

1-21-2026

Staff Education to Address Workplace Violence Against Staff

Julie Ann Childers
Walden University

Follow this and additional works at: <https://scholarworks.waldenu.edu/dissertations>



Part of the [Nursing Commons](#)

This Dissertation is brought to you for free and open access by the Walden Dissertations and Doctoral Studies Collection at ScholarWorks. It has been accepted for inclusion in Walden Dissertations and Doctoral Studies by an authorized administrator of ScholarWorks. For more information, please contact ScholarWorks@waldenu.edu.

Walden University

College of Nursing

This is to certify that the doctoral study by

Julie Ann Childers

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.

Review Committee

Dr. Mary Martin, Committee Chairperson, Nursing Faculty

Dr. Diane Whitehead, Committee Member, Nursing Faculty

Chief Academic Officer and Provost

Sue Subocz, Ph.D.

Walden University

2026

Executive Summary: Staff Education Project
Staff Education to Address Workplace Violence Against Staff

by

Julie Ann Childers

MSN, Grand Canyon University, 2018

BSN, Purdue University Calumet, 2013

Executive Summary Submitted in Partial Fulfillment
of the Requirements for the Degree of
Doctor of Nursing Practice

Walden University

February 2026

Summary

In this Doctor of Nursing Practice (DNP) project, the primary focus was on addressing knowledge of workplace bullying within the hospital setting. The project involved developing and implementing an educational program to raise awareness, prevent workplace bullying, and effectively respond to it among healthcare staff. Workplace bullying harms physical and emotional well-being, reduces productivity, increases absenteeism, and increases turnover. The practice-focused question was as follows: In a hospital setting, does implementing a workplace violence (WPV) prevention education program for healthcare workers lead to increased knowledge of WPV incidents, awareness, and management among staff? Using evidence-based strategies and resources, the DNP project aims to equip hospital employees with the knowledge and skills to identify, address, and combat workplace bullying. The program includes a PowerPoint educational session with pre- and post-analysis of expertise. Results were analyzed using statistical software to obtain paired sample *t*-tests. The pretest mean score was ($M = 0.75$; $SD = 0.44$), and the posttest mean score was $2.13 (0.79)$, $p = .07$, indicating no statistical significance. Overall, staff knowledge increased by 184%. Through proactive education and empowerment, the DNP project aims to combat workplace bullying and cultivate a culture of respect and collaboration in the hospital setting, fostering social change.

Background

Violence against staff at the workplace, more specifically in the healthcare setting, poses a severe threat to the workforce's well-being and stability. The results of physical assaults, verbal threats, harassment, and bullying not only leave their imprint on

employees' physical and psychological health but also result in reduced productivity, increased absenteeism, and high turnover rates. We have also seen in studies such as Ager et al (2015) that instances of WPV can go underreported or unreported for fear of retaliation. This raises serious safety and risk management concerns, calling for effective prevention and intervention strategies to ensure a safe, supportive work environment in line with the law's criteria, thereby further enhancing overall organizational performance. Brann and Hartley (2017) explained, “Even if healthcare workers are not physically affected by WPV, there can be many psychological and emotional effects. Nurses have reported feeling incompetent, helpless, overwhelmed, anxious, frustrated, angry, irritable, and guilty after experiencing workplace violence” (p.86).

The project question was as follows: In a hospital setting, does implementing a WPV prevention education program for healthcare workers lead to a significant reduction in WPV incidents and improve employee well-being compared to not having such a program in place? This project develops, implements, and evaluates an appropriate comprehensive WPV prevention education program for healthcare workers.

