program. The staff educator is a resource for ensuring the appropriateness and usefulness of the educational material for nurses. The human resource person is involved with staff who have been injured or have had time off from the job.

These stakeholders functioned as a well-rounded team to assess the needs and evaluate the project on completion. The project, with the team's oversight, gives credence to the education program and lets the staff know that management cares about what happens to their employees. This strengthens the cohesiveness and collaboration of management and frontline workers. Knowing that management supports the education program conveys the message that it is an important part of the willingness to retain employees and shows management's involvement in their recovery. One of the goals of this project was to provide credibility to the sensitivity of nurses through education. Education for nurses who have been assaulted and are in need of self-care can be seen in many areas of nursing, including geriatrics, emergency care, intensive care, and psychiatric nursing. Educating nurses on self-care acknowledges that treatment of victims of violence must be introduced in the workplace. Further areas that would benefit from

the program would be the emergency department, intensive care units, and nursing homes.

The objectives of the program were to provide information about workplace violence and its effects on nurses who experience assault. The education program was designed to help nurses self-identify what interventions would work for them to obtain the confidence and desire to return to the workplace. The education program was intended to help nurses recognize signs of stress and ineffective coping strategies (see Appendix A).

Summary

In Section 1, I explained the gap in practice, its significance, and the purpose and approach of the project. The gap in practice for this project was the lack of education on nurse self-care following an assault. Section 1 supported the gap in practice by providing sources of evidence that demonstrated this gap. In Section 2, I describe the context and background of the problem and the theories and models that guided the project.

Section 2: Background and Context

The purpose of this project was to provide education to nurses for self-care following workplace assault. The project addressed the following practice-focused question: Can an education program on self-care strategies increase nurses' knowledge about how to care for themselves following a workplace assault? The gap in practice was the nurses' lack of knowledge and education about self-care, which may support their return to work following a workplace assault. The lack of knowledge about self-care following an assault can inhibit nurses' recovery and ability to return to work.

Concepts, Models, and Theories

The self-care theory developed by Orem (Nursing Theory.org, 2022) guided the project. Orem's theory was built on the desire to improve the quality of nursing in general hospitals in a state. The model interrelates with other validated theories and concepts in such a way as to create a different way of looking at a particular phenomenon. This theory can be used by nurses to guide and improve their practice. The major assumptions of Orem's self-care deficit theory are as follows:

- People should be self-reliant and responsible for their care and that of others in their family who need care.

- People are distinct individuals.

- Nursing is a form of action. It is an interaction between two or more people.

- Successfully meeting universal and developmental self-care requisites is an important component of primary-care prevention and ill health.

- A person's knowledge of potential health problems is needed to promote self-care behaviors.

- Self-care and dependent care are behaviors learned within a sociocultural context.

Orem's theory related to the DNP project of staff education. Orem recognized people as distinct individuals. A form of action between the educator and the learner occurred in this project. The educator identified with each participant and assisted them in understanding their self-care needs. Meeting the universal and developmental self-care requisites is an important component of primary prevention and ill health and relates to nurses who have been assaulted and the primary care of restoring nurses' understanding and importance of regaining the self-confidence and self-care that nurses need to return to the workforce.

Relevance to Nursing Practice

Being safe at work is fundamental to a nurse's success and longevity in the nursing profession. Allen (2013) addressed the issue of workplace violence/assaults against nurses and developed an education program specifically designed for nurses called Staying Safe. This program focused on teaching nurses when to seek assistance in unsafe situations but did not cover the aspect of self-care following an assault. The key points emphasized in the program were as follows:

1. Contrary to common beliefs, getting injured is not an expected or acceptable part of the job when providing care for psychiatric patients.

2. Implementing strategies that have proven effective in reducing assaults on staff include ensuring adequate support and having a preestablished plan before physically intervening with patients.

3. Cultivating a change in organizational culture requires leaders to demonstrate persistence, patience, and commitment.

An article published by the Joint Commission Journal on Quality and Patient Safety (2020) recognized the need to address workplace violence but stated there has been a paucity of evidence in guiding interventions to minimize workplace violence. The article did not provide any solutions or programs to help heal the healers.

Many studies have found that the aftermath effects of patient aggression and violence toward nurses include negative reactions such as shock, depression, demoralization, and guilt (Lim, 2011). These feelings can lead to nurses not wanting to return to the area of practice or not returning to practice. Cutcliffe (1999) discovered that nurses are less likely to view violence as a negative, destructive, and ruinous activity if they are more equipped in addition to their length of experience, supporting the need for staff training in the management of the aftermath effects of patient aggression and violence. I developed this project to support self-care for nurses to close the gap in practice regarding the need for self-care education for nurses. The information on preventive measures and signs of acts of violence by patients was provided to nurses to identify when a patient may become aggressive, but there was no education to care for the nurse following an assault.

