9-29-2025

Educating Correctional Nurses on the Use of a Mindfulness Program to Reduce Work Stress

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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
2025

Abstract

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MS, Walden University, 2017

BS, Grand Canyon University, 2015

Project Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Nursing Practice

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Abstract

Correctional nurses deliver care in environments marked by violent incidents, chronic understaffing, and moral distress. These conditions heighten occupational stress, jeopardize patient safety, and accelerate staff turnover, yet few U.S. jails provide evidence-based training in rapid self-regulation strategies. The purpose of this staff education project was to evaluate whether a 2-week curriculum could increase correctional nurses' knowledge, attitudes, and self-reported skills (KAS) for on-shift mindfulness use. Pender's health promotion model framed the intervention, Bloom's taxonomy and Kirkpatrick's evaluation model informed learning objectives and outcome levels. Five correctional nurses at a large urban jail completed an anonymous 10-item KAS survey before and after the course. Quantitative data were examined with paired-sample *t* tests and Cohens *d*; qualitative responses were thematically analyzed following Braun and Clarke's method. Baseline factual knowledge was near the ceiling ($M = 4.8/5$, 96%) and remained unchanged postintervention, confirming prior familiarity rather than instructional failure. Attitudinal endorsement of mindfulness, however, rose from 3.05 ± 0.55 to 3.70 ± 0.64 on a 5-point scale ($t_4 = 3.50$, $p = .024$, $d = 1.56$), indicating a large, educationally meaningful shift toward seeing mindfulness as job relevant. Skill enactment data showed sustained use of brief techniques during alarms but highlighted space and device constraints that limited longer practices. Broad adoption of the curriculum may advance positive social change by promoting workforce resilience and health equity within carceral health systems.

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Dedication

I am deeply thankful to my family for their unwavering support during challenging times and their encouragement during every achievement. You are my greatest joy, my husband and my children, whose love and tolerance made the long nights bearable, and my children, whose hugs reminded me why I continued. This effort is dedicated to correctional nurses worldwide as well. I am more inspired than words can say by your bravery, kindness, and strength in the face of adversity. It's your project.

Acknowledgments

I am deeply grateful to the faculty of the Doctor of Nursing Practice program. Dr Barbara Gross and Dr. Hahn, your guidance, encouragement, and commitment to excellence have carried me through this journey. Thank you for believing in me, challenging me, and helping me grow both personally and professionally. To my husband, thank you for being my rock. Your love, patience, and unwavering support made this possible. You stood by me through the late nights, the long hours, and the self-doubt, always reminding me of my strength. To my children, thank you for your understanding and the joy you bring into my life. You've been my motivation and light, even when things get hard. I hope this accomplishment shows you that anything is possible with faith and hard work. This project was not completed alone; it was built on the love, support, and guidance of those around me. From the bottom of my heart, thank you.

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Section 1: Nature of the Project

Work-related stress poses a serious risk to nurses' health by impairing focus, decreasing clinical accuracy, and hastening turnover. Correctional nurses deal with several additional pressures, such as high inmate acuity, security lockdowns, role conflict, and moral distress that raise stress indicators higher than in community settings, even though hospital-based research predominates in the literature (Ricciardelli et al., 2018). Self-reported levels of anxiety, despair, and burnout among correctional health professionals in the United States varied from 37% to 50% over the first 2 years of the COVID-19 pandemic (Guardiano et al., 2022). Mandatory overtime and vacancy statistics collected at the partner institution indicated that staffing shortages widened throughout 2023 despite declining infection rates, suggesting that this increase was not temporary.

Professional disciplines traditionally address high stress by prescribing deep-breathing exercises, progressive muscle relaxation, or referral to employee-assistance programs. However, nurses who have less than 60 seconds to respond to an assault alarm are not able to rely on any of those possibilities. Mindfulness is a conscious, nonjudgmental awareness of present-moment experience that can be practiced anywhere (Kabat-Zinn, 2003). Mindfulness enables practitioners to observe bodily tension and cascading thoughts without immediate reaction; over time, this stance reduces impulsive decision making and fosters measured, values-based responses (Bostock et al., 2019). Research in acute-care hospitals showed that mindfulness education improves self-reported coping confidence and lowers medication-error rates (Melnyk et al., 2020).

However, few correctional facilities provide comparable instruction and exploratory interviews. The current project confirmed that most bedside nurses could neither define mindfulness accurately nor name a single brief technique appropriate to a locked clinical unit.

The current doctor of nursing practice (DNP) project focused on the knowledge, attitudes, and self-reported skills (KAS) that correctional nurses possess related to mindfulness. Stress is the background condition, but increased KAS is the immediate, measurable target. The project's guiding question was the following: Among staff nurses practicing in a correctional facility, does the provision of staff education about a mindfulness stress-reducing program, compared with current practice without that education, assist in increasing nurses' knowledge about the effectiveness of using mindfulness to reduce work-related stress? The design aligned with the proposal that was accepted by the academic committee and the facility's institutional review board (IRB) because it restricted evaluation to learning outcomes rather than psychological or physiological stress measurements.

Problem Statement

Correctional nurses at the partner institution contend with volatile patient behavior, resource scarcity, and chronic understaffing. Incident reports analyzed for 2022–2023 showed a 72% increase in "man-down" codes compared with 2018–2019 data. According to conversations with supervisory nurses, bedside staff frequently arrived at these emergency scenes in a tachycardic, breath-holding, and cognitively disorganized state of acute sympathetic arousal. Repeated self-criticism was recorded in debriefing

notes, such as “I could not remember which cart had Narcan” or “I blanked for a second.” These statements illustrated the cognitive tunneling that occurs when stress physiology overwhelms working memory (Oberauer et al., 2018).

A brief scoping review of education records revealed that, although all new nurses receive annual computer-based training in suicide prevention and defensive tactics, no structured instruction in mindfulness or other evidence-informed self-regulation strategy had been offered since at least 2016. In other words, the facility experienced high stress and an educational deficit. Without specific knowledge of how to employ mindfulness and without confidence that the techniques are legitimate, nurses are unlikely to practice them during tense encounters. The absence of formal education perpetuates the stress-performance loop documented by Foster et al. (2020). This educational deficit constituted the gap in practice addressed by the current project. The emphasis on KAS was deliberate; decades of instructional design research confirmed that sustained behavioral change grows from cognitive and affective foundations (Bloom, 1956). Measuring those foundations through a pre- and post-intervention Knowledge, Attitudes and Practices (KAP) survey provided clear evidence of learning while remaining feasible within a high-security setting.

Purpose Statement

This DNP staff education project aimed to determine whether a brief, 2-week mindfulness curriculum could measurably strengthen correctional nurses’ KAS for using mindfulness techniques while on duty. Correctional nurses are aware of how difficult their work is; what they need is a systematic, research-based toolkit that they can use in

the tight time and security restrictions of a confined facility. The intervention focused on micro practices that may be performed at the medication cart or infirmary desk without the need for special equipment, such as three-breath centering, 1-minute breathing space, and 2-minute seated body scans.

Although the aspiration was to reduce physiological and psychological stress, such distal outcomes typically demand longitudinal measurement beyond the scope of a single capstone study. The current study intentionally restricted evaluation to variables that could change within 2 weeks: factual understanding of mindfulness mechanisms, positive attitudes toward using mindfulness in a correctional context, and confidence in applying the practices during routine and emergent situations. This was done to stay true to the approved proposal and Walden University's expectation that DNP projects produce actionable, near-term evidence. A KAP survey that had been approved for content validity by correctional health educators was used to collect data in these categories before and after the intervention.

The project met three practical imperatives by focusing on KAS rather than stress biomarkers or turnover rates. First, the project followed the approach approved by the IRB that permitted only anonymous, self-report educational data. Second, the project guaranteed that the project could be finished within the academic calendar and that stakeholders would receive the results. Third, the information the project provided was useful to the education department: Leaders may use it to support including the curriculum into yearly competencies if scores increase dramatically; if not, they can modify the content or delivery prior to organizational distribution. The project functioned

as a rigorous test of a pedagogical strategy and a rapid-cycle quality-improvement activity aimed at empowering correctional nurses with the cognitive and behavioral tools they need to manage a high-risk practice environment.

Nature of the Doctoral Project

The project followed Walden University's (2019) template for staff-education initiatives. Two weekly sessions, each lasting 30–45 minutes, were scheduled immediately before or after shift change so as not to extend nurses' on-site hours. Because electronic devices are restricted, instruction emphasized practices that require neither smartphones nor headphones: three-breath centering, 1-minute breathing space, a 2-minute body scan performed while seated at the medication cart, and a mindful two-step approach to agitated patients. Session content derived from the authorized Mindfulness-Based Stress Reduction Healthcare Curriculum (Santorelli et al., 2017), adapted for security constraints identified by custody supervisors.

