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Mercedes Ivette Tejada
Walden University

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Walden University

College of Nursing

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Mercedes Tejada

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and that any and all revisions required by
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Review Committee

Dr. Mary Catherine Garner, Committee Chairperson, Nursing Faculty

Chief Academic Officer and Provost
Sue Subocz, Ph.D.

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Executive Summary: Executive Leadership System Improvement
Workplace Violence

by

Mercedes Tejada

MS, Massachusetts College of Pharmacy and Health Sciences, 2023

BS, Fitchburg State University, 2017

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Introduction

This Doctor of Nursing Practice (DNP) Executive Leadership Project is focused on the reduction of workplace violence in a critical access hospital using an organized prevention program. Workplace violence in nursing is increasing, exposing the health of staff, patient safety, and quality of care in critical access hospitals. The question of the DNP project is: In nurses (P) in small critical access hospitals, how does implementing a structured workplace violence prevention program (I) compared to having no formal violence prevention strategy (C) impact the occurrence of workplace aggression and perceptions of safety among staff (O)?

This practicum project used the Johns Hopkins evidence-based practice (JHEBP) model and the quantitative and qualitative data analysis to determine the impact of the intervention. Background information included observed workplace violence instances, employee survey on safety, violence related absences, and attrition rates both before and after the intervention. The aim is to have a 30% reduction of reported violence, a 20% improvement in the perceived level of safety by staff, and a 15% decrease in turnover rates. These results can demonstrate that structured prevention programs are efficient in achieving safety and career contentment.

This program used the holistic principles of workplace violence prevention, staff training modules, and a robust reporting system. Further aspects included continued supportive leadership, routine training, additional training based on feedback, and the inclusion of technology such as panic buttons and electronic reporting devices. The program supports safer working conditions, inclusive care settings, and social change in rural health care settings. It therefore facilitates equity as all staff are made to feel secure, empowered, and safe.

Background

Problem Statement

The problem of workplace violence in nursing is a growing challenge that affects the safety of nurses and patients. Nurses are the victims of the workplace violence more than other occupations in hospital settings. The Massachusetts Health and Hospital Association (2025) reported that one individual is attacked by someone within 36 minutes in hospitals in the area. These entail physical assaults, verbal assaults and threats. The effects of these experiences influence the capacity of the nurses to provide quality care. Although the workplace violence rates are high, hospitals have failed to find resolutions with the appropriate programs and policies that would enable them to normalize workplace violence prevention procedures.

Supportive Data

Workplace violence has been an ongoing issue in the nursing field. The Annual Healthcare Violence Report (2025) reported that 40.1% of the cases of workplace violence involved nurses as victims (Massachusetts Health & Hospital Association, 2025). The most common were physical assaults (39.6%), verbal abuse (26.6%), and threat of harm (19.2%) (Massachusetts Health & Hospital Association, 2025).

This critical access facility was among the most severely affected working environments, experiencing 75 incidents within the last 12 months. Nurses accounted for 50% of victims, and principal aggressors were patients (84.0%), visitors (10.7%), and physicians (2.7%). This critical access hospital reported that the emergency department accounted for approximately 74.7% of the violent episodes. Some of the

preferred policy interventions are workplace training, clear reporting guidelines, and the use of security cameras (Massachusetts Health & Hospital Association, 2025).

Summary of Key Evidence

Possible evidence of the usefulness of workplace violence prevention initiatives in the past will be received by choosing complete in databases such as. I searched for complete text articles released within the past 5 years in CINAHL, PubMed and Cochrane and used the following keywords: *workplace violence, nurses, and lateral aggression, and prevention programs*. The findings validate that organized workplace violence prevention initiatives can reduce the number of acts and enhance safety (Eshah et al., 2024; Quiñones-Rivera et al., 2021). As reported by Im et al. (2024), the number of incidents decreased by 50% following the implementation of structured prevention programs. The facility will work towards the standards of workforce security by following the American Nurses Association (ANA), and the Joint Commission standards.

Alignment With Organization Mission, Vision, Values

The project is in line with the mission, vision, and values of the practice organization. I used the JHEBP model to establish alignment. The initiative supports the organization's mission to provide compassionate and safe patient-centered care and its vision to be a top rural healthcare employer.

