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Educating Nurses on Healthy Coping Mechanism Following Workplace Violence Occurrences

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Executive Summary: Staff Education Project

Educating Nurses on Healthy Coping Mechanism Following Workplace Violence Occurrences

by

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Summary

According to the American Nurses Association (ANA), healthcare workers are five times more likely to suffer a workplace violence (WPV) injury compared to workers in other industries. Given that nurses are the foundation of healthcare delivery, WPV is a cause for concern for most healthcare organizations. In the local organization, leadership has identified an increase in reported WPV occurrences among nurses. Given this, leadership agreed that an educational intervention focused on strategies to address WPV was warranted. Thus, the purpose of this doctor of nursing practice (DNP) project was to determine whether an educational intervention focused on healthy coping mechanisms following a WPV occurrence increases knowledge and awareness among nurses. Eleven participants attended the educational intervention held at the organization. The average age of the participants was 37.45 years (SD = 15.44) with 82% of the participants identifying as female and the remaining 18% being male. The mean pretest score for knowledge was 8.45 (SD = 1.04) and the mean posttest score was 10 (SD = 0.00). A Wilcoxon signed rank test showed a statistically significant difference between the pretest and posttest scores ($z = -2.70$, $p < 0.01$) indicating an increase in knowledge among the participants. Participants were asked to rate their awareness of four specific areas related to cultural sensitivity using a Likert scale. A Wilcoxon signed-rank test showed a statistical difference between pretest and posttest scores among all four content areas indicating an increase in awareness among the participants. It is hoped that the increased knowledge and awareness of WPV and healthy coping mechanisms following a WPV occurrence translates into practice and ultimately will lead to positive patient, provider, and organizational outcomes.

Background

According to the ANA (2024), healthcare workers, especially nurses, are five times as likely to suffer a WPV injury compared to other private industry workers. In a recent study of over 5,000 nurses, 59% reported that they have been verbally assaulted by a patient and 1 in 4 nurses reported being physically assaulted (ANA, 2024). Moreover, Lim et al. (2022) posited that 75% of all nurses have been exposed to WPV, especially in the emergency department given the intense workload and high patient expectations. Of the total WPV cases in healthcare, 72% occurred against women, 69% of the cases required days away from work, and 31% resulted in a career transfer (ANA, 2024).

Despite the alarming prevalence of WPV in nursing, research has demonstrated that when an assault does occur, most nurses are reluctant to report the incidence due to the complex process of reporting and the fear that the organization will not support the reporter (Arnetz et al., 2015; Spencer et al., 2023). As a result, WPV often goes unreported and tends to produce many consequences for the individual such as workplace stress, burnout, lack of trust in management, a loss of team confidence, and a hostile work environment (Magnavita et al., 2020). Thus, these effects on nurses can lead to decreased job satisfaction, increased stress levels, and negative impacts on their mental and physical well-being, which in turn affects patient and provider outcomes (Beeber et al., 2023). Furthermore, it is estimated that of the 61% of nurses who experience WPV per year, close to half will leave the organization due to WPV (Somani et al., 2021). Thus, WPV is a cause for concern among nurses.

In the local organization, leadership has recognized that WPV is a concern as the topic has been under much discussion given the nature of the patient environment and the increase in reported patient-related violence against nurses that has occurred. Given that

efforts to address WPV against nurses involve both prevention and intervention strategies, leadership at the local organization has recognized that an educational intervention focused on WPV and strategies to mitigate WPV is the next logical step in addressing this important issue. Thus, the purpose of this DNP project was to determine whether an educational intervention focused on healthy coping mechanisms following a WPV incidence increased knowledge and awareness among nurses on a medical surgical unit.