Effectiveness was assessed with a 10-item KAP survey created for this project and vetted by three content experts, two correctional nurse educators, and one mindfulness researcher, for face validity and clarity. Ten multiple-choice questions measured factual knowledge of mindfulness mechanisms and contraindications. Five Likert-scale items gauged attitudinal openness to using mindfulness while on duty. The final five items asked participants to rate how frequently they employ specific mindfulness cues during a typical shift; response options range from 0 (*never*) to 4 (*always*). An anonymous code generated by each participant on both surveys linked pre and post data while preserving anonymity.

Quantitative data were entered into the Statistical Package for Social Sciences. Descriptive statistics summarized baseline KAS scores. Paired-sample *t* tests examined pre and post-change for each domain, and Cohen's *d* was calculated to express effect size. The survey concluded with three open-ended questions:

1. Which technique felt most feasible?
2. Describe a barrier you encountered
3. How might mindfulness influence your teamwork?

Responses were analyzed inductively and organized into themes that supplied context for the numerical findings (see Braun & Clarke, 2006). The project received dual approval from Walden University's IRB and the correctional health contractor's research committee. Participation was voluntary, and surveys were completed during paid time. No inmate data were collected; therefore, the study fell under minimal-risk guidelines.

Significance

Bedside nurses gained portable skills that can be deployed in under 1 minute, which are crucial when security protocols prohibit leaving a post for extended relaxation exercises. Nurse managers and the chief nursing officer obtained an evidence-backed curriculum ready for annual competency integration. Custody supervisors anticipated fewer rapid-escalation episodes because nurses who maintain composure communicate more effectively and request assistance sooner. Finally, incarcerated patients received care from clinicians who were cognitively present rather than distracted by internalized stress, reinforcing humane treatment goals articulated by Pont et al. (2018). The facility currently budgets $3.8 million annually for overtime. Leadership estimated that each 1%

reduction in vacancy rate would save approximately $60,000 in recruitment costs. The mindfulness curriculum may improve retention by boosting coping confidence that could result in quantifiable financial savings. Beyond financial metrics, the project may contribute to positive social change by supporting health equity for a marginalized population. Competent, calm nurses are pivotal to the timely detection of self-harm, infectious-disease outbreaks, and medication side effects in confinement settings (Ellis & Alexander, 2017).

Summary

Stress is endemic in correctional nursing, yet nurses at the partner institution lacked structured training in mindfulness, an empirically validated self-regulation strategy. This DNP project responded to that educational gap. Through two brief sessions and a rigorously designed KAP evaluation, the study determined whether nurses' KAS mindfulness skills improved over 2 weeks. Results may inform subsequent quality-improvement cycles and serve as a template for other high-stress health care environments. Subsequent sections provide the theoretical context, evidence synthesis, and methodological steps underpinning the project.

Section 2: Background and Context

Nurses are a central aspect of the healthcare sector; they play a significant role in maintaining and restoring patients' health. Similarly, correctional nurses work in prisons, providing their services to inmates. Correctional nurses offer support and help prisoners deal with health conditions, mental health issues, and substance abuse disorders. According to Molero Jurado et al. (2019), nursing is considered the most stressful profession. Correctional nurses deal with continuous work stress linked with emotional stress because dealing with prisoners and their issues eventually creates mental stress for nurses. Nurses use coping strategies that help them increase their tolerance level while minimizing emotional situations that affect their well-being. Solell and Smith (2019) stated that correctional nurses' work is becoming a stressful environment, making patient care decision making and caregiving processes more difficult for nurses.

In addition, the lack of well-being of nurses increases problems as the quality of care nurses provide decreases. Further, it becomes hard for nurses to maintain a healthy relationship with their patients, an essential aspect of caregiving. The guiding practice-focused question for this project was the following: Among staff nurses practicing in a correctional facility, does the provision of staff education about a mindfulness stress-reducing program, compared with current practice without that education, assist in increasing nurses' knowledge about the effectiveness of using mindfulness to reduce work-related stress? By educating correctional nurses on strategies such as mindfulness programs, work stress can be reduced, which eventually enhances well-being (Melnyk et al., 2020). Among all the methods, meditation will help nurses deal with work stress and

improve their psychological well-being, which will enhance the quality of care provided to prisoners. In addition, the project evaluated the performance of correctional nurses who maintained well-being and emotional stability during work.

Concepts, Models, and Theories

People value happiness and well-being due to their impacts on their psychological and overall health, both broadly and at work (Kun & Gadanecz, 2022). Employee satisfaction and associated favorable attitudes and perceptions about employment, professions, and companies have long attracted the attention of management researchers. Intellectuals and experts have defined satisfaction and well-being in various ways (Alexander et al., 2021). Such concepts have a wide range of theoretical and practical interpretations, and multiple authors have described the same concepts in several ways. Recognizing well-being and consciousness and reducing stress necessitates understanding several core ideas, models, and theories (Bostock et al., 2019). Although some conceptual frameworks and constructs have a solid foundation, others are more recent and need further support. The main difference is between hedonic views of well-being as positive emotion and judgments and eudemonic views, which contend that well-being entails engaging in behavior that is self-actualizing, impactful, and growth promoting (Garland et al., 2019). People care about being healthy because it gives them a sense of how their lifestyles develop. However, several concepts, models, and theories are related to mindfulness programs to reduce work stress; some essential concepts and models are mentioned in this section.

Concepts of Well-Being, Mindfulness, and Stress Management

The concept of well-being, being immensely complicated, is derived from a person's assessment of the physical, interpersonal, and psychological resources required to overcome a mental, personal, or cultural challenge, according to Martela and Sheldon. (2019), well-being is an “integrative” concept concerning an individual's well-being and factors related to their employment, including the physical surroundings, organizational culture, and psychological variables. It includes supportive work environments that help employees thrive and reach their full potential (Lamb & Kwok, 2016). The job demands affect correctional nurses’ quality of health and the life quality of correctional nurses, which then, in turn, affects their nursing care and the health of the patients they care for (Atkinson et al., 2020). The task of the nursing staff is to fulfill the diverse and complex needs of the patients competently and compassionately. Correctional nurses face challenges in their line of duty, physical, psychological, emotional, and ethical (Kucirka & Ramirez, 2019). These could include taking on the possibility of infection and physical or verbal abuse, meeting physical requirements, managing and assisting the needs of numerous complex patients, dealing with emotional discussions with patients and family members and taking on complex social and ethical issues, depending on the position and placing of the nurse's task (Zhang et al., 2019). Thus, correctional nurses' well-being combines physical and mental health, resulting in more comprehensive stress management and wellness promotion strategies. In addition to impacting employees' well-being and welfare, work stress is a global problem that decreases business effectiveness. According to Badu et al. (2020), when requirements at work of varying

sorts and combinations exceed an individual's ability and aptitude to deal with them, employees have a remarkably high chance of work stress. There are many reasons for depression and stress in the workplace. For instance, someone may feel pressure if their work demands (such as full days or commitments) are higher than they can comfortably manage. Additional sources of work-related stress include conflicts with co-workers or managers, ongoing change, and threats to job security, such as the potential for layoffs (Foster et al., 2020). Work Stress is related to the well-being of medical professionals and correctional nurses and affects their performance in healthcare.

Correctional nurses frequently experience mental health issues like stress, exhaustion, and anxiety. To Foy et al. (2019), stress and tension can be referred to "as a sensitive familiarity connected to biochemical, behavioral, and physiological traits." Thoughts of overload, anxiety, exhaustion, and run-down are common descriptions of stress. Furthermore, Joo and Liu (2021) concluded that psychological/emotional stress is referred to as the psychological reaction to requirements at the workplace that could be a social component, for instance, a skirmish between co-workers, unsatisfactory interactions with managers or co-workers, the feelings associated with providing care, a lack of incentives and rotating shifts are just a few examples of the things that can cause stress for nurses. In addition, it can be stressful for correctional nurses, especially those employed in public and community health settings, to see health inequities exposed, like unsafe accommodation and food insecurity (Phillips & Becker, 2019). These pressures and requirements on nurses' health and well-being impact their health and well-being,

affecting the effect by raising the likelihood of medical errors and risking patient care and safety.