Risks and Benefits

This project has the potential to make the workplace safer, boost the morale of the staff, and decrease staff turnover. Issues like failure to report adequately as well as failure to receive sufficient training can be addressed through protocols that simplify decision-making. Risks include insufficient funding and a decreased ratio of nurses to

patients, which may result in burnout (McHugh et al., 2021). External threats include emerging national trends in healthcare violence and enhanced safety initiatives by competitors. Hence, the organization must be active and strategic in the implementation and maintenance of an evidence-based program.

Potential Outcomes for the Organization

The anticipated outcomes include a reduction in reported cases of workplace violence by 30% in six months, an increase in the number of personnel who report experiencing a sense of safety issue by 20%, and reduction in turnover rates by 15% among nursing staff members. Such changes should immediately enhance quality measures and patient experience scores that would translate to positive performance reviews by regulatory bodies and third-party evaluators. Additionally, these results coincide with the organizational strategic objectives on staff welfare, safe care, and workforce development. These data reports will be provided to nursing executive leadership as a mechanism to evaluate the program's efficiency. Real-time feedback will be used to adjust the program as needed.

Positive Impacts for the Organization, Nursing, and the Population

The purpose of this initiative is to enhance patient and workforce safety of the organization, mitigate the financial and reputational risk of a claim of violence, and make the hospital an innovator in the field of rural health. The nursing profession will benefit by modeling evidence-based change and policy reform for frontline staff. It encourages a supportive culture where professional integrity, advocacy, and safety are prioritized. The population of interest will experience the impact of the recommended changes as they improve physical safety, reduce emotional and psychological stress, and build trust in the healthcare system. These changes should boost morale and result

in higher productivity in the work environment, reduced turnover, and decreased trauma in staff.

Project Development

Stakeholder Involvement

The project team will include the DNP student as the lead, nurses in the emergency department, nurse managers, frontline staff nurses, risk management officer, hospital CEO or COO, security department supervisor, patient advocate, physicians, laboratory staff, and radiology staff, as well as local law enforcement such as the police department and state troopers. The team will be guided from initiation through evaluation using a Team Charter (see Tallia et al., 2024). The project will involve legal, law enforcement, and hospital security personnel. These stakeholders will offer strategic understanding to ensure the intervention does not contradict with the standards concerning legal compliance and safety. Finally, the project will include external stakeholders including patient advocates and regional health safety board so that the project is contextually relevant (Tallia et al., 2024). The key stakeholders will evaluate the findings of the project.

Accreditation Standards

The prevention program on workplace violence will be in line with the accreditation standards of The Joint Commission (TJC). The implementation will be based on the Sentinel Event Alert 59 to develop a comprehensive violence prevention infrastructure that can encompass risk assessment, staff training, and tracking of the incidents (The Joint Commission, 2021). These elements will form a key part of the program to ensure compliance with accreditation standards. These regulatory

provisions strengthen the hospital's legal and ethical commitments of the hospital for a safe work environment.

New Technology or Software

The project will rely on technology and software for documentation of outcomes. The Electronic Incident Reporting System (EIRS) used by the hospital will be enhanced to have a user-friendly interface and add other features like voice-to-text and a real-time analytics dashboard. These changes will make the leadership team able to trace and monitor patterns in the violence in the workplace and take immediate action (Ramacciati et al., 2021). The program will also introduce the use of panic buttons to report cases of escalating violence, additional camera surveillance, and walkie talkies. These tools will ensure the security department and staff nearby can respond quickly in cases of distress. These technology and software systems will affirm the hospital's commitment to a safe work environment.

Training

All employees will undergo a series of structured educational modules on occupational safety and to identified subtle cases of violence (Price et al., 2024). Training needs will involve recognizing and averting workplace violence with de-escalation training. The Crisis Prevention Institute de-escalation training will be fundamental to the empowerment of staff at critical access facilities to adopt non-violent crisis intervention and verbal intervention strategies (Crisis Prevention Institute, n.d.). The training will ensure an understanding of events to ensure there is minimal confrontation. De-escalation is in alignment with the Joint Commission recommendations on peaceful mitigation of violent situations (Baig et al., 2018). In addition, there will be instruction on conducting psychological assessments to ensure

the adoption of the most effective strategies when patients act during a mental health or substance abuse crisis (Baig et al., 2018; National Alliance on Mental Illness, n.d.). This consideration will foster the best outcomes, leading to a better work environment for the nursing and medical staff. These competency-based interventions evaluations will be maintained through continuous training (Dawson et al., 2021). The legal and security staff will ensure that the plan is in adherence to the Health Insurance Portability and Accountability Act (HIPAA) and that the violent patient aggressors are detailed to legal authorities.