Fricke et al. (2023) underscored the negative impact of WPV on physical and mental health, productivity, and job satisfaction of healthcare workers. Yusoff et al. (2023) underscored that targeted training programs, underpinned by clear policies and efficient reporting mechanisms, significantly reduce WPV and increase employees' sense of security and well-being. This study reiterated that organizational commitment, driven by high-level leadership, is an essential ingredient for such interventions. It thus emphasized the importance of comprehensive educational initiatives at the root of a positive, safe workplace culture. Indeed, evidence supporting the implementation of

WPV prevention education programs at all levels is robust and well-documented. Moreover, systematic surveys, such as those by Lei et al. (2022), have shown that these programs decrease violence incidents and improve employee well-being to a measurable degree. This strengthens the evidence for a link between educational interventions and improvements in workplace safety and employee health. The consistency of these findings across such a wide range of settings further underscores the need to adopt such initiatives in healthcare environments.

Staff Education Project Development

This was a staff education session at a large metropolitan hospital in the southern United States. The sampling technique was random to ensure representation of subjects from many departments within this hospital setting. First, all departments were grouped by functions, such as emergencies, burn, and administrative. Then, proportional quantities of staff from the departments were asked to participate. In total, 75 employees, nurses, physicians, physical therapy, occupational therapy, environmental service staff, and administrative staff volunteered to provide complete insight into workplace bullying and the effectiveness of an educational intervention. Such an approach was resorted to ensure that various inputs were received for the education session and to support data collection.

Data collection was conducted using online surveys. The submitted WPV reports were extracted from the organization's internal reporting system. An electronic questionnaire was sent via the hospital's email network to elicit responses from as many staff as possible. It covered inquiries about workplace bullying experiences, awareness

of current policies, and the quality of more recent training. All responses are anonymized to make sure information is provided freely and openly.

The analysis of the collected data was both quantitative and qualitative. The questionnaires were analyzed for quantitative data using statistical software to identify patterns and correlations, including the frequency of bullying incidents and the effectiveness of training interventions. Descriptive statistics, such as mean scores and frequency distributions, were used to summarize the data (see Ravid, 2024). The qualitative interview data were analyzed to identify common themes, providing insight into employees' experiences and perceptions. This dual approach gave a comprehensive understanding of the impact of educational programs on workplace bullying.

This evaluation process was formative and summative. For the formative evaluation, periodic feedback was provided throughout the project to enable any necessary final adjustments. In this case, participant evaluation was administered after each workshop, and a regular evaluation was conducted with department heads. The summative assessment measured pre- and post-test results at the end of the project to assess changes in knowledge and attitudes toward workplace bullying. Other metrics included reductions in reported bullying incidents, improved staff morale, and increased job satisfaction. This concluded with a detailed report which included recommendations for sustaining the positive changes, expanding the program into other departments, and so forth.

Results

Employee Awareness of Bullying Prevention

The incidence of WPV from pre-intervention education sessions and post assessment was 5 days. The Burn unit reported higher morale and less conflict, critical in high-stress situations where teamwork is paramount. Reducing bullying promotes a healthier workplace, which may lead to lower employee turnover and improved job performance (Hasan et al., 2023). The education increased participants' awareness of the prevalence of WPV, as supported by quantitative analyses of awareness responses and anecdotal responses shared during the education sessions. Nearly all the participants stated that the session contained new information for them. They were genuinely surprised by the prevalence of WPV. Although many practicing nurses are victims of or witnesses to violence during their careers, most nursing staff are not aware of the frequency of WPV faced by those already in the nursing profession.

Table 1 shows the increase in employees' knowledge of workplace bullying prevention tactics. Following the educational intervention, there was a notable increase in the percentage of staff members who correctly identified the program's critical components for preventing bullying.

Table 1

Employee Awareness (Period of Time)

	Pre-(%)	Post-(%)	Absolute (%)	% Increase
Awareness of bullying policies	55	80	25	45.5
Knowledge of reporting procedures	60	85	25	41.7
Understanding of support resources	50	78	28	56.0
Overall awareness	55	81	26	47.3

Results were analyzed using statistical software to conduct paired sample t-tests. The pretest mean score was ($M = 0.75$; $SD = 0.44$), and the posttest mean score was 2.13 ($SD = 0.79$), $p = .07$, indicating no statistical significance. Overall, staff knowledge increased by 184%. The rise in employee understanding of bullying prevention strategies could demonstrate the success of the implemented education sessions. The 45.5% increase in employee awareness of bullying policies ensures staff are better informed about these policies and processes, improving their ability to recognize and report incidents efficiently. Similarly, staff members are more likely to report bullying immediately, thanks to the 41.7% increase in knowledge of the reporting procedure, which speeds up issue resolution. Additionally, the 56.0% increase in employees' awareness of support services suggests that they are now more inclined to ask for help, when necessary, which promotes a more encouraging work atmosphere. The 47.3% rise in general awareness indicates a more educated and proactive workforce, encouraging a culture of openness and support against bullying.