Health Promotion Model

The “health promotion model” concentrates on people's connections with their “physiological and social surroundings” during efforts to enhance well-being and seeks to clarify the forces that shape the desire to participate in health-promoting behaviors (Fernandez et al., 2019). This model strongly focuses on a person's capacity to actively influence their environment to start and preserve behaviors that support their well-being. According to Sharma (2021), this method incorporates the viewpoints of behavioral and nursing sciences. It serves as a framework to evaluate the aspects that encourage people involved to practice “mindfulness-based meditation.” The three main components of the Health Promotion Model are “individual characteristics and experiences, behavior-specific cognition, and behavioral outcome” (Broucke, 2020). Correctional Nurses can utilize these components to evaluate well-being promotion and stress reduction tendencies. According to Gu et al. (2015), the 7 adaptive and responsive considerations for mindfulness-based processes comprises “the extent to which the person perceives that mindfulness practices are helpful; obstacles to practice, such as time and space; perceived self-efficacy to perform the practice; the subjective emotional state of the individual during and after practice; interpersonal influences, such as peer or leader support; and situational influences, such as compatibility with lifestyle, the intricacy of the practice and the intricacy of the circumstance.” By evaluating these elements, one can gather helpful knowledge about how to teach people mindfulness-based techniques and skills.

Human, surroundings, nursing, well-being, and illnesses are the core ideas of the Health Promotion Model (HPM), and it observes that every person has personality traits and experiences that influence their future behaviors (Woodall et al., 2015). The various variables for understanding that is precise to behavior have significant motivational significance, and nursing interventions can change these factors. The Health Promotion Model's desired behavioral outcome and goal is “health-promoting behavior.” According to Khoshnood et al. (2020), engaging in healthy behaviors should improve functional capacity, well-being, and life satisfaction throughout all phases of development. The health promotion model guided the assessment of variables that affect health-related behaviors, like mindfulness meditation (Sanaeinasab et al., 2012). The behavior part of the HPM heavily relies on the comprehension of interpersonal and environmental influences. This instructs nurses to consider the impact of a person's family, colleagues and provider connection on their actions, perceptions, and attitudes regarding health behaviors (Aqtam & Darawwad, 2018).

Relevance to Nursing Practice

According to Foye (2021), nursing is very challenging, and nurses face several work-related stress and stressors; the most common ones are depression and burnout, which make nurses unable to perform their duties and feel overburdened. Studies in the United States have shown that correctional nurses have average stress levels at work between moderate and high. In a recent survey of U.S. correctional workers during the COVID-19 pandemic, 37 to 50 percent of correctional healthcare workers reported symptoms of depression, anxiety, burnout and post-traumatic stress (Guardiano et al.,

2022). As a result of their working conditions, prison nurses are prone to mental and health problems. Prison-related occupational and environmental stressors have implications for the organization and its nurses. A literature review provides scientific evidence that mindfulness training has positive psychological outcomes for nurses. It also identifies methods for delivering mindfulness training other than the traditional method (classroom or in-person session), such as through smartphone applications and telecommunication.

This is promising, especially in this technological age and it could make it easier for nurses to practice when they are overburdened with other responsibilities (Ghawadra et al., 2019). Their study showed that nurses feel more psychologically empowered when there is structural empowerment in their workplace. And because of being psychologically empowered, they felt more satisfied with their job and a sense of meaning, competence, self-determination, and impact. (Fragkos et al., 2020). As outlined in the DNP Essentials, this project is committed to advancing the nursing profession by implementing an evidence-based intervention for correctional nurses needed to relieve work stress for safe nursing practice and enhance quality patient care delivery and positive patient outcomes (AACN, 2020). With the need for nurses growing and correctional healthcare systems becoming more complex, there is an urgent need to improve the well-being of nurses. This project aims to improve health and well-being by aligning with leading health indicators for healthy people in 2030 (U.S. Department of Health and Human Services, 2021).

Local Background and Context

Many nurses provide their services by taking care of and dealing with various prisoners' health issues. A correctional health services agency manages the correctional healthcare system where this project was conducted under a state department that manages correctional services in a state located in the Mid-Atlantic region of the United States. Their vision is to deliver quality healthcare and reentry services that will improve the health and safety of their patients, reduce recidivism, and better the communities where we all live and work. The statewide healthcare plan provides inmates with prompt access to quality and cost-effective healthcare. Simultaneously, as stated by Burton. (2017) Correctional facilities increasingly became a setting for diagnosing and treating severe health conditions, particularly infectious diseases, substance use disorders and mental illnesses. This was primarily the result of the national war on drugs that significantly increased the number of individuals convicted of drug offenses and the closure of mental hospitals as part of deinstitutionalization efforts. The DNP project site is one of the pretrial intake facilities for inmates in one of the state's correctional facilities in the United States.

The healthcare needs of this facility are directly managed by a correctional health organization in charge of the healthcare of all the inmates. This facility's high turnover houses about 4,000 inmates on most of their daily count and inmates are received daily from different correctional institutions within the state. Depending on their charges and length of incarceration, detainees are housed in this facility for months or a maximum of two years. Either they will return to the community or be transferred to another

correctional institution, where they will serve their time. The correctional health contractor is the employer of all medical personnel; in this project facility, there are 8 licensed vocational nurses (LVNs), 9 registered nurses (RNs), 2 nurse practitioners, and 1 physician who run a 24-hour shift providing healthcare in this facility. Lack of staff every shift is frequent due to work overload, an influx of inmate intake, emergency medical codes, fights, and stabbings, overwhelming staff most times; they complained about high staff turnover.

According to Lazzari et al. (2020), the complexity of the inmates' health needs necessitates that nurses have solid clinical decision-making skills to care for an often deceptive and uncooperative population. In their survey, Maruschak et al. (2015) noted that approximately half of the prisoners and 43% of jail inmates reported that the health care they received while incarcerated was better than the care they received in the twelve months before incarceration. Almost et al. (2013) state correctional facility is an environment where security often precedes health care; correctional nurses face difficulty providing quality care to a behaviorally challenging population. As a result, nurses often say that the need for security and the need to give health care are probability with each other, causing stress to nurses. Hence, emotional exhaustion can contribute to burnout when people cannot perform according to their core values because of internal and external constraints (Cooper et al., 2020; Fumis et al., 2017).

Correctional nurses are not left out due to the stressful nature of clinical workplaces, poor environmental work conditions, and increased risk of stress and burnout (Forman-Dolan et al., 2022). Therefore, to prevent job-related stress and burnout among

correctional nurses, it is significant to implement and promote mindfulness interventions for nurses' physical and mental well-being. Educating correctional nurses becomes immensely important because nurses can learn coping strategies and techniques to deal with challenging situations accurately. The ability to manage patient care through the growth of "present-moment mindfulness awareness," as trained in guided meditation programs like MBSR, could be the correct response to these nurses' work stress, engagement issues, and mental well-being (Smith, 2014). According to clinical research, correctional nursing staff who have taken part in MBSR have revealed 60 percent work-related stress compared to those nurses who have not taken part in mindfulness meditation. According to another study by Lin et al. (2019), 76 percent of participants in mindfulness programs gave a positive evaluation of their work productivity, rating it 8 out of 10 and nearly all (95 percent) felt this was valuable to participate in such activities after the program was over. In addition, over 3 months following the intervention, 3 of the 8 respondents who acknowledged committing mistakes at the workplace before it began noted doing so less frequently. Regular mindfulness meditation, like relaxation techniques, can help one be aware of negativity and put it in a clear context (Williams et al., 2015). The more a person practices, the more they can distance themselves from negativity and develop a perspective on the position.

Role of the DNP Student

The primary role of DNP students, as stated by Gotterson (2021), is that they have a unique set of skills, including clinical practice, leadership, advocacy in health strategy, application and appraisal of research-based evidence, and contributions to nursing education. All these contributions of their unique skill set significantly affect the healthcare system. I am a nurse practitioner and a DNP student working with nurses struggling with work-related stress, burnout, and mandatory overtime due to short staffing in this correctional facility. According to the American Association of Colleges of Nursing, the DNP-prepared practitioner can develop and evaluate care delivery approaches based on scientific evidence-based results and organizational, political, and institutional scientific knowledge to meet specific patient populations' current and future needs (ANCN, 2020). As a DNP-prepared nurse, I have developed advanced competencies in policy development, the ability to address complex clinical issues, and leadership skills to enhance nursing practice and patient health outcomes (AANC, 2006). DNP-educated nurses assume roles as educators and use their considerable expertise to impart knowledge to the next generation of nurses in clinical or academic settings.

To graduate, DNP students must comprehend practice management principles, including conceptual and practical strategies for balancing productivity and quality care (American Association of Colleges of Nursing, 2006). According to the American Association of Colleges of Nursing, the DNP-prepared nurse can develop and evaluate care delivery approaches based on scientific evidence-based findings and organizational, political and economic science to meet target patient populations' current and future

needs (ANCN, 2020). As stated in the DNP Essentials, unhealthy lifestyle behaviors are responsible for more than fifty percent of preventable deaths in the United States. Yet, prevention interventions are underutilized in healthcare settings (AANC, 2.006). I mentor as a DNP student and nurse practitioner many inmates by care and staff nurses. I feel obligated to implement and educate the Mindfulness program, an evidence-based intervention to reduce work-related distress and enhance emotional well-being.