Local Background and Context

This project was conducted at a mental health facility in the Midwest United States. This facility had struggled with staffing issues; therefore, retention of staff was critical. Education programs that support nurses were viewed positively and supported by the management team. As the largest facility in the state, the project site needed to develop programs that would encourage nursing staff and management to have cohesiveness with an understanding of preserving nurse self-care. Violence in the workplace is a deterrent for nurses who want to work in high-risk areas such as the emergency department and mental health facilities. Workplace violence can be classified as structural or institutional, and behavioral or relational (Weiss, 2016). It can cause damage to both the workers and those under their care because it leads to a decline in nurses' health standard and quality of service provided. This can lead to nurses leaving the workforce. It is important that nurses are provided support from management and peers. (Weiss, 2016) Education on self-care gives nurses the feeling that management is aware of the risk of violence in the area they work in and the severity of violence that can occur. Most studies have shown an increased number of missed days from work, burnout, productivity, and returning to work in a safe work environment (Weiss, 2016).

The federal government has implemented laws to ensure that the assault of a health care professional is considered a felony and can be prosecuted. The U.S. House of Representatives passed a groundbreaking federal bill to protect health care and social service workers from high rates of workplace violence, H.R.1309 (National Nurse, 2019).

This legislation required the federal Occupational Safety Health Administration to create a federal workplace violence prevention standard.

Role of the DNP Student

Entering the practice of psychiatric nursing approximately 10 years ago was eye-opening for me. I found the career of a psychiatric nurse unnerving. Patients demonstrated verbal and physical violence to staff daily. Learning the correct techniques through training and guidance of mentors, I was able to develop therapeutic relationships with patients. Witnessing numerous attempts of verbal and physical assaults, I found that staff sometimes became desensitized and lost the desire to provide therapeutic care to patients. As noted in research, support systems include peers, the incidence of burnout is high, and recruitment to a violent career area is difficult. Nurses and managers in psychiatric care units must be able to recharge and must know that management cares. Follow-up for nurses who have been assaulted begins with education regarding taking care of themselves. The literature I reviewed did not make this connection. Many programs offer prevention care but not aftercare. The facility where this project was conducted had begun a relationship with the local university regarding compassionate care for staff. The project committee met several times but then dissolved. It was important for the facility to educate staff about the importance of self-care.

Witnessing the severity of injury and having nurses change careers because of violence and the lack of interest or management of employees following an assault inspired me to want to do more. It was important for me to assist in the education of the staff to help in their recovery from assault. Knowing the details of the assault was not as

important as encouraging participation in the education program. To provide staff with the tools to encourage self-worth was the goal of the education program.

Role of the Project Team

The role of the project team was to make recommendations for program development and evaluate the project with regard to the content and involvement of management in the commitment to support the education program. Most team members were involved with the care and treatment of patients and the collaboration of nurses and staff.

Summary

The theories, concepts, and models addressed in this section provided support to fill the gap in practice. Orem's theory was supportive of the need for self-care of individuals, including nurses. The project was based on a gap in practice: the need for education for self-care. In Section 3, I discuss the practice-focused question and the sources of evidence to support the project.

Section 3: Collection and Analysis of Evidence

Nurses working in acute care psychiatric settings experience high rates of patient violence, which influences outcomes for nurses and the organization (Stevenson et al., 2015). The problem addressed in the current DNP project was the lack of education about self-care for nurses who had been assaulted in the workplace, including education on the prevention of assaults and recognizing stress from an assault. The lack of education about self-care for nurses can hinder them from feeling confident about returning to work. Nurses endorsed the need for improved education, debriefing following an incident, and a supportive work environment (Stevenson et al., 2015) and have found these elements to be part of the healing process in dealing with an assault.

Practice-Focused Question

The local practice problem for this project was the lack of self-care education for nurses following a workplace assault. The literature provided evidence of the traumatic effects of assaults on nurses but provided limited evidence on what nurses should do to care for themselves following an assault. The DNP practice site did not provide education to nurses on self-care following an incident of workplace violence. The gap in practice was the lack of education for the self-care of nurses following an assault. The guiding question for the project was the following: Can an education program on self-care strategies increase nurses' knowledge about how to care for themselves following a workplace assault?