Table 2*Results Table*

Characteristic		Number	Percentage
Role	Nurse	40	83%
	Physician	8	17%
	PT or OT	1	2%
	EVS	2	4%
	Administrative Staff	5	10%
Familiar with Policies on WPV (Before/After)	Not at all familiar	5/0	10/0
	Slightly familiar	31/12	65/25
	Moderately familiar	6/12	13/24
Familiar with Reporting on WPV (Before/After)	Very familiar	3/10	6/20
	Not at all	6/0	13/0
Awareness of WPV (Before/After)	Slightly	3/3	6/6
	Moderately	0/2	0/4
	Well	1/4	2/8
Awareness of WPV (Before/After)	Extremely Well	2/4	4/8
	Not at all	1/0	2/0
	Slightly	3/6	6/12
Awareness of WPV (Before/After)	Moderately	2/6	4/12
	Very much	2/10	4/22

Note. Percentages may not sum to 100% due to rounding.

Post hoc tests using the Bonferroni correction (Brann & Hartley, 2017) revealed that course participation increased awareness of workplace violence from pre-course scores ($M = .75$, $SD = .438$) to immediate post-course ($M = 2.13$, $SD = .789$) and one week post-course ($M = 1.96$, $SD = .771$) scores on a 3-item measure (see Table 3).

Table 3*Change in Awareness and Knowledge Scores*

Measure	Pre-test M (SD)	Immediate post-test M (SD)	1-Week Post Test M (SD)
Awareness	0.75 (0.44) ^a	2.13 (0.79) ^b	1.96 (0.77) ^c

Note. $p = 0.07$ a = Pre-test b = Immediate post-test c = 1-Week post-test

Significance

The significance of this project is that it also addresses the issue of bullying in the workplace, which riddles healthcare settings worldwide. It demonstrates the effectiveness of such educational interventions in reducing bullying and increasing awareness and can

serve as a role model for other hospitals or organizations. In these insights, there will be a perspective on how structured programs help improve employee well-being and organizational culture, thereby making a brief case for adopting such initiatives across settings to create healthier workplaces worldwide.

Conclusions

Implementing the workplace bullying prevention education program at a southeast metropolitan hospital could lead to positive changes. It shows increased employee awareness, ranging from 41.7% to 56%, showing that educational efforts may have succeeded. This generally fostered a healthier and more inclusive organizational culture, which, in turn, increased morale and, thereby, performance.

To build on these achievements, further recommendations include extending this to other areas of workplace behavior, including enhancing collaboration and communication skills. Longitudinal studies could also provide increased information on the effects and effectiveness of the interventions over time. Finally, continuously eliciting employee feedback will ensure the program remains responsive to evolving workplace needs and challenges.

The overall purpose of this educational program for nursing practice is to support proactive management of workplace bullying. It provides a model that integrates bullying prevention with professional development and training. For positive social change, the program joins the wave toward safer, more respectful workplaces that promote diversity, equity, and inclusion. This approach increases job satisfaction and mental health. It instigates similar practices among other institutions, further contributing to the broader picture of creating inclusive and fair working environments.