Staff Education Project Development

During the initial evaluation, I conducted an organizational readiness assessment and a stakeholder analysis, which established the commitment from the organization and its leadership for this DNP staff education project. A strengths, weaknesses, opportunities, and threats (SWOT) analysis was completed as well to assess the organization. The analysis highlighted the organizational strengths such as the organization's strong mission, vision, and values related to patient and staff safety, the presence of support services, and heightened awareness of the need for attention to this important topic. Despite these strengths, some of the key weaknesses included staffing challenges, traumatic responses from staff regarding this topic, and a physical proximity to a psychiatric population. Opportunities for the organization included a strong, supportive literature base surrounding WPV, external grant funding to support and address this issue, and the engagement of essential supportive services to promote a safe environment. However, threats to the organization include the lack of regulatory policies protecting nurses from WPV and external competing factors of the healthcare environment.

Following formal approval of the project and informed by the evidence, I conducted a review of the literature to identify relevant articles on WPV and coping mechanisms after violent events. Drawing from the evidence, I developed an educational intervention (Appendix A), pretest (Appendix B), and posttest (Appendix C). Following the development of the materials, an expert panel reviewed the educational intervention, pretest, and posttest to establish the content validity of each item. The item content validity index and scale-content validity index were used as a guide; the indices of each tool were 1.0, which met and exceeded the threshold of 0.80 as acceptable standards across all three tools (Polit & Beck, 2006).

Nurses working on the medical surgical unit within the organization were invited to participate in the educational intervention. Participation was voluntary and the participants were not compensated for attending. Prior to the educational intervention, the participants were asked to create a unique identifier to identify and link their pretest and posttest. Participants were then asked to complete the pretest, which consisted of six demographic questions to describe the sample, 10 true/false questions to assess their knowledge on WPV and healthy coping strategies, and four Likert-scale questions to determine their awareness level. The Likert-scale questions ranged from 1 (*no awareness*) to 7 (*full awareness*) and were used to measure the participants' awareness in four content areas: (a) the importance of wellness education for nursing staff after WPV incidence, (b) the importance of reporting WPV events, (c) the importance of normalizing support and wellness resources, and (d) the importance of critical incident stress management team intervention following WPV event. After the completion and collection of the pretest, the educational intervention took place.

Following the educational intervention, the participants were asked to complete a posttest. The posttest consisted of the same 10 true/false questions to assess their knowledge and four Likert-scale questions to determine their awareness level on a scale of 1 (no awareness) to 7 (full awareness) as the pretest. Following the completion of the posttest, the educational intervention concluded.

After completing the intervention, each pretest was matched with its posttest using the unique identifier and scored for number of correctly answered questions to create a pretest and posttest score. Demographic information, pretest, and posttest scores were entered into a Microsoft Excel spreadsheet and uploaded into SPSS for analysis. Descriptive statistics were used to describe the sample, and inferential statistics were used to determine if there were differences in pretest and posttest scores.

Results

A total of 23 individuals were invited to participate in the educational intervention, and with leadership support, 11 individuals were able to attend the education intervention over the course of 1 day. The average age of the participants was 37.45 years (SD = 15.44) with a range of 24 to 67 years. Eighty-two percent (n = 9) of the participants identified as female with the remaining 18% (n = 2) being male. All participants indicated that they worked as a registered nurse (RN; 100%; N = 11) with 45.5% (n = 5) indicating they had a bachelor's degree and 54.5% (n = 6) indicating they had a master's degree. The mean number of years working in nursing was 12.41 (SD = 13.64) with a range of 1 to 44 years and the mean number of years working in the participant's current position was 5.77 years (SD = 7.31) with a range of 0.05 to 21 years (Table 1).

Table 1

Sample Demographics (N = 11)

Characteristic	n	%	M (SD)	Range
Gender				
Female	9	82		
Male	2	18		
Education				
Bachelor's degree	5	45.5		
Master's degree	6	54.5		
Age			37.45 (15.44)	24 to 67
Years in nursing			12.41 (13.64)	1.0 to 44
Years in current position			5.77 (7.31)	0.5 to 21

Statistical Analysis

The mean pretest score for knowledge was 8.45 (*SD* = 1.04) with a range of 7 to 10 and the mean posttest score was 10 (*SD* = 0.00) with a range of 10. Using a Wilcoxon signed rank test to estimate the data, there was a statistically significant difference between the pretest and posttest scores ($z = –2.70$, $p < 0.01$) indicating an increase in knowledge among the participants.