The operational definition of assaults in this project was causing someone verbal, physical, or mental harm. Patient-to-staff assaults occur during the work shift. Self-care

education would help nurses discover or process feelings from an assault, would provide

an understanding of the event, and would provide nurses with the strength and confidence

to return to the workforce. Participants were invited to attend the program via an email

sent to all nursing staff. Before and after the education sessions, a pretest/posttest was

distributed to the participants to determine any increase in knowledge. The participants'

responses were kept confidential and reported only in the aggregate. The participants

were allowed to leave the education session at any time if they felt uncomfortable. They

were also directed to seek assistance as needed. The approval of the Walden University

Institutional Review Board and project site was sought. The identities of the patients or

participants were not disclosed. The project site did not have an institutional review

board. A letter from the site administrator was obtained, and approval to conduct the

project was obtained from the Walden Institutional Review Board. Approval number 06-

01-23-1010935.

Sources of Evidence

Sources of evidence included evidence-based practice research for the education

of nurses following an assault and the ability to learn to perform a self-assessment for

nurses in the workplace. Current publications from organizations such as the American

Psychiatric Association, the CDC, the American Nurse Association, the Substance Abuse

and Mental Health Association, and the National Alliance Mental Illness were used as

additional sources of evidence for this project. The search engines used included

Medline, CINAHL, Google Scholar, and the Cochrane Library, which allowed me to

conduct a systematic review of the relevant literature. All research findings were

evidence- based and published within the last 5 years. The keywords included *assault* (*physical*, *mental*, or *emotional*), *education*, *workplace violence*, *mental health settings*, *nurses*, and *culture of safety*. The keywords reflected the types of assault, education programs, workplace violence as defined by types of assault, and recovery concepts such as compassion fatigue and culture of safety.

Additional information about the practice problem was obtained from the practice site. In the psychiatric hospital that was the focus of this project, 65 physical assaults occurred in 2019 (Risk Management), November 22, 2019). Not all of these assaults resulted in injury, but all caused trauma to the involved staff. These assaults were from patients to staff and were physical. The facility did not track any other type of assault. Education was needed to increase nurses' self-confidence and improve their ability to avoid assaults (see Halm, 2017).

The literature addressed the trauma that occurs to nurses but did not provide evidence of support for self-care of nurses following an assault. Education about self-care for nurses was important to take care of nurses in the workforce. Existing evidence did not consider the multiple influences that may impact nurses' decisions to remain or leave rural and remote areas (MacKay et al., 2021). In a qualitative systematic review, Zhang et al. (2021) concluded that nurses experience significant and lasting psychological trauma due to workplace violence; however, support for nurses remains inadequate.

In the current project, nurses were invited to an education session that focused on the aftermath of an assault in the workplace. A pretest/posttest was given, with emphasis on self-care education and examining self-care before and after the assault. The education

of the nurses was aimed at increasing their knowledge and awareness of self-care related

to an assault. The pretest/posttest results were analyzed to determine whether the

education program was effective in teaching nurses self-care. The nursing staff were also

asked to address the feasibility and value of the program.

Analysis and Synthesis

Data obtained from the pretest/posttest were analyzed using descriptive statistics

and displayed using graphs and charts, as appropriate. The pretest/posttest were designed

to provide data related to self-care. Self-care was also addressed in the posttest by the

participant. Pretests/posttests were performed to determine any increase in knowledge.

Participants were also asked to evaluate the program. The pretest/posttest questions were

related to the types of skills to help, knowledge of self-care, access to education on self-

care, and the value of self-care education. Questions will be designed as multiple choice

(see Appendix B).

Summary

The practice-focused question was supported by the sources of evidence and

identified research. The databases and search engines led to evidence-based research to

address the practice-focused question. The participants were selected through an email

solicitation to the nurses at the project site. The program was limited to 15 participants

per education session. Pretests/posttests were conducted to obtain data on the

effectiveness of the education session. Section 4 presents the findings, implications, and

recommendations for the project.

Section 4: Findings and Recommendations

Assaults are prevalent in the workplace, and prevention is taught and reviewed in high-risk areas such as the emergency departments, psychiatric units, and intensive care units. The gap in practice locally and through research was the lack of self-care education and follow-through given to nurses following an assault. The guiding question for the project was the following: Can an education program on self-care strategies increase nurses' knowledge about how to care for themselves following a workplace assault? Educating nurses regarding self-care may encourage their self-confidence and increase their motivation to return to the workforce. Self-care of nurses promotes their individualism and autonomy as people and their importance to the workforce as a caring part of the organization. When employees perceive that their values, developmental goals, supervisors, and support systems are aligned, they will excel in their work, be satisfied with their jobs, and be proud of their organizations. Nurses tend to stay with the organization and provide outstanding patient care (Boonyaphisompan et al., 2022).