References

- Ager, J., Arnetz, J.E., Essenmacher, L., Luborsky, M., Hamblin, L., Russell, J., Upfal, M. J. (2015). Underreporting of workplace violence: Comparison of self-report and actual documentation of hospital incidents. *Workplace Health & Safety*. 63(5), 200–210. <https://doi.org/10.1177/2165079915574684>
- Brann M., & Hartley, D. (2017). Nursing student evaluation of NIOSH workplace violence prevention for nurses' online course. *Journal of Safety Research*, 60, 85–91. <https://doi.org/10.1016/j.jsr.2016.12.003>
- Fricke, J., Siddique, S. M., Douma, C., Ladak, A., Burchill, C. N., Greysen, R., & Mull, N. K. (2023). Workplace violence in healthcare settings: A scoping review of guidelines and systematic reviews. *Trauma, Violence, & Abuse*, 24(5), 3363-3383. <https://doi.org/10.1177/15248380221126476>
- Hasan, M. M., Shafin, F., & Akter, N. (2023). The role of employee stress in workplace bullying and its effects on organizational performance: A study of the Bangladeshi workplace. *Cultural Communication and Socialization Journal*, 4(1), 18–22. <https://doi.org/10.26480/ccsj.01.2023.18.22>
- Lei, Z., Yan, S., Jiang, H., Feng, J., Han, S., Herath, C., Shen, X., Min, R., Lv, C., & Gan, Y. (2022). Prevalence and risk factors of workplace violence against emergency department nurses in China. *International Journal of Public Health*, 67, 1604912. <https://doi.org/10.3389/ijph.2022.1604912>
- Ravid, R. (2024). *Practical statistics for educators*. Rowman & Littlefield.

Yusoff, H. M., Ahmad, H., Ismail, H., Reffin, N., Chan, D., Kusnin, F., & Rahman, M.

A. (2023). Contemporary evidence of workplace violence against the primary healthcare workforce worldwide: A systematic review. *Human Resources for Health*, 21(1), 1–25. <https://doi.org/10.1186/s12960-023-00868-8>

Appendix A: Survey/Questionnaire

Pre/Post-Anonymous Questionnaire:

The questionnaires used before and after the group's intervention aimed to evaluate staff views and experiences regarding workplace bullying and the effectiveness of the violence prevention program. The pre-questionnaire measured participants' current awareness and the frequency of such incidents prior to the intervention. At the same time, the post-questionnaire assessed changes in participants' knowledge, perceptions, and experiences following the intervention. The questionnaires included closed-ended and rating-scale items about participants' perceptions of bullying policies, reporting options, and available support services (Arnetz et al., 2015).

Title: Workplace Violence Prevention Program Assessment

Section 1: Demographics 1.

Department: Burn Unit

2. Role:

Nurse

Physician

PT or OT

EVS

Administrative Staff

Other: _____

Section 2: Awareness of Bullying Policies

Before the training, how familiar were you with the hospital's policies on workplace bullying? Not at all familiar Slightly familiar

Moderately familiar

Very familiar

After the training, how familiar are you with the hospital's policies on workplace bullying?

Not at all familiar

Slightly familiar

Moderately familiar

Very familiar

Section 3: Knowledge of Reporting Procedures

Before the training, how well did you understand the procedures for reporting workplace bullying?

Not at all

Slightly

Moderately

Well

Extremely well

After the training, how well do you understand the procedures for reporting workplace bullying?

- Not at all
- Slightly
- Moderately
- Well
- Extremely well

Section 4: Support Resources

Before the training, how aware were you of the support resources available for staff who experience workplace bullying?

- Not at all aware
- Slightly aware
- Moderately aware
- Very aware
- Extremely aware

After the training, how aware are you of the support resources available for staff who experience workplace bullying?

- Not at all aware
- Slightly aware
- Moderately aware
- Very aware

Section 5: Experience with Workplace Bullying

Have you experienced workplace bullying in the past six months? (Select one)

Yes

No

If yes, please briefly describe the type of bullying experienced:

Verbal abuse

Intimidation

Social exclusion

Physical aggression

Other: _____

Section 6: Overall Program Impact

To what extent do you believe the training program will help reduce incidents of workplace bullying in the future?