The mean pretest score for awareness of the importance of wellness education following WPV was 5.36 (*SD* = 1.43) with a range of 2 to 7. The mean posttest score for awareness of the importance of wellness education following WPV was 6.91 (*SD* = 0.30) with a range of 6 to 7. Using a Wilcoxon signed rank test to estimate the data, there was a statistically significant difference between the pretest and posttest scores ($z = –2.55$, $p < 0.05$) indicating an increase in awareness of the importance of wellness education following WPV among the participants.

The mean pretest score for awareness of the importance of reporting violent events was 5.55 (*SD* = 1.21) with a range of 4 to 7. The mean posttest score for awareness of the importance of reporting violent events was 6.91 (*SD* = 0.30) with a

range of 6 to 7. Using a Wilcoxon signed rank test to estimate the data, there was a statistically significant difference between the pretest and posttest scores ($z = –2.55$, $p < 0.05$) indicating an increase in awareness of the importance of reporting violent events among the participants.

The mean pretest score for awareness of normalizing support and wellness resources was 5.18 ($SD = 1.25$) with a range of 3 to 7. The mean posttest score for awareness of normalizing support and wellness resources was 6.82 ($SD = 0.41$) with a range of 6 to 7. Using a Wilcoxon signed rank test to estimate the data, there was a statistically significant difference between the pretest and posttest scores ($z = –2.70$, $p < 0.01$) indicating an increase in awareness of normalizing support and wellness resources among the participants.

The mean pretest score for awareness of the importance of critical incident stress management team intervention post-WPV was 5.73 ($SD = 1.10$) with a range of 4 to 7. The mean posttest score for awareness of the importance of critical incident stress management team intervention post-WPV was 7.00 ($SD = 0.00$) with a range of 7. Using a Wilcoxon signed rank test to estimate the data, there was a statistically significant difference between the pretest and posttest scores ($z = –2.56$, $p < 0.05$) indicating an increase in awareness of the importance of critical incident stress management team intervention post-WPV among the participants (Table 2).

Table 2

Pretest Versus Posttest Knowledge and Awareness (N = 25)

Variable	M (SD)	Range
Knowledge**		
Pretest	8.45 (1.04)	7–10
Posttest	10.00 (0.00)	10
Awareness of wellness education*		

Pretest	5.36 (1.43)	2 to 7
Posttest	6.91 (0.30)	6 to 7
Awareness of reporting violent event*		
Pretest	5.55 (1.21)	4 to 7
Posttest	6.91 (3.02)	6 to 7
Awareness of support and resources**		
Pretest	5.18 (1.25)	3 to 7
Posttest	6.82 (0.41)	6 to 7
Awareness of intervention post-WPV*		
Pretest	5.73 (1.10)	4 to 7
Posttest	7.00 (0.00)	7

Note. *$p < 0.05$; **$p < 0.01$

Strengths and Limitations

The main strength of this project was the supportive organizational culture driven by a strong motivation for change. Both organizational leaders and participants were engaged and supportive of the project, which raised the severity of the issue to multiple levels of the organization. Despite this strength, there were limitations. First, the participants were drawn from a single medical surgical unit within one organization; therefore, the results may not be generalizable to other settings and units. Second, the sample of 11 participants may only adequately represent part of the population of the organization, warranting replication with a larger sample for validation of the results. Last, given the data were measured at a single point in time, the sustainability of the knowledge and awareness is unknown.

Conclusions

Implications for the Organization

The results of this project demonstrate that the educational intervention can increase participants' knowledge and awareness of healthy coping strategies after violent events in the workplace. As a result, there are several implications for the organization. First, the project demonstrates the importance of using evidence to identify issues and

concerns in clinical practice. I used data to identify the concern and the best possible evidence to address the concern. With these underpinnings, the intervention ensured that the education delivered was relevant to nursing and nursing practice. Second, the educational intervention increased the knowledge and awareness of WPV and healthy strategies to address WPV among the participants, which has the potential to improve nursing practice. Thus, the increase in knowledge and awareness may then translate into practice, which in turn, may result in positive patient, provider, and organization outcomes. Last, this project demonstrated the importance of using educational interventions to educate nurses on important clinical issues such as WPV and healthy coping mechanisms following a WPV incidence.