Findings and Implications

Sources of evidence included the resources of evidence-based practice in the literature regarding the education that nurses received following an assault. Sources were found using search engines such as Medline, CINAHL, and Google Scholar, which were found in the Walden University Library. The evidence found in the literature led to programs developed to recognize when an assault may occur and when it happened. Physical, mental, and emotional signs were listed, but no sources of evidence stated the need for self-care education among nurses following an assault. The education sessions in

the current project were held at two times (10:00 a.m. and 2:00 p.m.) to include different staff. The education presentation was offered in a classroom setting.

A total of 10 participants attended the education session. The PowerPoint was shown on the computer at table level because the maintenance team was not available to hook up the screen. This posed some difficulty for visualization; to compensate, the slides were reviewed by staff as needed (see Appendix C).

The attendees were very verbal in the discussion of the content. Discussion of workplace violence in this facility setting was reviewed, with 72 incidents for the year to date, resulting in little to no harm. The facts of the workplace violence were discussed in relation to the CDC (2021) statistics.

A pretest was given to each participant to obtain a background of the workplace violence and an understanding of self-care. The mean score was 7, and the standard deviation was calculated 3 standard deviations above the mean. There were no outliers in the data. To assess the program's effectiveness, I administered a pretest/posttest to the participants. The results indicated an 11% increase in knowledge (pretest mean 7, posttest mean 7.8). The results indicated no outliers (see Appendix D).

The education program included a time for participants to discuss their concerns about assaults and experiences they had encountered. This was an interesting part of the education program because participants became emotional when remembering their experiences of assault or trauma. The literature recommended the collaboration of staff supporting each other in this manner. The presentation reiterated how important it is to take care of oneself and each other. A point of discussion when talking about next steps

was the positive comments about the support team that would arrive at the time of the assault. The team would pay attention to the staff member and follow up as needed, including for a few days or weeks, whatever was needed.

The pretest and posttest were administered to evaluate the education program in terms of its implications, knowledge, and importance of self-care. The findings from these data revealed some changes in the thoughts or emphasis placed on self-care interventions that were important to the participants. Individual coping skills such as massage, breathing, and relaxing techniques were important, and other interventions included seeking out coworkers and friends who had been through similar experiences. A 10-minute period of time was allowed for sharing the importance of self-care. This turned into a 15-minute period of time because participants recognized that this education program was an opportunity to share experiences with each other.

The impact of workplace violence in this facility was examined. The implications of the education program and the awareness the hospital promoted a zero tolerance for workplace violence. Banners are posted on each floor to let all who visit or are patients know the staff awareness of this issue. The education program and the recognition of the interventions administered promoted a caring environment for the staff.

The unanticipated outcome of this education program was how the staff responded to it. From the discussion that occurred among the staff, the need was recognized during the education program. The staff participation was from different areas of the hospital that were higher risk. However, some participants were in office positions

and discussed how dealing with families can be high risk and stressful. This is one area that could be addressed in further research.

The implications of the education program have been well received . It has increased awareness among the senior leadership of frontline staff. The chief nursing officer has requested that more education times be scheduled to reach out to more staff. The education program is also being presented at the corporate level to involve further development. The impact of social change resulting from this education program was only positive. By letting staff know they are cared for and offering interventions and follow-up care, the management can show support for the staff. The retention of nurses and the need for nurses to feel safe and cared for in the work environment will increase their willingness to care for patients.

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

The recommended solution to this gap in practice is education and awareness of the need to provide self-care to nurses. The gap in practice was the lack of education to care for nurses once an assault has occurred. The teaching of self-care is not the only gap in practice; the gap also includes the relationships between administration and coworkers that evolve in the workplace setting. During the education program, the strongest parts were the discussion and dissemination of information between the staff by sharing experiences regarding what was helpful or would be helpful to them.

A second recommendation of this education session is the development of a response team when an assault occurs. For an immediate intervention, whether it involves an injury or a verbal or mental assault, the team would be called. There was an

overwhelming response to developing a program of this nature. The participants also discussed the workplace violence committee. The hospital must ensure that the staff and patients are safe. A team will be developed to propose interventions and responses to a call for a response team. A code word would be developed to alert staff to respond. The responders would also need education and training in how to respond. Policies and procedures also need to be developed to coincide with the philosophy and guidelines developed. The challenges will be how to develop these guidelines because there is little information available. Continued research and collaboration with other hospitals or programs will be needed. The continued support of administration will be important in the setup and completion of this program.

The overall evaluations of the program were positive. The participants felt that the objectives were met and that the information provided showed an increased knowledge on nurses' self-care following an assault. The concern was the PowerPoint presentation because the maintenance department did not show up to provide service on displaying the PowerPoint. The staff adapted to this by viewing the PowerPoint presentation on my laptop. The participants heard and understood the presentation. The attendees felt that this presentation would be applicable to staff from all disciplines in high-risk areas.