Not at all

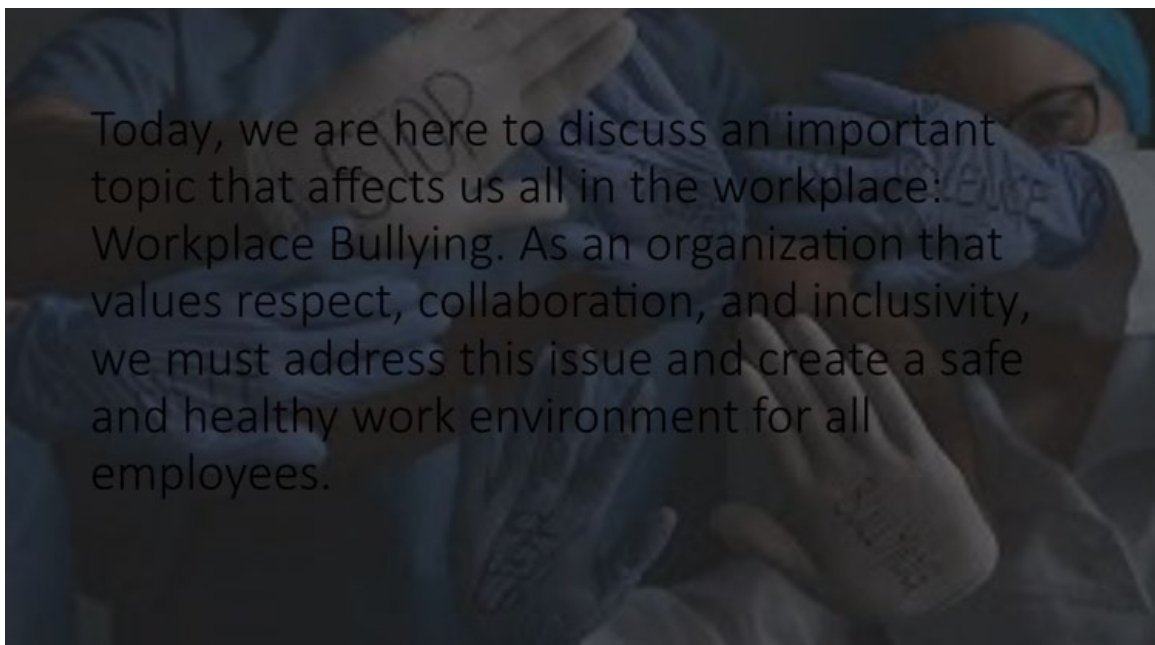
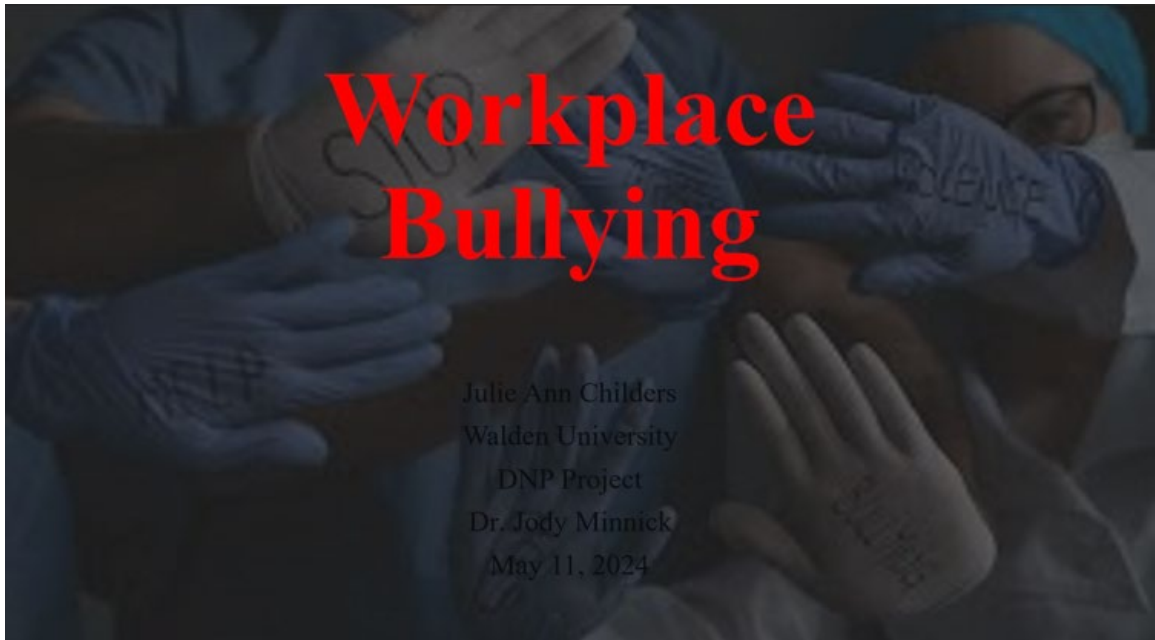
Slightly

