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Walden University

College of Health Sciences

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April Brown

has been found to be complete and satisfactory in all respects,
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Walden University
2015

Abstract

Workplace Violence Prevention Program to Improve Nurses' Perception of Safety in the Emergency Department

by

April Hough Brown

MSN, George Mason University 2005

BSN, George Mason University 2004

Project Submitted in Partial Fulfilment

of the Requirements for the Degree of

Doctor of Nursing Practice

Walden University

November 2015

Abstract

The literature claims that workplace violence (WPV) in the health care setting is among the highest, with the majority of that violence taking place in the Emergency Department (ED). The significance of WPV in reference to nursing is that it leads to burnout, absenteeism, and the risk of nurses leaving their job all together. Leaving the nursing profession intensifies the present critical shortage. With the success of an evidence-based WPV prevention program (WPVPP), hospitals could improve the quality of work for nurses, which consequently will improve retention rates, as well as provide an environment that will be more conducive to patient care. In the evaluation of the ED at the practicum site, it was found that there was an absence regarding de-escalation education, hazard assessment, and incident reporting. To address those problems, the current project examined the extent to which implementing a WPVPP would provide a safer environment as perceived by the nurses who work in the ED. Ten health care professionals with experience and knowledge related to WPV were given an evaluation tool to measure the content validity of the survey instrument and WPVPP. The evaluation tool was comprised of 12 close- and open-ended questions. The information gained from the evaluation provided the necessary support to implement the WPVPP and evaluate the nurses' perception of safety in the ED. The implementation of a WPVPP would affect social change by improving the nurses' perception of safety, hence creating a healthy work environment that includes safety, respect, and trust.

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Dedication

I would like to dedicate this paper to Dr. Oscar Lee and Dr. Tracy Andrews for their continued support and motivation. Their mentorship has allowed me to grow not only professionally but personally on this long rewarding journey.

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I would like to thank the faculty at Walden University for their encouragement, guidance, and the exemplary education they have afforded on this journey to my DNP.

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Section 1: Nature of the Project

Introduction

Research has demonstrated that of any career field, the rates of workplace violence (WPV) toward health care workers are among the highest in reference to hospital employees. Of those who experience WPV in this field, the emergency department (ED) is most affected (McPhaul & Lipscomb, 2004). McPhaul, London, and Lipscomb (2013) stated that concentrating on WPV in the health care setting requires implementing practices that are deemed purposeful to employees in the health care organizations. These practices are witnessed through a comprehensive WPV prevention program (WPVPP). Healthy People 2020 Progress Review (U.S. Department of Health and Human Services, 2014), stated that a successful WPVPP must have a commitment from leadership and employees, as well as a risk assessment, to guarantee that prevention efforts are valuable and appropriate.

Background and Context

In 1992, a peer-reviewed paper identified that violence in the health care setting is a hazard that is emerging (McPhaul & Lipscomb, 2004). There is a calling to increase the intervention research and national protective regulations through the American Nurses Association, the International Council of Nurses, and the American Academy of Nursing. Currently, the U.S. federal government has released voluntary guidelines for health care organizations that outline a comprehensive approach to WPVPP (McPhaul & Lipscomb, 2004). In addition, the National Institute for Occupational Safety and Health (NIOSH) is collaborating with academic partners to appraise a passed

legislation in New Jersey that requires a comprehensive WPVPP. In 2008, the New Jersey Legislature passed the Violence Prevention in Healthcare Facilities Act.

This law is aimed at creating programs to mitigate violence against health care employees. It is directed toward health care facilities, including nursing homes, as well as specialty and general hospitals, and state and county psychiatric hospitals. The law requires facilities to establish a violence prevention committee of which half of the members encompass direct patient care providers and the remaining have violence prevention experience. In addition, the law requires that facilities maintain a detailed, written violence mitigation plan of which it must include layout and access restrictions, the areas crime rates, lighting, alarms and communication, levels of staffing, security staffing, and reports of violence. Further, each facility must identify risk and methods to reduce violence and provide violence prevention training (Isele, 2008). Over the years, states joining New Jersey include California, Connecticut, Illinois, Maryland, and Oregon (Trotto, 2014). Moreover, NIOSH is working with health care stakeholders, such as the American Nurses Association, to develop and evaluate an online training course for the health care staff to learn about WPV and prevention (Centers for Disease Control and Prevention [CDC], 2014).