<div align="center">**Contribution of the Doctoral Project Team**</div>

This team was composed of the workplace violence team, which included risk management, the chief nursing officer, administrator, educator, and corporate risk management. This team was given the PowerPoint presentation and an overview of the education project. The team was supportive and offered suggestions for disseminating the

information not only to high-risk areas but also to all staff. The information will be delivered to all staff, continuing to address the areas of interest and improvement. The education program will be offered to all hospital staff at different times and places to provide convenience and flexibility. This program will also be recommended to corporate staff as part of the workplace violence program.

Strengths and Limitations of the Project

The strengths of this program included the education program that was developed. The gap in practice had been a subject of discontent for nurses for a long time. The fact that workplace violence will not be tolerated and that the company is willing to spend money on education to support this policy are strengths. The limitation of this education project was time. The project had several moving parts, which took time to coordinate. This was not necessarily a limitation but an expectation of commitment. Future projects may include a portion of this education in the orientation of new staff as part of the hospital training program.

Section 5: Dissemination Plan

Dissemination of this education plan will begin with the senior leadership team. The team will provide guidance and approval of the project to move forward. The workplace violence committee will also provide information to different departments of the hospital to ensure that staff are made aware of the committee and education program to be introduced to them. Announcements, posters, and other promotional ideas can be used to motivate the staff to undergo the education program. One proposal would be for senior leadership to approve messages for staff, gift bags, and a gift certificate to be drawn. Announcements will be made during daily huddles and placed on the web site to encourage increased awareness of the education program. The audience will be any hospital employee who may be exposed to workplace violence or has the need to review ways to help themselves during this difficult time.

Analysis of Self

The roles of practitioner, scholar, and project manager in this project were interdependent. As a practitioner, I can lend guidance to healthy coping skills for gaps in practice that need to be addressed. As a scholar, I can provides guidance in projecting where the education should go on the basis of the evidence-based practice found in the literature. As a project manager, I can pull all of the pieces together to form an education program that is evidenced based, is designed to captivate the audience, and meets the timelines generated for a successful presentation.

This project has been exciting because I began this journey with the desire to reach out to nurses in a professional and personal way for respect, confidence, and

professionalism. The fact that the nursing profession has been placed in an environment that can endanger nurses' safety is disturbing. In many scenarios throughout my nursing career, there have been times of bullying, workplace violence, and inconsiderate treatment that have led to stress, burnout, and questions regarding my profession, which are worse in the psychiatric profession. The question I asked was "what can I or my profession offer to make it better?" Taking care of nurses and recognizing their need to take care of each other was the motivation for this educational project. The exciting part was when the leadership team, the workplace violence committee, and the participants of the education program agreed that the education program was needed.

Summary

How person can be led down a path that gives resilience and satisfaction to the chosen area of nursing is interesting. The desire to conduct this education project came from seeing fellow coworkers experience injuries, try to come back to work after a devastating incident, and wonder whether this is what they should be doing. I observed their confidence levels decline and watched the difficulties of nurse retention and burnout. The surprising thing was the number of studies regarding these topics, but none addressed the violence nurses experience in the workforce. Restoring nurses' confidence and letting them know that they are supported by coworkers and have the ability to restore themselves are what triggered the need for self-care in nurse education.

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Appendix A: Education for Nurses on Self Care   Following an Assault

Pretest (to be given to participants as they enter the educational program)

Objectives

At the end of the program, participants will be able to

1. recognize statistical data relevant to the workplace;

2. define self-care as an individual need by each nurse;

3. recognize symptoms of anxiety, fear, and burnout that signal a need for self-
care;

4. select interventions to aid in personal self-care; and

5. describe when to seek professional help following a workplace assault and
how to reach out to the resource outlined in the program.

Agenda

Introduction of the Self/Educational Program

Statistical Data Regarding Assaults in the Workplace

Definition of Assaults

How do assaults affect us physically, emotionally, and mentally?

Break into small groups (5–10 minutes).

Definition of Self-care

The What, How, and Why of Self-Care

Discussion of Interventions to aid in self-care

1. Mindfulness

2. Aromatherapy

3. Massage Therapy and Breathing Exercises

4. Knowing When It Is Necessary to Seek Additional Help

Appendix B: Pretest/Posttest Questions

1. Assaults on nurses affect their ability to return to work and confidence in their

   abilities. What forms of assault can affect nurses? Select all that apply.