Regulatory, Legal, and Union Issues

The implementation of the project will be standardized for legal and regulatory compliance. The legal department and human resources will offer some information on how the program is compatible with the staffing standards, provisions of discipline, and workload.

Logic Model

The logic model illustrates project components. The inputs will include financial resources, staff time, acquisition of technology, and leadership involvement. These resources will facilitate the execution of the delivery and training, installation of technology, the reporting of incidents, and the engagement of stakeholders. The successful execution of program will be reflected in the number of trained staff, panic devices installed, and incidents reported. Short-term benefits will include a rise in reporting, staff awareness and response times, while long-term benefits will include increased sense of safety, lower reported cases of violence, lower employee turnover, and a sustained culture of safety. The model will guide the implementation and evaluation to ensure the attainment of project goals.

Implementation Plan Summary

The implementation plan for the workplace violence prevention initiative will follow a six-month timeline. The first two months will involve foundational tasks such as finalizing training content, upgrading the EIRS, and installing security technologies. Further activities such as training expansion and real-time monitoring of violence incidents will be done in the third month. The fourth and fifth months include the formative assessment of the technology infrastructure and employee feedback to adjust the program as needed. The concluding months of the project will be the data analysis and the report of the findings to leadership. This systematic approach offers a continuous tracking solution, timely problem troubleshooting, and proactive program decisions.

Budget Summary

The projected budget for implementing the program is approximately \$275,000. This includes expenditure on training development and delivery, technology procurement, software upgrading, consultation, and evaluation. The training package will cost approximately \$65,000. This involves curriculum development, the remuneration of the facilitator, and learning materials. Improvements and additional technologies such as panic alert systems and security camera improvements will cost about \$115,000. Lastly, the estimated cost of software updating EIRS and related IT support inclusive is \$55,000 and the cost of evaluation process such as data analysis and reporting is \$40,000. The sources of funding are internal departmental reallocations, external grants like the HRSA Rural Health Care Safety Grant, and community partner support via philanthropy. The budget will be important to cover the costs of the program for long-term sustainability. Most

important is the training and technology changes to the ERIS. Other costs such as panic buttons could wait for another funding cycle. The costs will be weighed against absence due to injury or mental health issues, staff turnover, and reduced risk management costs.

Evaluation Plan

The evaluation plan combines quantitative and qualitative approaches. The assessment will be based on metrics such as the effectiveness of the training, incidence of workplace violence reported, staff perceptions of safety, and retention of employees. Pre- and post-intervention staff surveys will be conducted on an instrument with proven validity. The updated EIRS will monitor incident data continuously. These strategies will improve the dashboard visualization of findings to facilitate policy action. The evaluation will be carried out in accordance with the Institutional Review Board (IRB), protecting the confidentiality of the participants and the ethical rigor of the evaluation.

Data Collection

Data collection will be organized and confidential to ensure reliability, validity and integrity of the results. The data on incidents in the hospital will be captured via an upgraded Electronic Incident Reporting System that will provide time-stamped and detailed descriptions of violent escalation and incidents (Ramacciati et al., 2021). The perceptions of staff will be collected by using anonymous electronic surveys carried out both before and after the intervention. Qualitative responses will be obtained from structured focus group discussions that will be led by trained moderators allowing open discussion in a psychologically secure environment. This data will be analyzed

with thematic coding. This data collection process ensures that there is appropriate implementation of the program and monitoring of improvement.

Conclusions

The workplace violence prevention initiative will stimulate social change by establishing a culture of safety and respect within rural healthcare environments. The initiative embraces diversity because all community partners and staff are included. It promotes fairness in defending and empowering any nurse despite the background or department to work in an amicable environment (Eshah et al., 2024). Lastly, it contributes to inclusion of staff members advocacy and voices which will become more efficient due to better reporting and feedback systems, building trust, and organizational culture. Such advantages should improve service provision and make nurses in the hospital feel secure in the discharge of their mandate. Consequently, the team will be encouraged to make their contributions towards enhanced job satisfaction and patient safety.

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