Implications Beyond the Organization

The outcome of this project also has implications beyond the organization. Given the significance of this educational intervention focused on WPV and healthy coping mechanisms following a WPV incidence, leaders should consider sharing the findings with other healthcare institutions through presentations at local conferences and community forums. This dissemination will highlight the importance of WPV education and may encourage collaboration among organizations to adopt similar initiatives. Additionally, the results of this project demonstrate that an educational intervention can increase knowledge and awareness of WPV and healthy coping mechanisms following a WPV incidence. It is hoped that increased knowledge and awareness may translate into practice and result in positive patient, provider, and organizational outcomes and ultimately, positive social change.

Recommendations

There are several recommendations based on the results of this DNP project. First, the project demonstrates that an evidence-based educational program targeted at a specialized need within the organization can increase knowledge and awareness among nursing staff. Thus, I recommend that leadership continue to evaluate areas of practice that may be improved by continued education and implement educational interventions with the hope that the increased knowledge translates into practice to promote positive patient, provider, and organizational outcomes.

Second, to maintain the staff's current knowledge and awareness level related to healthy coping strategies, I recommend that the organization include this educational intervention as part of their annual competency learnings and onboarding for new staff. By incorporating the information and ensuring that all staff members, both new and current, understand the importance of WPV and healthy coping mechanisms following a WPV incidence is essential to fostering a safe healthcare environment for all. Last, because the organization is committed to continuous quality improvement, the results of this project should be shared with executive leadership and nursing staff to emphasize the importance of creating a healthy work place and to promote positive patient, provider, and organizational outcomes.

Summary

WPV is cause for concern among many healthcare organizations with over 75% of all nurses having be exposed to WPV (Mishra et al., 2018). This DNP project demonstrated that an educational intervention can increase knowledge and awareness of WPV and healthy coping mechanisms after violent events among participants. Recommendations for further sustainability of increased knowledge and awareness of

healthy coping mechanisms after violent events include continuation of the educational intervention annually and for new hires. The project results have implications for the local organization as well as beyond the organization and serves as a call to action for other organizations to provide education on this important topic, which may positively affect patient, provider, and organizational outcomes.

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Appendix A: Outline of Educational Intervention

1. Introduction
2. Review of Workplace Violence (WPV)
3. Impact of Workplace Violence on Healthcare Delivery team
4. Importance of Wellness Resources and Coping Mechanism Care plan for Nurses
5. Components of Wellness and Coping Resources for Nurses after an event of violence
    a. Event Awareness
    b. Triggers
    c. Management of Emotions
    d. Coping Strategies and Techniques
    e. Additional Resources
6. Strategies for Recognition of Feelings
7. Tips and Takeaways
8. Questions and Answers
9. Conclusion

Appendix B: Pretest

Thank you for agreeing to participate in this educational intervention. Please create a unique ID that is only known to you. You will not be asked to share this ID with anyone, nor should you share your ID with anyone. This ID will only be used to match your pretest with your posttest. No identifying information will be asked for and please do not provide any additional information outside of the questions being asked. Thank you again for taking the time to participate.

My Unique ID: _____

Demographic Information

Age (in years): _____

Gender:

_____Male

_____Female

_____Non-Binary

Type of Nursing Licensure:

_____ RN

_____ LPN

Highest Level of Nursing Education:

_____ Associates (AS)

_____ Bachelor's (BS or BSN)

_____ Masters (MSN)

_____ Doctoral (DNP or PhD)

Years in Nursing: _____

Years in Current Position: _____

Knowledge Questions

Please answer True or False to the following statements.

1. Workplace Violence (WPV) is the act or threat of violence, ranging from verbal abuse to physical assaults directed toward people at work on duty.