   A) Physical

   B) Mental

   C) Verbal

   D) All of the above

2. Interventions that encourage nurses to develop self-care habits are as follows:

   A) Going out with friends and having alcoholic beverages

   B) Seeking out friends and giving details about the incident that occurred

   C) Sleeping a lot

   D) Consulting a manager and therapist to encourage employees to talk about the

   incident

3. Anxiety, fear, and burnout are types of symptoms observed in nurses who have

   been assaulted. What coping skills would benefit the nurse in dealing with these

   feelings? (Select all that apply.)

   A) Enrolling in a self-defense class

   B) Drinking 3–4 glasses of wine

   C) Aromatherapy

   D) Massage

4. Assaults on nurses can affect their confidence in several areas of their lives.

   (Select all that apply.)

A) Socializing with friends

B) Relationships with family

C) Relationship with pets

D) Relationships with coworkers

5. Would a response team to assist the nurse at the time of the assault be helpful?

A) Very helpful

B) Helpful

C) Somewhat helpful

D) No, not at all

Appendix C: Presentation of Educational Slideshow for Self-Care

Objectives of Presentation

- Recognize statistical data relevant to the workplace by the end of this program
- Define self-care as an individual need by each nurse by the conclusion of the program
- Recognize symptoms of anxiety, fear and burnout that signal a need for self-care by the conclusion of the program.
- Select interventions to aid in personal self-care by the conclsion of the program.
- Describe when to seek professional help following a workplace assault and how to reach out to that resource outlined in the program.

Who experiences workplace violence

- 21% of victims of workplace homicides worked in sales and related occupations. Protective-service occupations, notably police officers and security guards, accounted for 19% of workplace homicides.
- 66% of workplace homicide victims were ages 25 to 54.
- 23% of victims of workplace homicides were self-employed.
- 79% of workplace homicides were shootings.
- ED nurses and psychiatric nurses are high in the incidence of workplace violence.

The Symptoms

- Anxiety, restlessness, tremors the inability to perform ADL's.

- Fear of returning to work, to participating in outside activities.

- The inability to relate to coworkers, sense of negativism, can't get out of bed. Blocking out of family and friends

Types of Assault

- Physical

- Verbal

- Sexual

- Emotional Mental

When Does Self-Care Begin

- Begins before the time of the assault
- CoWorker , Supervisor rescues nurse who is assaulted while other staff take care of the patient
- Security or police may need to be involved
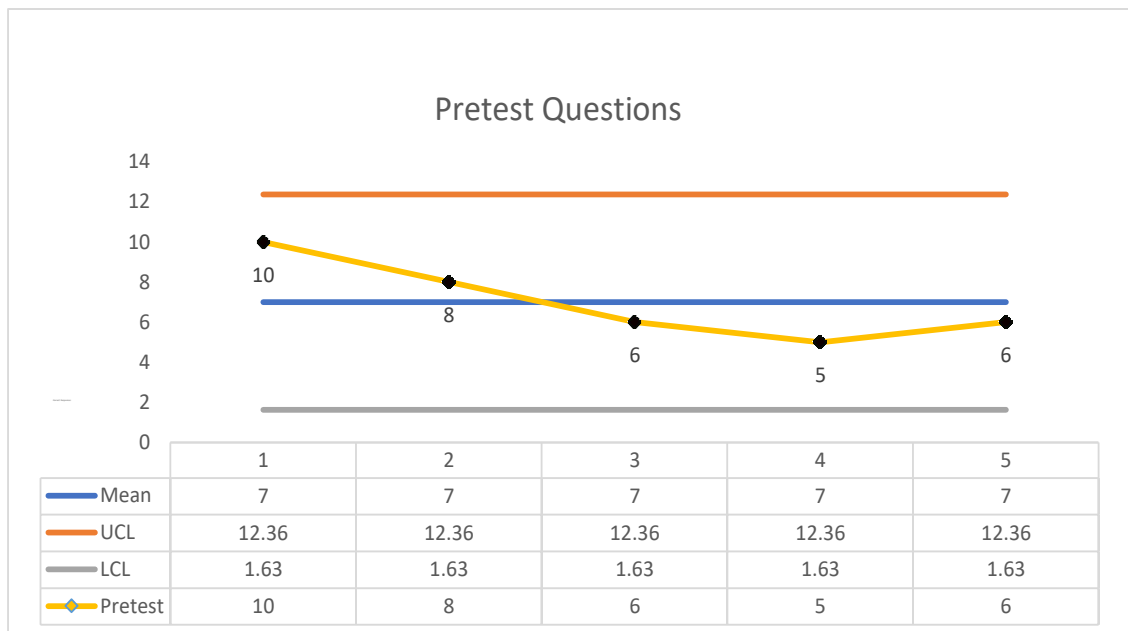
Self-Care Interventions

- Exercise
- Self talk
- Four square breathing
- https://youtu.be/UL30wZTn2kE

- Essential Oils
- Massage; Hot bath
- Going out with friends that can relate to your experience

Questions?