In 2009, the Emergency Nurses Association (ENA) surveyed ED nurses nationwide and found that more than 50% had been subjected to violence from patients. In addition, more than 25% experienced 20 or more actions of violence within the past 3 years. In a study including 5,000 nurses, 76% stated that they had experienced verbal

and/or physical abuse from a patient or visitor within the past year (Speroni, Fitch, Dawson, Dugan, & Atherton, 2014).

WPV has been identified as serious in nature seeing that it accounts for 1.7 million nonfatal assaults, in addition to 900 workplace homicides each year. WPV results in emotional, physical, and professional distress, as well as organizational consequences (Speroni et al., 2014).

The literature reviews conducted have provided many strategies to mitigate WPV. These tools consist of educating the employee about de-escalating violent situations, the importance of reporting to collect information to improve future WPVPP, analysis of the worksite, management and employee commitment, and recording keeping and evaluation (McPhaul et al., 2013).

In 2004 through 2009, the The Joint Commission conducted a Sentinel Event Database regarding WPV. It recognized contributory elements that were missing from health care organizations. These factors included issues with the development and execution related to policy and processes, need for staff education, and lack of safety in the environment and security practices. The Joint Commission noted in its Sentinel Event Alert that the company Emergency Care Research Institute, an organization that researches best practice in health care, has provided strategies for assisting in mitigation of WPV via de-escalation training, increasing the physical environment of security, electronic measures such as surveillance video, alarms, control of access, environment assessment, and audits of violent incidences (The Joint Commission, 2010).

Problem Statement

The ENA (2011b) stated in its Emergency Department Violence Surveillance Study that WPV is a significant issue for nurses who work in the ED. In a 2009 article and survey, published in the ENA *Journal of Emergency Nursing,* in fact, took place in the health care system of which the current writer's practicum took place. This study came on the heels of a nurse being kicked in the face by a patient. The current author found, after close examination, that there was no WPVPP at the practicum facility. On appraisal, the author found that there had been no education provided to the ED staff to assist in de-escalation, no hazard assessment, lack of incident reporting, and an employee perception that reporting was not important. In addition, it was affirmed by the author that due to the lack of reporting related to physical violence and verbal abuse, little was known regarding how much WPV actually occurred at the practicum site.

Purpose Statement

The purpose of this project was to improve and change the perception of the ED nurses related to working in a safe environment. As a result of a nurse being kicked in the face by a patient, an informal survey was conducted to evaluate the perception of feeling safe among employees who have direct contact with patients and family. The feedback concerning safety was clear. One nurse stated that she was in triage with an emotionally unstable patient. She felt alone and unsafe due to the lack of staff visibility and the absence of a panic button, which, if present and activated, would notify the security department and the staff for help. An employee in registration stated that she attempted to

use the lock-down equipment 2 years ago and had difficulty activating the equipment due to it being old and stiff. Further, she stated that she was speaking with the operator and found that when the lock-down equipment was activated, the notification did not go to the operator, security, or the main ED. She believed that she was unsafe with the outdated equipment due to the inability to notify the ED treatment areas and the security department of pending danger. One nurse stated that she was in a room by herself, and the patient became extremely agitated. The nurse believed that if she had received de-escalation education this would have assisted in keeping the patient calm.

While conducted an evaluation related to reporting incidents by the staff, it was found by the author that nine events were reported in 2014 from the three EDs. During the informal rounding with the staff, it was found by the author that the staff did not view reporting as valuable. One nurse stated that WPV was a part of the job; therefore, WPV was expected in the ED. Another nurse stated that there was no value to reporting, and nothing would come of it.

Typically, incidents are not reported to law enforcement or employers. Many factors have been linked to the lack of reporting. The lack of reporting was believed by the author to be related to the absence of an organizational policy related to reporting. In addition, the lack of reporting was associated with the perception that assaults are only a part of the job, in addition to worker negligence and poor job performance (Gacki-Smith et al., 2009). In a study, by Gacki-Smith, et al., based on nurses that worked in the ED, intensive care units, and general units, 50% of nurses never reported any occurrences. The study further revealed that 50% of nurses believed that verbal and physical assaults

were expected in the health care field, and reporting them would not provide any benefit. Moreover, the survey indicated that empathy for the patient's anger and the lack of employee harm was the reasons for not reporting (Gacki-Smith et al., 2009).