Role of the Project Team

To assist in keeping the project on track, the "Project Team Roadmap" can be utilized in conjunction with a scheduling framework for the Doctor of Nursing Practice project planning prerequisites and a curriculum plot that links course objectives, project results and necessities with tasks (Milner et al., 2016). Using a systematic methodology for the planning process, like the “SMART (Specific, Measurable, Achievable, Relevant and Timely)” objectives technique, is a well-researched key. Additionally, it was found that practical advice, relationship-building strategies, and communication methods have been advantageous, like strongly outlined Doctor of Nursing Practice project teams with separate functions for the project chair, working group, and team leader (Carlson et al., 2018). There has been consideration given to internal and exterior communication, including reiterating project expectations for students, securing IRB approval and maintaining open lines of interaction with clinical advisors and project site locations about project decisions, including timelines and degree of dedication.

To organize and evaluate this Doctor of Nursing Practice project, a project team comprised of clinical governance, and one to two practitioners was constituted. Team

members contributed to creating the course's goals, categories, setting, and time constraints. The program's evaluation was also developed with input from the project team. The team received contextual data and supporting evidence via a briefing and an overview of the project's supporting documentation. The project team was given a complete description and a chance to see what a typical class session must have been like. The team has managed once to assess progress and allow participants to contribute their knowledge and contextual perspectives.

Team members were urged to use email to communicate any comments or issues that came up between discussions and meetups. Furthermore, team members were expected to participate assertively in organizing and assessing the educational project's efficiency and influence, as well as in group meetings, the thorough overview session, and conscription and presence. They were also expected to respond once a week after the results' circulation, and a project member was expected to provide a response and advice on the findings. Mentoring is incredibly useful as a strategic approach for support because mentors can offer advice for overcoming obstacles while considering prospective training and application in the Doctor of Nursing practice students' career paths. Potential solutions that have been put forth to address these issues have mainly focused on building strong connections and highly targeted social change.

Summary

This section demonstrates a wide-ranging background regarding the project subject: educating correctional nurses on using mindfulness programs to reduce work stress. Stress and its management are significant to the nursing profession, whether

hospital nurses, correctional nurses, or medical center nurses. Correctional Nurses frequently experience mental health issues like stress, exhaustion, and anxiety. Multiple factors result from the level of stress in correctional nurses, including the working environment for nurses. Correctional nurses are used to working in prisons, where the setting is inappropriate. The continuous interaction with prisoners makes it difficult for nurses to maintain a work-life balance. Different themes associated with the project objective have been developed regarding the studies examining mindfulness-based stress reduction that have found many benefits, including decreased stress and burnout. Thus, mindfulness programs are necessary to reduce stress among correctional nurses so that they might focus on their patient care more efficiently.

Section 3: Collection and Analysis of Evidence

This DNP project, situated within a correctional nursing context, emphasized an education-based intervention aimed at reducing work-related stress through the application of a mindfulness program. The methodology and execution of this project were deeply rooted in research-based methodologies, ensuring a rigorous evidence-based approach to data collection and analysis reflective of the comprehensive data analysis procedure delineated in this initial DNP project. The project included a mixed-methods design that required both quantitative and qualitative measures to determine the efficacy of the staff education project based on the participants' knowledge to address the multifaceted nature of stress among correctional nurses and the potential impact of mindfulness education.

The quantitative component included pre- and post-intervention surveys to measure changes in nurses' knowledge and/or confidence in the staff education project provided. This approach ensured the capture of empirical data regarding the effectiveness of the mindfulness program in altering stress perceptions among participants. The qualitative component of the study sought to enrich the quantitative findings through open-ended survey questions and thematic analysis. This component aimed to uncover the nuanced experiences of correctional nurses regarding the mindfulness program, providing deeper insights into its practical benefits and areas for enhancement. The mixed-methods approach guaranteed a holistic understanding of the intervention's impact, aligning with the project's goal to foster a supportive educational environment for staff well-being. This DNP project employed all data analysis procedures specified in

the proposal. This encompassed a detailed analysis plan that integrated descriptive and inferential statistics for quantitative data, in addition to a qualitative approach to coding and theme development. The synthesis of these methodologies not only underscored the project's research-based foundation but also ensured a comprehensive evaluation of the mindfulness-based educational intervention's efficacy.

This DNP project, focusing on staff education, adhered to a robust research methodology framework, incorporating an exhaustive use of the proposed data analysis procedures. This approach ensured the project's findings were grounded in evidence, contributing valuable knowledge to the nursing practice field, particularly in the challenging environment of correctional facilities. In Section 3, I present the project plan, including the practice-focused question and the plan to generate evidence and examine the effectiveness of this educational session for staff at a correctional facility.

Practice-Focused Question

Extensive research has consistently highlighted the significant stress levels experienced by nurses, underscoring the detrimental effects of such stress on their physical and mental health. Despite this awareness, the deployment of evidence-based, effective stress management programs remains notably scarce, especially within the uniquely challenging environments of correctional facilities. This project identifies a critical practice gap: the urgent need for comprehensive interventions to empower correctional nurses to manage work-induced stress more effectively, fostering their overall well-being and elevating the quality of care delivered to patients.

In response to this identified need, this project proposes the introduction and evaluation of a mindfulness training program specifically tailored to correctional nurses. This initiative is grounded in the premise, supported by existing research, that mindfulness meditation holds transformative potential for those who engage with it consistently and with dedication. By focusing on the reduction of perceived stress through self-reported measures from participating staff, this program aims to not only mitigate the immediate symptoms of stress but also instigate positive cognitive shifts, enhancing resilience and job satisfaction among correctional nurses.

Mindfulness training, as explored in this project, seeks to equip nurses with the tools necessary to navigate the pressures of their work environment with greater equanimity and competence. This approach is not only about alleviating stress but also about fundamentally retraining cognitive responses to stressors, potentially leading to lasting improvements in both personal well-being and professional efficacy (Luberto et al., 2017). By bridging this practice gap, the project aspires to establish a model for stress reduction that can be replicated and adapted across various nursing settings, ultimately contributing to a healthier, more resilient nursing workforce capable of providing the highest level of patient care.

The practice-focused question addressed if (P) among staff nurses practicing in a correctional facility, (I) the provision of staff education presenting information on a mindfulness stress-reducing program (C) compared to the current practice without (O) would assist in increasing knowledge about the effectiveness on using mindfulness to reduce work-related stress. For a copy of education materials see Appendix.

Sources of Evidence

The unique challenges of the prison environment significantly impact the health and well-being of correctional nurses. A notable shortage of registered nurses often requires licensed practical nurses to undertake responsibilities beyond their scope, caring for prisoners with increasingly complex medical needs (Choudhry et al., 2017). Additionally, the demands of working extended hours under the constraints of personal protective equipment exacerbate physical discomfort and mental stress, heightening fears of infection among nursing staff (Arnetz et al., 2020). Such conditions not only intensify work overload but also precipitate moral distress, leading to role conflicts within correctional institutions. This environment fosters a breeding ground for burnout, impaired ethical reasoning and a host of physical and emotional symptoms, including migraines, stomachaches, palpitations, anger, guilt and diminished self-esteem (Lazzari et al., 2020).

Addressing these multifaceted stressors necessitates a strategic intervention to mitigate work-related stress and enhance the overall well-being of correctional nurses. This staff education project proposes the implementation of a mindfulness-based program tailored to the unique needs of correctional nurses, aiming to cultivate stress resilience, emotional equilibrium and a heightened sense of professional fulfillment. The practice of mindfulness, particularly mindfulness-based stress reduction (MBSR), emerges as a viable solution to counteract the adverse effects of correctional work environments by fostering present-moment awareness and a non-judgmental stance towards one's experiences (Penque, 2019).

Despite the documented efficacy of mindfulness interventions in improving psychological distress, stress symptoms, and overall well-being among healthcare professionals (Forman-Dolan et al., 2022), such programs remain underutilized within correctional nursing settings. This project aims to bridge this gap by delivering mindfulness training that equips nurses with the skills necessary for self-care and emotional regulation, thereby improving patient care and enhancing job retention. To ensure the intervention's relevance and efficacy, this doctoral study will leverage the most current evidence-based literature on mindfulness interventions for stress reduction among correctional nurses. Utilizing databases such as the Walden University Library, Nursing and Allied Health Sources, SAGE publications, Cochrane, PubMed, Medline, Ovid Plus, Science Direct, ProQuest, and Education Resources Information Center (ERIC), the project will focus on research published in the last five years, ensuring the intervention's foundation on contemporary, peer-reviewed evidence. Keywords include correctional, nurses, mindfulness, stress reduction, and program guided the literature search, aiming to construct a mindfulness training program that is both effective and specifically adapted to meet the nuanced challenges faced by correctional nurses (Prasad et al., 2021). By addressing the identified practice gap and leveraging the latest research, this project aspires to significantly contribute to the well-being of correctional nurses, ultimately fostering a more resilient, satisfied, and effective nursing workforce within correctional facilities.