Moderately

Very much

Extremely

Appendix B: Staff Education PPT



Objectives

- Educate staff on workplace bullying, its various forms (verbal, nonverbal, physical), and how to recognize early signs of bullying behavior.
- Raise awareness about the negative impact of workplace bullying on individuals' physical and mental health, job satisfaction, and overall work performance.
- Educate staff on how to report incidents of workplace bullying, including the appropriate channels within the organization and how to document incidents.
- Inform staff about the support services and resources available within the organization for those who have experienced or witnessed workplace bullying.

Workplace Violence and bullying

➤ Workplace violence

- Any act of physical violence, threat of physical violence, intimidation, harassment, or other threatening behavior that takes place in the organization.
- The prevalence of workplace violence in healthcare settings is concerning and results in substantial financial and human costs (Fricke et al., 2023).

➤ Workplace Bullying

- When someone or a group of people is subjected to persistent abuse, harassment, or intimidation.
- Verbal abuse, exclusion, work sabotage, rumors, and damaging someone's work or reputation are just a few ways it might appear.



Why is the problem essential and relevant?

Problem significance and relevance.

- Essential for employee well-being and safety.
- Ensures legal compliance with workplace safety regulations.
- Maintains productivity and performance levels.
- Safeguards organizational reputation and public image.
- Promotes employee retention and loyalty
- Reduces absenteeism and turnover rates

Effects of bullying in health care in workplace

- Bullying hurts nurses' mental health and job satisfaction by raising stress, anxiety, sadness, and feelings of isolation.
- Bullying-related chronic stress can exacerbate physical health conditions such as headaches, gastrointestinal disorders, and weakened immune systems, which can lower productivity and cause absenteeism.

Effects of Workplace Violence



- Nurses who are bullied may see a decline in their involvement and performance at work, which could jeopardize patient safety and care quality (Lim et al., 2022).
- Elevated levels of bullying exacerbate staffing shortages and have an adverse effect on patient continuity of treatment by causing nurse burnout and departure.
- Bullying undermines employee participation, morale, and trust in the workplace, perpetuating a hostile work environment.

What would happen if it were not addressed?

- Healthcare professionals continue to be vulnerable to psychological and physical injury due to workplace violence.
- Staffing shortages are made worse when competent healthcare workers are driven to look for work elsewhere by unaddressed workplace violence.
- Failure to address workplace violence could result in legal ramifications, penalties, and harm to the company's standing.



Staff Education on Workplace Bullying



Recognition and Awareness:

- Provide a thorough understanding of the various forms that bullying can take, including verbal, nonverbal, and physical.
- Employees can successfully handle and prevent bullying situations by detecting the early indicators of such conduct, so promoting a healthier and more supportive work environment (Wirth et al., 2021).

Staff Education on Workplace Bullying



Impact Awareness:

- It's critical to inform employees about the negative impacts that bullying at work has on people's health and productivity.
- Employees who advocate for a work environment that values diversity and respect are empowered to draw attention to the physical consequences of bullying.

What should I do?

Reporting Procedures:

- Educate employees on recognizing bullying at work and following reporting guidelines(Ferron et al., 2022).
- Educate people about the significance of promptly reporting and documenting instances of bullying.