- Solutions?

Appendix D: Pretest Results

Appendix D

Pretest Questions

	1	2	3	4	5
Mean	7	7	7	7	7
UCL	12.36	12.36	12.36	12.36	12.36
LCL	1.63	1.63	1.63	1.63	1.63
Pretest	10	8	6	5	6

Appendix E: Postest Results

Post Test Questions

	1	2	3	4	5
Mean	7.8	7.8	7.8	7.8	7.8
UCL	11.77	11.77	11.77	11.77	11.77
LCL	3.82	3.82	3.82	3.82	3.82
Post Test	10	8	7	6	8

Questions
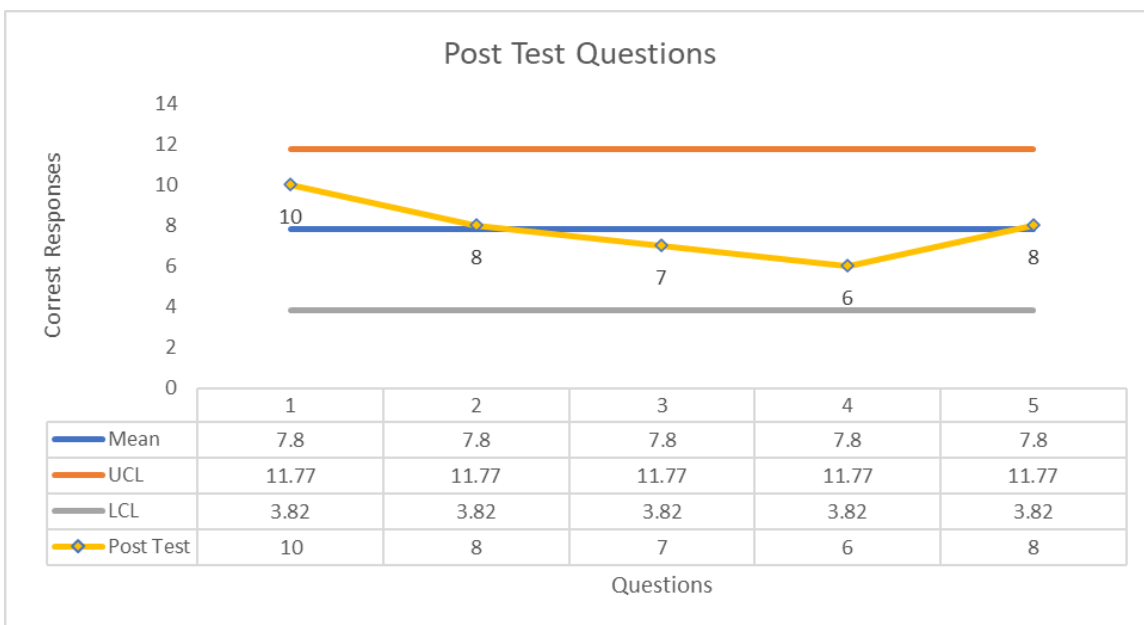
Appendix F: Pretest and Posttest Results Comparison

Appendix F

Pre and Post Test Results Comparative Results
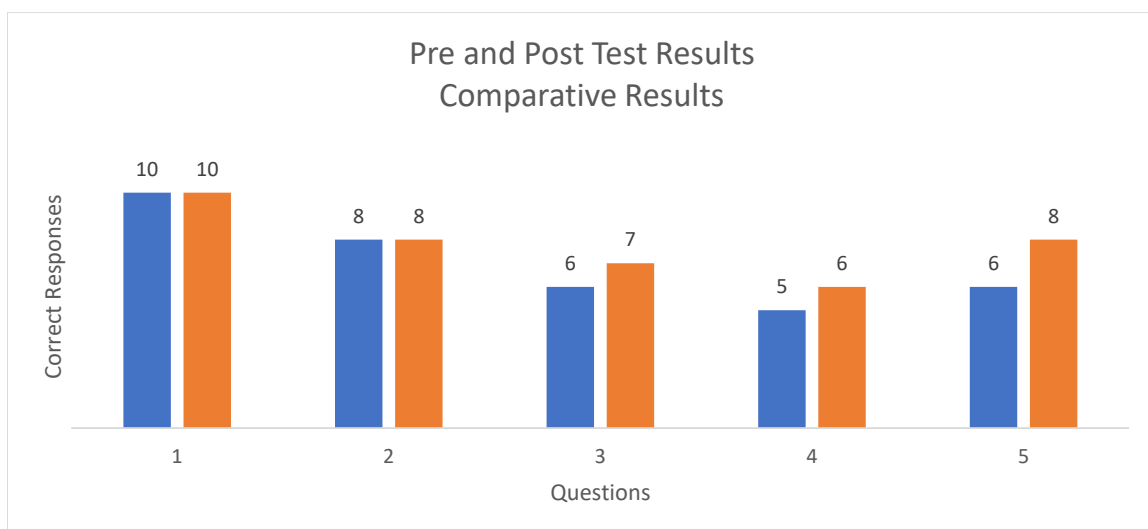
Appendix G: Evaluation "Yes" Answers