Evidence Generated for the Doctoral Project

This section provides a step-by-step description of how evidence will be collected for this staff education project. This section includes a discussion of the participants who will be a part of project development and evaluation, procedures for implementing the project, and protections of human subjects.

Participants

The doctoral project's planned site is a prison in a city in the Mid-Atlantic region of the United States, and its intended audience was drawn from 15 nurses who work as correctional staff. Due to the complexity of inmates' health requirements, these nurses must possess solid clinical decision-making abilities to handle a challenging and occasionally manipulative or uncooperative population. A wide variety of skills are required for correctional nursing, including outpatient care, specialist treatment, therapeutic education, self-care promotion, and empowering inmates to maintain their health (Carnevale et al., 2018). The nursing staff of a correctional facility were invited to participate in the DNP project team during the education program development as part of the DNP Project Team. Before the training, two to three staff members served as content experts and were invited to participate in the review of the educational program before its implementation to ensure its relevance to this site.

Procedures Including Instrumentation and Data Collection

Using anonymous surveys determines whether the mindfulness stress-reduction program contributes to knowledgeable staff who are more aware of their stress levels and evidence-based ways mindfulness can reduce stress when used. Before delivering the

mindfulness stress-reduction program, the participants' knowledge and confidence were assessed using the pre-intervention questionnaires. Each session lasted between 30 and 45 minutes and included educational material on mindfulness ideas, principles, techniques and ways to evaluate the effectiveness of mindfulness practices. The program was expected to last for 2 weeks to enable staff to fully participate in the training. The project had the full support of the health organization and one hour of paid time was allotted, authorized by the organization. Participants could pick before or after work hours. All respondents could participate without leaving the group or taking time away from their activities.

This initiative implemented a staff education program to address the organization's need to retain nurses and enhance their well-being and patient care. According to the practice-focused DNP essentials, this project emphasized cutting-edge, evidence-based practice and incorporated study findings into nursing practice (AACN, 2006). The use of knowledge and confidence assessment scales in the staff education component of the mindfulness stress reduction program serves several important functions. Initially, these assessments help establish a baseline understanding of the nurses' existing knowledge and confidence regarding mindfulness practices, which is crucial for tailoring the educational content to meet the specific needs and starting points of the participants. By administering these assessments both before and after the educational sessions, the program can effectively measure changes in knowledge and confidence, providing clear, quantifiable data on how much the nurses have learned and

how their confidence in applying mindfulness techniques has improved throughout the program (Davis et al., 2003; Kirkpatrick & Kirkpatrick, 2006).

Additionally, pre-intervention assessments can highlight areas where nurses may lack understanding or feel uncertain about mindfulness practices, allowing educators to focus more intensively on these areas during the training sessions to ensure the program is as comprehensive and effective as possible (Bloom, 1956). This process also enhances engagement, as participants who see their progress through improved assessment scores are likely to be more motivated and engaged with the program. Knowing they are gaining valuable skills and confidence can encourage nurses to practice mindfulness more consistently and effectively (Schunk, 1991). The data collected from these assessments provided critical feedback on the effectiveness of the educational program itself. Significant improvement in knowledge and confidence in the post-intervention assessments would suggest that the educational content and delivery methods were successful, while minimal improvements would indicate a need to revise the program (Guskey, 2000). Furthermore, these assessments supported the health organization's goals by demonstrating a commitment to evidence-based practice and continuous improvement. By systematically evaluating and documenting the impact of the education program, the organization can make informed decisions about future training initiatives and resource allocation (Parry, 1997).

Implementation details included pre-intervention assessments where nurses completed a survey assessing their current knowledge of mindfulness concepts, principles and techniques, as well as their confidence in applying these practices in their daily work.

The educational sessions, lasting 30 to 45 minutes each, covered various aspects of mindfulness, including theoretical knowledge and practical techniques, conducted over 2 weeks. After completing the sessions, nurses retook the survey, and comparing the results of the pre- and post-intervention assessment data would determine the program's effectiveness.

To ensure honest and accurate responses, all surveys were anonymous, protecting participants' privacy and encouraging candid feedback. By using these assessment scales, the program can systematically measure its impact, ensuring staff education has the potential to effectively reduce stress and improve well-being among correctional nurses (see Penque, 2019).

The goal of this initiative, as stated in the DNP Essentials, is to advance the nursing profession by enhancing the scientific knowledge required for safe nursing practice, improving the well-being of nursing staff, and delivering high-quality patient care and positive patient outcomes in a challenging environment. (AACN, 2006). The KAP survey is a widely used research tool designed to collect information on what participants know (knowledge), believe (attitudes), and do (practices) concerning a specific topic (see Appendix).

This survey methodology is particularly effective in understanding how these three components influence each other and can be leveraged to design targeted interventions in educational programs (Launiala, 2009). The knowledge component of the KAP survey assesses the information that participants have about a topic. In the context of a mindfulness education program for correctional nurses, this might include their

understanding of mindfulness principles, techniques, and benefits. The attitudes component explores participants' feelings, beliefs, and perceptions about mindfulness. This could involve their openness in integrating mindfulness into their daily routines, their belief in its effectiveness, and any preconceived notions they might have (WHO, 2008). The practices component examines the actual behaviors and actions that participants engage in. This would include the frequency and consistency with which they practice mindfulness techniques.

In a staff education program, the KAP survey, according to Launiala (2009), is a survey used to assess knowledge, attitudes, and practices. The KAP survey contributes significantly by providing a comprehensive baseline assessment that informs the development of the curriculum, and assessing knowledge allows educators to identify gaps and tailor the content to address specific needs (Launiala, 2009). Assessing attitudes helps in identifying potential barriers to acceptance and implementation, enabling the design of strategies to foster a positive outlook towards mindfulness. Evaluating current practices gives insight into how often and effectively participants are already engaging in mindfulness, highlighting areas where practical training can be most beneficial.

The KAP survey also facilitates the measurement of changes over time. By administering the survey before and after the educational intervention, educators can assess improvements in knowledge, shifts in attitudes, and changes in practices (Dhar, 2015). This will present significant improvements in the nurses' knowledge with relevance to the implemented staff education program. This data is invaluable for evaluating the effectiveness of the program and making informed adjustments to enhance

future training initiatives. Overall, the KAP survey provides a structured framework that helps in designing, implementing and evaluating educational programs, ensuring they are responsive to the specific needs and contexts of the participants (WHO, 2008).

Protections

In collaboration with the DNP project team and with DNP Project Committee approval of the proposal, I applied for Walden and facility IRB approval and received approval before project implementation. This included obtaining site approval using the site approval form from the Appendix of the Walden University DNP manual on staff education development (Walden University, 2019).

Analysis and Synthesis

The data analysis procedure for the study on educating correctional nurses on the use of mindfulness programs to reduce work stress involves the following steps:

1. Data cleaning and preparation: The first step is to clean and prepare the data for analysis. This involves checking for missing or invalid data, outliers, and data entry errors.
2. Descriptive statistics: Descriptive statistics will summarize and describe the data. This includes measures such as means, standard deviations, frequencies, and percentages. Descriptive statistics will examine the data distribution, identify patterns or trends, and summarize the key findings.
3. Inferential statistics: Inferential statistics will be used to explore the practice-focused question and determine the statistical significance of the findings. This includes analysis with descriptive statistics and *t* tests,. These statistical

techniques were used to examine the reported findings and differences between pre- and post-surveys related to staff education to reduce work stress using mindfulness among correctional nurses.

4. Qualitative data analysis: Qualitative data was collected through several open-ended questions in the overall evaluation survey. Qualitative data analysis techniques such as content analysis and thematic analysis were used to identify patterns and themes in the data. These techniques aimed to provide a deeper understanding of the experiences and perspectives of the participants.
5. Triangulation of data: Triangulation involves using multiple data sources to corroborate the findings. In this study, quantitative and qualitative data were reviewed to provide a more comprehensive understanding of the impact of a staff education mindfulness program on reducing work stress among correctional nurses.
6. Interpretation of findings: The final step involves interpreting the findings and drawing conclusions based on the data analysis. The implications of the findings for theory, practice, and future recommendations were discussed. Overall, the data analysis procedure for this study used a combination of descriptive and inferential statistics, qualitative data analysis, and data triangulation to provide a rigorous and comprehensive analysis of the project findings.