   True_____ False_____

2. WPV is a normal part of the job in healthcare.

   True_____ False_____

3. A patient is angry they must wear a monitor; they take it off and threaten to hit you with it. When reporting to risk master a peer tells you it is not necessary as you encountered no harm.

   True_____ False_____

4. Symptoms of traumatic events can become cumulative and can occur even years later.

   True_____ False_____

5. A good method of coping after a difficult situation is meeting friends for a drink.

   True_____ False_____

6. Shock is a sudden and often intense disturbance of your emotional state that may leave you feeling stunned or dazed and sometimes dissociated from yourself and your surroundings.

   True_____ False_____

7. It is normal to have nightmare and intrusive thoughts after a situation of violence occurs in the workplace.

   True_____ False_____

8. A situation of WPV occurs to a peer. It reminds you of a time that you encountered a violent event outside of the workplace. As this has happened to a peer, it does not affect your personal life.

   True_____ False_____

9. A healthy coping mechanism is communicating your experience in whatever ways feel comfortable to you - such as by talking with family or close friends, or keeping a journal

True_____ False_____

10. Printed self-care instructions alone are a sufficient form of wellness resource for nurses

    True_____ False_____

Awareness Questions

Please rate your awareness of the following statements using the indicated scale of 1 to 7 where 1 = “no awareness” and 7 = “full awareness”.

Importance of wellness education for nursing staff after WPV	**1**	**2**	**3**	**4**	**5**	**6**	**7**
Importance of reporting violent events	**1**	**2**	**3**	**4**	**5**	**6**	**7**
Importance of normalizing support and wellness resources	**1**	**2**	**3**	**4**	**5**	**6**	**7**
Importance of Critical Incident Stress Management Team Intervention post WPV	**1**	**2**	**3**	**4**	**5**	**6**	**7**

Appendix C: Posttest

Thank you again for agreeing to participate in this educational intervention. Please do not provide any additional information outside of the questions being asked. All information collected is anonymous and will be reported in the aggregate. Please complete this posttest using the ID that you created for your pretest. The ID will be used to match your pretest with your posttest.

My Unique ID: _____

Knowledge Questions

Please answer True or False to the following statements.

1. Workplace Violence (WPV) is the act or threat of violence, ranging from verbal abuse to physical assaults directed toward people at work on duty.

   True_____ False_____

2. WPV is a normal part of the job in healthcare.

   True_____ False_____

3. A patient is angry they must wear a monitor; they take it off and threaten to hit you with it. When reporting to risk master a peer tells you it is not necessary as you encountered no harm.

   True_____ False_____

4. Symptoms of traumatic events can become cumulative and can occur even years later.

   True_____ False_____

5. A good method of coping after a difficult situation is meeting friends for a drink.

   True_____ False_____

6. Shock is a sudden and often intense disturbance of your emotional state that may leave you feeling stunned or dazed and sometimes dissociated from yourself and your surroundings.

   True_____ False_____

7. It is normal to have nightmare and intrusive thoughts after a situation of violence occurs in the workplace.

True_____ False_____

8. A situation of WPV occurs to a peer. It reminds you of a time that you encountered a violent event outside of the workplace. As this has happened to a peer, it does not affect your personal life.

   True_____ False_____

9. A healthy coping mechanism is communicating your experience in whatever ways feel comfortable to you - such as by talking with family or close friends, or keeping a journal

   True_____ False_____

10. Printed self-care instructions alone are a sufficient form of wellness resource for nurses

    True_____ False_____

Awareness Questions

Please rate your awareness of the following statements using the indicated scale of 1 to 7 where 1 = “no awareness” and 7 = “full awareness”.

Importance of wellness education for nursing staff after WPV	**1**	**2**	**3**	**4**	**5**	**6**	**7**
Importance of reporting violent events	**1**	**2**	**3**	**4**	**5**	**6**	**7**
Importance of normalizing support and wellness resources	**1**	**2**	**3**	**4**	**5**	**6**	**7**
Importance of Critical Incident Stress Management Team Intervention post WPV	**1**	**2**	**3**	**4**	**5**	**6**	**7**