Staff: What are you going to do about it?

Skills for Resolving Conflicts:

- Provide seminars or workshops on conflict resolution and effective communication tactics.
- Give advice on assertiveness training so that staff members can confidently handle bullying situations(Lim et al.,2022).

You have the right to a Bully-Free workplace

Establishing a Positive Workplace

- Inform employees of the value of creating a welcoming and positive work environment.
- In day-to-day encounters, emphasize the importance of respect, empathy, and teamwork.



Legal Obligations and Rights

- Employees should be made aware of their legal rights concerning with regard to bullying at work.
- Inform people about pertinent laws, rules, and practices that pertain to stopping and dealing with bullying.

Cont..

Support and Resources

- Inform employees about the resources the organization offers to help victims of bullying (Zhang et al.,2021).
- Advise staff members about HR support services and counseling choices for bullying events.
- Advise on how to get in contact with internal support systems.



Endorsing the Zero-Tolerance Approach

- Reiterate the company's zero-tolerance policy regarding bullying in the workplace.
- Give clear instructions on the repercussions of bullying behavior (Sharifi et al., 2020).
- Provide instruction with an emphasis on decency and a harassment-free workplace.

What are the government regulations on workplace violence?

- To find possible risks connected to workplace violence, conduct risk assessments.
- Outlining expectations, reporting methods, response guidelines and drafting written policies and procedures.
- Train staff members on spotting, handling, and avoiding workplace violence.
- Provide channels for employees to report instances of violence in the workplace.
- Put precautions in place to reduce the dangers, such as stepping up security or enhancing employee communication.
- Ensure impacted people access programs, counseling, and other support services.

Conclusion

- Healthcare professionals are in grave danger from workplace violence and bullying, which can also have detrimental effects on their physical, mental, and organizational well-being.
- Through awareness and recognition, employees can successfully handle and prevent bullying.
- Skills are essential for health workers in advising on assertiveness training on staff members.
- Preventing workplace violence and bullying requires organization leaders to cultivate a culture of respect and accountability.
- Comprehensive investigations, intervention plans, and incident reporting are necessary to swiftly handle incidents and prevent their recurrence.

References

- Fricke, J., Siddique, S. M., Douma, C., Ladak, A., Burchill, C. N., Greysen, R., & Mull, N. K. (2023). Workplace violence in healthcare settings: a scoping review of guidelines and systematic reviews. *Trauma, Violence, & Abuse*, 24(5), 3363-3385. <https://doi.org/10.1177/15248380221126476>
- Ferron, E. M., Kosny, A., & Tonima, S. (2022). Workplace violence prevention: flagging practices and challenges in hospitals. *Workplace Health & Safety*, 70(3), 126-135. <https://doi.org/10.1177/21650799211016903>
- Sharifi, S., Shahoei, R., Nouri, B., Almvik, R., & Valiee, S. (2020). Effect of an education program, risk assessment checklist and prevention protocol on violence against emergency department nurses: A single center before and after study. *International emergency nursing*, 50, 100813. <https://doi.org/10.1016/j.ienj.2019.10013>
- Wirth, T., Peters, C., Nienhaus, A., & Schablon, A. (2021). Interventions for workplace violence prevention in emergency departments: a systematic review. *International journal of environmental research and public health*, 18(16), 8459. <https://doi.org/10.3390/ijerph18168439>
- Lim, M. C., Jeffree, M. S., Saupin, S. S., Giloi, N., & Lukman, K. A. (2022). Workplace violence in healthcare settings: the risk factors, implications and collaborative preventive measures. *Annals of Medicine and Surgery*, 78, 103727. <https://doi.org/10.1016/j.amsu.2022.103727>
- Zhang, J., Zheng, J., Cai, Y., Zheng, K., & Liu, X. (2021). Nurses' experiences and support needs following workplace violence: A qualitative systematic review. *Journal of clinical nursing*, 30(1-2), 28-43. <https://doi.org/10.1111/jocn.15492>