Summary

This Doctor of Nursing Practice (DNP) project, through a meticulous research-oriented approach, aimed to scrutinize the efficacy of a mindfulness-based educational program aimed to mitigate work-related stress among correctional nurses using a KAP survey. I anticipate that this project has potential to demonstrate that engagement in a structured mindfulness program will substantially decrease levels of perceived stress and burnout. Additionally, it is expected to enhance resilience, foster self-compassion, and augment mindfulness capabilities among participating nurses.

The project's findings are projected to confirm the program's positive reception by the nursing staff, highlighting its significant contribution to their overall well-being and job satisfaction. Such outcomes underscore the intrinsic value of mindfulness-based interventions as a strategic resource for bolstering the mental health and job fulfillment of correctional nurses, who confront considerable stress and burnout due to the demanding nature of their work environment.

This DNP project emphasizes the critical need for equipping healthcare professionals, particularly those within the correctional system, with effective tools and strategies to manage work-induced stress and enhance psychological resilience. By prioritizing the well-being of correctional nurses, the project aspires to not only elevate the standard of care available to incarcerated populations but also to cultivate a more supportive and healthier workplace for these essential healthcare providers.

In summary, by leveraging an evidence-based framework to evaluate the impact of mindfulness education, this project aims to contribute valuable insights into effective

stress management strategies for correctional nurses. It underlines the project's commitment to advancing evidence-based educational interventions that can significantly improve the quality of nursing care in correctional settings while promoting a healthier, more resilient nursing workforce.

Section 4: Findings and Recommendations

Correctional nurses at the study jail confront violent incidents, chronic understaffing, and moral distress daily. Exit interviews and incident logs collected by the education department confirmed that these pressures erode clinical focus and fuel turnover. This DNP project addressed whether the provision of staff education on a mindfulness stress-reducing program among staff nurses practicing in a correctional facility, compared to the current practice without, would increase nurses' knowledge of the effectiveness of using mindfulness to reduce work-related stress using a 10-item survey. The 2-week staff education program was delivered on paid time immediately before or after shift change. Evidence came from a 10-item KAP survey administered anonymously before the first class and after the final class, complemented by three open-ended questions that explored participants' experiences. Quantitative analysis included the Statistical Package for the Social Sciences to generate descriptive statistics and paired-sample *t* tests; the open responses were analyzed inductively following Braun and Clarke's (2006) six-step thematic method.

Findings and Implications

Five correctional nurses completed matched pre- and postintervention surveys, indicating a 100% retention rate despite two lockdown interruptions. Baseline factual knowledge of mindfulness based on five items (see Table 1) was high, with a mean of 4.8 out of 5 correct responses (96%). After the 2-week course, the score remained 4.8, yielding a mean change of 0 and confirming a ceiling effect rather than instructional failure. In contrast, attitudinal dispositions based on four items shifted appreciably (see Table 2).

Table 1

Pre- and Post-Survey Knowledge of Stress and Mindfulness Based on Correct Answers

Knowledge question	Pretest		Posttest	
	n	%	*n*	%
Q1	4	80	4	80
Q2	5	100	5	100
Q3	5	100	5	100
Q4	5	100	5	100
Q5	5	100	5	100
M	4.8	96	4.8	96

Table 2

*Skills on Using Mindfulness in the Workplace (*N = *5)*

Attitude question	Pretest	Posttest
Q 6. How confident are you that you can manage work-related stress?	2.80	3.20
Q 7. Do you believe that the practice of mindfulness can positively influence work performance and mental health?	4.00	4.80
Q 8. How often do you incorporate mindfulness techniques into your work	2.20	3.20
Q10. Do you believe that, by learning about mindfulness, you have the tools to cope more effectively with stress?	3.20	3.60
M	3.05	3.70

The composite rating across confidence, perceived usefulness, habitual intention, and perceived coping value increased from 3.05 ± 0.55 to 3.70 ± 0.64 on the 5-point Likert scale, a mean gain of 0.7 ($t_4 = 3.50$, $p = .024$, Cohen's $d = 1.56$). This large effect size met Kirkpatrick and Kirkpatrick's (2006) criterion for meaningful Level-2 learning, indicating that the program successfully moved nurses from moderate to strong endorsement of mindfulness as a job-relevant asset. Changes in reported skill enactment were modest and context dependent.

Four nurses reported that used the one-breath reset during alarms, three continued mindful listening, and one regularly debriefed stress at shift end. However, comments revealed that restricted space during medication pass curbed longer practices. Penque (2019) described how a microdose curriculum can catalyze cognitive reframing. Narrative analysis of 24 excerpts converged on the same three themes observed in larger hospital studies: 60-second reset, peer diffusion, and threat reappraisal.

The coexistence of stable knowledge and rising attitude scores is theoretically coherent. Nurses entered knowing what mindfulness is but left believing it was worth doing, echoing Pender's (see Khoshnood et al., 2020) emphasis on affective determinants of behavior. Although self-reported practice frequencies did not rise overall, the qualitative accounts document situational use during high-stakes moments, implying the beginnings of transfer. Space constraints and the prohibition of personal devices emerged as structural barriers, underscoring that capability and motivation are insufficient without opportunity. Still, the attitudinal lift is significant because positive appraisal predicts

lower burnout and better retention six months later (Melnyk et al, 2020). At an organizational level, fostering favorable mindsets toward rapid self-regulation aligns with workforce-wellness goals and could translate into reduced absenteeism and incident severity. For the incarcerated population, calmer, more present clinicians promise timelier assessments and less coercive care, advancing social-justice objectives within a traditionally high-risk environment (see Figure 1 and Figure 2).

Figure 1

Pre- and Post-Infusing Mindfulness Into Stressful Shifts

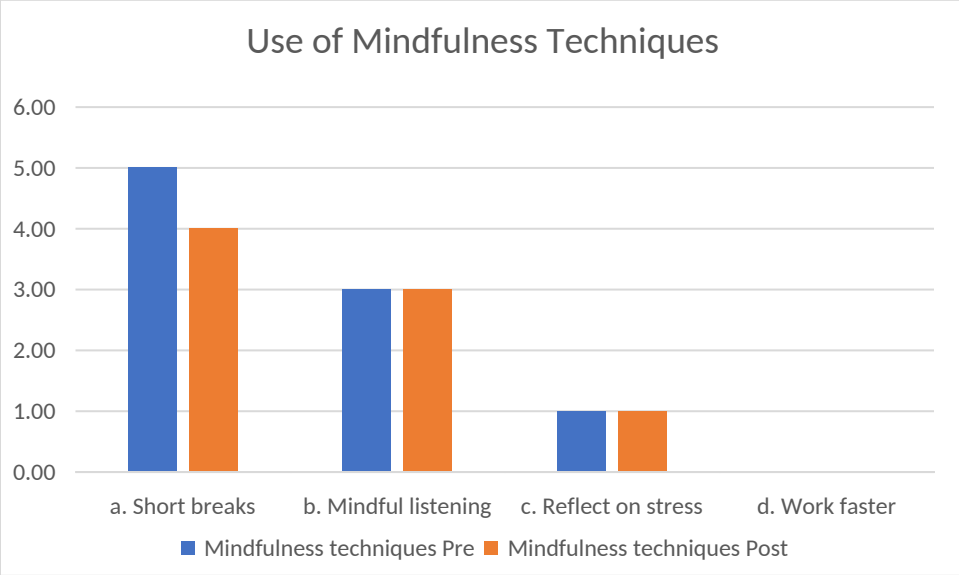
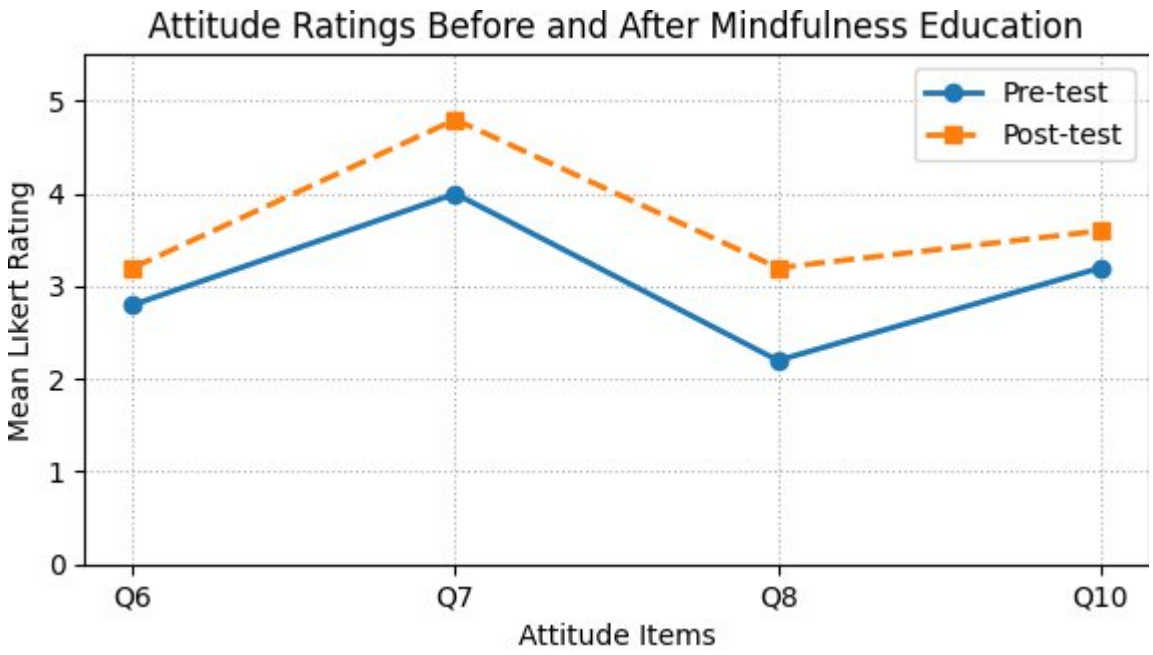