	1	2	3	4	5
Control	9.4	9.4	9.4	9.4	9.4
UCL	13	13	13	13	13
LCL	5.8	5.8	5.8	5.8	5.8
Yes	10	10	7	10	10
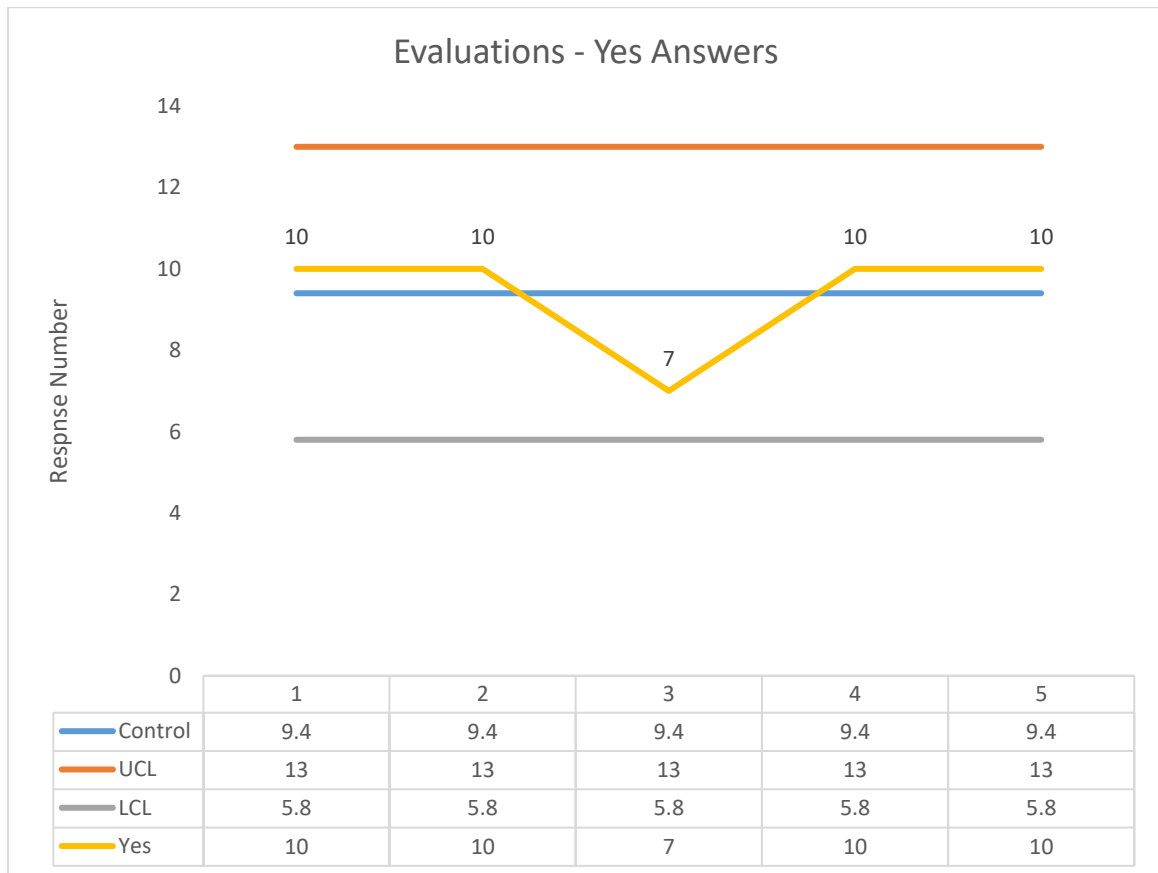
Appendix H: Evaluation "No" Answers

Evalautions- No Answers

	1	2	3	4	5
No	0	0	3	0	0
Mean	0.6	0.6	0.6	0.6	0.6
UCL	4.2	4.2	4.2	4.2	4.2
LCL	-3	-3	-3	-3	-3