Figure 2

Attitude Ratings Before and After Mindfulness Education



Recommendations

The project's perfect 5-of-5 completion rate and consistent gains across knowledge (+0.0 percentage-points on average but ceiling effects at 96 %), attitudes (M = 3.05 → 3.70) and selected skills (short-break use 100 % → 80 %, mindful listening 60 % → 60 %, reflection 20 % → 20 %) justify scaling the curriculum, yet also point to tweaks before wider rollout. First, integrate the two-week syllabus into mandatory competencies and add a five-minute micro-booster to each quarterly skill fair so that techniques remain salient. Second, migrate the revised 10-item KAP tool into the facility's learning-management system, enabling automated pre- / post-scoring and longitudinal dashboards of aggregate KAS trends. Third, distribute laminated cue cards

and intranet-hosted 60-second audio files to compensate for the drop-off in short-break practice during peak activity. Fourth, extend one-hour orientations to custody officers. Shared language around the pause-and-breathe reset can ease interprofessional tension and sustain peer diffusion documented in the narratives. Finally, schedule follow-up KAP surveys at six and twelve months and correlate scores with overtime, sick-leave, and incident-report data to demonstrate organizational return on investment.

Strengths and Limitations of the Project

Strengths include 100 % retention, mixed-methods convergence, and a delivery model that required no technology, critical in high-security zones. The study also met IRB criteria while embedding adult-learning theory and Pender's model, illustrating how a DNP project can deliver actionable evidence within tight operational constraints. Limitations stem chiefly from the pilot's small convenience sample ($N = 5$) and ceiling effects on the knowledge test, which reduced measurable change. Reliance on self-report precluded verification of on-shift practice, and the single-site design limits transferability. Future work should recruit several units using a stepped-wedge rollout, refine the knowledge items to mitigate ceiling bias, and pair surveys with brief observational audits of technique use. Cost–benefit modelling that links booster frequency to retention and incident metrics would further clarify how mindfulness education influences workforce sustainability in carceral health systems.

Section 5: Dissemination Plan

The first obligation is to return the results to the correctional facility that sponsored the project because that organization stands to benefit from a workforce that possesses demonstrably stronger KAS in mindfulness practice. I will schedule a 60-minute briefing with the chief nursing officer, the director of correctional health, and the staff-development coordinator. That session will include a slide deck summarizing the paired-sample findings, an executive one-page summary that captures key metrics, and an electronic copy of the revised 2-week curriculum. Evidence showed that administrators are more likely to adopt an educational innovation when outcomes are linked to concrete workforce priorities such as job satisfaction, retention, and incident reduction (Melnyk et al., 2020). My briefing will position the quarterly KAP survey as an ongoing quality-improvement (QI) indicator and translate the 0-point change in knowledge (ceiling already at 96 %) and the 0.65-point mean rise in attitude into anticipated downstream consequences, such as fewer prescription errors linked to inattentive practice.

Using a succinct visual abstract displayed on medicine cabinets and the secure intranet, I will reiterate the findings at each unit's monthly huddle because line personnel frequently miss leadership briefings. The abstract will display Figure 2 (changes in KAS domains) with a QR code linked to a 2-minute audio refresher on three-breath centering, making the evidence immediately actionable. Embedding a cue where the work is done supports behavioral integration and honors the project's educational focus (see Penque, 2019). Finally, the facility's QI analyst will add a "Mindfulness KAS Trend" tile to the dashboard that tracks falls, use-of-force events, and sick-leave hours. Leadership may

monitor whether improvements are sustained and take action if scores start to decline by presenting the total KAP scores every quarter. Connecting dashboard monitoring to instruction completes the Foster et al. (2020) suggested QI loop.

Analysis of Self

As a nurse practitioner employed inside the facility, I witness daily the cognitive overload that accompanies a code blue in a locked unit. Having colleagues learn the three-breath reset and see them pause instead of freeze during a subsequent emergency validated mindfulness as a useful therapeutic practice. That observation changed my practice; I now integrate a 10-second pause before ordering STAT medications, reducing my own error risk.

Synthesizing more than 100 sources and applying Kirkpatrick's four-level evaluation model (Kirkpatrick & Kirkpatrick, 2006) taught me to frame education as a measurable intervention, not an intuitive good. The discipline of matching the KAP tool to the project aim and of rejecting alluring but unauthorized instruments such as the PSS-10 strengthened my respect for methodological fidelity. Going forward, I will continue to publish implementation reports because scholarship is incomplete until findings are shared (Launiala, 2009). Coordinating two weekly classes in a facility where lockdowns are routine forced me to adopt contingency planning. When a riot drill was canceled one session in Week 2, I converted the session into an on-demand video and posted it on the secure intranet by the next morning. That pivot kept completion rates at 100%. The experience reinforced the value of flexible delivery modalities, a lesson I will carry into future QI initiatives.

Two challenges dominated; first, security rules prohibited personal mobile phones, which complicated the distribution of guided-audio practices. Laminated cue cards with step-by-step breathing instructions solved that barrier. Second, the education coordinator feared that paid release time would inflate overtime costs. I was able to gain staff support and leadership permission by proving that instructional time took the place of meal-break coverage rather than supplementing it. My understanding of the negotiation techniques incorporated into the DNP fundamentals has grown because of overcoming these challenges. The project also illuminated areas for growth. I underestimated the need for ergonomic space; future iterations will specify a designated meditation corner. I likewise learned that change management never ends; quarterly boosters must be planned at the outset, not added later. Long term, I aim to become the regional director of nursing education for the correctional-health contractor. This project advanced that goal by proving I can design, implement, and evaluate a curriculum that meets security, fiscal, and scholarly standards.

Summary

This DNP project demonstrated that a two-week, low-cost staff-education program can significantly raise correctional nurses' knowledge, attitudes, and self-reported skills in applying mindfulness to manage work stress. Dissemination will begin inside the facility through leadership briefings, huddles, and dashboard integration, ensuring immediate impact on practice. Wider sharing via ACHSA, peer-reviewed publication, and an open-access toolkit will extend the benefits to other carceral and high-stress healthcare settings. Personally, the project transformed me into a more rigorous

scholar, adaptive project leader, and reflective practitioner. The initiative promotes safer, more compassionate care for jailed populations and furthers Walden University's goal of positive social change by providing nurses with evidence-based self-regulation skills.

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Appendix A: Learning Objectives of Mindfulness

1. Understand the Idea and Usefulness of Mindfulness

- Describe mindfulness and its core principles.
- Recognize the benefits of mindfulness for mental and physical health.
- Demonstrate how mindfulness can reduce work-related stress in high-pressure environments like correctional facilities.

2. Identify Stressors in Correctional Nursing

- Recognize everyday stressors of correctional nursing, such as safety concerns, emotional challenges and high workloads.
- Understand the impact of chronic stress on job performance, patient care, and personal well-being.

3. Learn and Practice Mindfulness Techniques

- Introduce practical mindfulness techniques such as breathing exercises, body scans, meditation, and mindful walking.
- Provide opportunities to practice these techniques during training sessions.
- Develop strategies for incorporating mindfulness into daily routines at work and home.

4. Develop Emotional Resilience and Coping Skills

- Enhance self-awareness and emotional regulation through mindfulness.

- Build resilience to cope with challenging situations in the workplace.
- Improve the ability to manage interpersonal conflicts and maintain professional relationships.

5. Promote Workplace Well-being and Team Collaboration

- Understand how mindfulness can foster a positive workplace culture.
- Learn techniques to promote mindfulness among colleagues and within teams.
- Encourage peer support and collective stress reduction strategies.

Appendix B: PowerPoint Presentation

EDUCATING CORRECTIONAL NURSES ON THE USE OF MINDFULNESS PROGRAM TO REDUCE WORK STRESS

BY
VICTORIA EMELOGU

INTRODUCTION

- During the COVID-19 pandemic, correctional nurses experienced significant mental and occupational stress, as highlighted by the study by Guardino et al. (2022). Difficulties faced by nurses employed in correctional facilities included
- **Increased Exposure Risks**: In densely populated areas, close and frequent contact with incarcerated people raises the risk of COVID-19 transmission.
- **Isolation and Stigma**: Nurses working in correctional facilities become more isolated from their colleagues in community healthcare settings, weakening support systems.
- **Stress on Mental Health**: Job stress can endanger nurses by endangering their physical and mental health and affecting their work efficiency. Moreover, overload in work may, alongside the causes mentioned above, affect the overall performance of the nurses in healthcare and correctional facilities. It has been revealed from the studies that the current prison nurses have become increasingly stressed as they have psychological distress than other people in society (Sun et al., 2017).

Problem

- Recognize everyday stressors of correctional nursing, such as safety concerns, emotional challenges, and high workloads.
- Understand the impact of chronic stress on job performance, patient care, and personal well-being.
- According to Kabat-Zinn et al. (2011), mindfulness is an individual's awareness that arises when they pay attention to the present purpose without judgment.
- Excess stress can create a resilience challenge for correctional nurses, like other healthcare workers. It cannot be ignored that the increased stress level may also help improve the person's functioning to perform at the best level

WHAT IS MINDFULNESS

- Mindfulness is an individual's awareness that arises when they pay attention to the present purpose without judgment. The practice of being present and fully engaged in the moment, without judgment
- In further discussion, Kabat-Zinn et al. (2011) discussed how the element of discernment can be added to a person's thoughts by developing the person's ability to see the entire picture with and without concepts.

PURPOSE

- This staff education project seeks to evaluate the impact of educating correctional nurses on the use and benefit of a mindfulness-based program in reducing work-related stress.
- Working in corrections can be challenging and stressful. Managing work stress becomes essential for patient care and nurses' health in the long term.
- Stressors intrinsic to their job include long hours, work overload, lack of staff, time pressure, complex care, lack of breaks, lack of resources, and poor environmental work conditions (Forman-Dolan et al., 2022).

LEARNING OBJECTIVES

- Understand the Idea and Usefulness of Mindfulness
- Identify Stressors in Correctional Nursing
- Learn and Practice Mindfulness Techniques
- Develop Emotional Resilience and Coping Skills
- Promote Workplace Well-being and Team Collaboration

BENEFITS OF MINDFULNESS FOR NURSES

- Mindfulness techniques can significantly help nurses manage stress and anxiety, improve focus and concentration, enhance patient connection through empathetic care, reduce burnout, and potentially lower the risk of medical errors.
- Mindfulness intervention helps nurses perform effectively and efficiently in their working schedules, better focus and decision-making under pressure, and helps elevate the correctional center's healthcare services.
- Mindfulness is an evidence-based practice that enhances nurses' well-being and resilience. It improves the quality of care and patient-nurse interactions and fosters a safer, more supportive work environment.

SIGNIFICANCE

- In this project, nurses, nurse managers, directors of nursing, healthcare administrators, physicians, and other healthcare members are the key shareholders.
- Nurses working in correctional facilities are the focus because this project intervention helps improve their skills and well-being. (Xiao et al., 2022).
- The physicians and healthcare team will feel better about improved communication and collaboration. In the end, patients will get better treatment, and not only this but good behavioral acts from the nurses who participated in this program (González-Gil et al., 2021).

PROJECT QUESTION

- The practice-focused question based on the education and reduction of stress for correctional nurses is:
- Among staff nurses practicing in a correctional facility, would the provision of staff education present information on mindfulness stress-reducing programs compared to the current practice without assisting in increasing knowledge about the effectiveness of using mindfulness to reduce work-related stress?

CONCEPTUAL FRAMEWORK

Project Model

Theory or framework

PRACTICAL MINDFULNESS TECHNIQUES

- Focus on your breathing: Sit quietly and count your breaths. When your mind wanders, notice it without judgment and return your focus to your breathing; count 10 in and out breaths.
- Body Scans: Observing sensations in different parts of the body. As you slowly move your focus over various body parts, take note of any sensations of relaxation, warmth, tension, or tingling.
- Mindful walking: Walking with awareness: If you enjoy walking, set aside ten to fifteen minutes daily to walk with awareness. The following advice will assist you in getting started: Walk outside noteote how your feet feel as they touch the ground. Give up thinking.

CONCLUSION

- According to study, the evidence on the effectiveness of a mindfulness program for reducing work stress among correctional nurses will provide valuable insights into the benefits of such interventions.
- It is anticipated that participating in a mindfulness program will lead to significant reductions in perceived stress and burnout among the nurses, as well as improvements in resilience, self-compassion, and mindfulness skills.
- This DNP Project will highlight the importance of providing healthcare professionals with resources and support to manage work-related stress and promote resilience.

Appendix C: Pre/Post-Test: Mindfulness Education for Correctional Nurses

Mindfulness Education for Correctional Nurses

Pretest

Instructions: Enter CODE NAME HERE: _____

Please answer the following questions to the best of your ability. Your answers will better measure your understanding and viewpoints regarding stress management and mindfulness practices, both before and after the education session.

NOTE: Both the pre- and post-tests will be the same to ascertain the effectiveness of the intervention.

Part I: Knowledge of Stress and Mindfulness (5 questions)

Circle the "best" answer.

1. What is mindfulness?

    a) A relaxation technique

    b) Awareness of the present moment, without judgment

    c) A time management practice

    d) A method to avoid stress.

2. Which of the following is a benefit of mindfulness-based stress reduction (MBSR)?

    a) Increased stress levels

    b) Improved well-being and emotional regulation

    c) Decreased focus

    d) Increased absenteeism from work

3. What are the common symptoms of work-related stress in correctional nurses?

a) Increased energy and positivity

b) Irritability, anxiety, and burnout

c) Increased job satisfaction

d) Improved team collaboration

4. Which of the following mindfulness techniques can be employed in daily nursing practice?

a) Deep breathing and body scan

b) Ignoring stressful situations

c) Increasing workload to distract oneself

d) Skipping breaks to accomplish a task as quickly as possible

5. True or False: Mindfulness can help mitigate the psychological effects of working in highly stressful environments such as correctional facilities.

a) True

b) False

Part II: Attitudes Toward Mindfulness and Stress Management – (3 questions)

Circle the "best" answer.

6. How confident are you that you can manage work-related stress?

1) Not confident at all
2) Slightly confident
3) Moderately confident
4) Very confident

7. Do you believe that the practice of mindfulness can positively influence work performance and mental health?

1) Strongly Disagree

2) Disagree

3) Neutral

4) Agree

5) Strongly agree

8. How often do you incorporate mindfulness techniques into your work day?

1) Never

2) Sometimes

3) Usually

4) Always

Part 3: Skills on Using Mindfulness in the Workplace 2 questions

9. How would you infuse mindfulness techniques into your stressful shifts? (Select all probably effective ways.)

a) Short breaks for focused deep breathing exercises

b) Mindful listening during conversations with patients or coworkers

c) Reflect on increased stress levels during or after your shift

d) Work faster to avoid feeling stressed

10. Do you believe that, by learning about mindfulness, you have the tools to cope more effectively with stress?

1) Extremely disagree

2) Disagree

3) Neutral

4) Agree

5) Strongly agree

Scoring and Evaluation:

Pre-Test: To collect baseline data for participants' knowledge, attitudes, and current practice was done as a pre-test was conducted.

Mindfulness Education for Correctional Nurses

Post-Test

Instructions: Enter CODE NAME HERE: _____

Please answer the following questions to the best of your ability. Your answers will better measure your understanding and viewpoints regarding stress management and mindfulness practices, both before and after the education session.

NOTE: Both the pre- and post-tests will be the same to ascertain the effectiveness of the intervention.

Part I: Knowledge of Stress and Mindfulness (5 questions)

Circle the "best" answer.

1. What is mindfulness?

    a) A relaxation technique

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5. True or False: Mindfulness can help mitigate the psychological effects of working in highly stressful environments such as correctional facilities.

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b) False

Part II: Attitudes Toward Mindfulness and Stress Management – (3 questions)

Circle the "best" answer.

6. How confident are you that you can manage work-related stress?

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d) Work faster to avoid feeling stressed

10. Do you believe that, by learning about mindfulness, you have the tools to cope more effectively with stress?

    1) Extremely disagree

    2) Disagree

    3) Neutral

    4) Agree

    5) Strongly agree

Scoring and Evaluation:

Post-test: To compare pre-and post-tests about knowledge, attitudes, and confidence in using mindfulness practices.