WPV affects nursing through physical and psychological injury. In the literature there was significant support that health care workers experience short-term and long-term emotional effects, such as anger, nervousness, and helplessness. These experiences have led to dissatisfaction in their job, fear of future assaults, feelings of decreased safety, and role stress, hence leading to nurses leaving the job and the nursing profession (Gates, Gillespie, & Succop, 2011).

What does this project mean to nursing? It recognizes that nursing must be brought to the table to positively effect and change to the issues of WPV. According to the CDC, for WPV policies to be successful, the nurses that are affected need to be contributors in creating the policies. Nurses participating in WPV education, issues, mitigation, policy development, and advocacy strategies will increase engagement and empower nurses to work with their organization to effect policies, thus creating employee engagement (McElaney, 2008). In addition, a person that contributes to their environment produces a healthy work environment as witnessed through positive engagement and energy. Engagement in WPVPP would create an ending result of an organization that positively influences the effectiveness of the work and was able to compliantly adjust to a continuously changing environment (Weston, 2010). What should be valued is the cost of inaction toward mitigating WPV. It is crucial for nurses to be mindful of

the hardship of WPV, as well as prepared to speak to this issue at the decision-making tables as front-line nurses' work with employers to evaluate and mitigate threats and develop appropriate policies (Papa & Venella, 2013).

According to the ENA (2014a), emergency nurses have a higher occurrence of victimization. Their role is important in all facets of violence mitigation, planning, and monitoring. The Washington State Nurses Association (WSNA) (2008) acknowledges that nurses have an obligation to themselves and to their profession to demand a work environment that does not promote violence. Nurses need to mandate and produce a safe environment. WSNA asserts that this was through nurses advocating for a WPVPP that encompasses policies and programs that focus on mitigation.

The WPVPP will advance the DNP practice as witnessed through the nursing leadership evaluating research and translating it into best practice. The advanced practice nurse, through collaboration, leadership, effective communication, and leading change, will decrease the historical tolerance of WPV in the health care setting through tools that protect employees and policies that maintain a safe work environment.

Regarding the perception of safety and WPV, a WPVPP will provide a safe working environment as witnessed through the commitment of management, employee involvement, hazard/environmental assessment, employee education, reporting and evaluation (McPhaul et al., 2013). Through the success of an evidence-based WPVPP, employees in the ED will be provided with an environment that will be more conducive to patient care.

Project Objectives

No ED is exactly the same. There are differences throughout organizations related to security processes, education needs, and facility access. According to Papa and Venella (2013), organizations need to tailor their programs designed to address patient populations, staff awareness, patient needs, and resources available. The differences from one ED to the next involves internal structures such as the existing violence prevention programs, staffing levels, staff training, and adequate security (ENA, 2010d). In addition, external dynamics effecting EDs include neighboring population such as inner hospitals verses rural.

The previously mentioned informal survey afforded a needs assessment to provide direction with regard to program emphasis. The informal survey allowed a clear focus on priority issues and needs as deemed by the nurses as important with regard to their need to feel safe in the ED (ENA, 210d). The objective was to construct a proposal that deliberates the implementation of a pilot study assessing the implementation of a WPVPP. First, to conduct a presurvey that will identify the perception of the staff with regard to ED safety. The survey that was used is from the ENA's Workplace Violence Staff Assessment Survey (ENA, 2010b). Health care professional with experience and knowledge in WPV, such as ED nurses, security officers, and nurses serving on hospital research council, would measure the content validity of the study survey instrument. This group was referred to as the expert panel (Speroni et al., 2014). Second, to conduct a post

survey to determine whether the WPVPP that was implemented into practice, produced an improvement in perceived safety related to WPV in the ED.

Project Question

The project question was, Will a WPV program provide a safer environment as perceived by the employees who work in the ED? First phase in evidence-based practice is describing a problem and asking a question. This can be accomplished through the development of a PICO. PICO is used to identify the population of interest, provide an intervention, compare current processes, and suggest the outcome (American Nurses Association, 2015).

P: The problem was the absence of a WPVPP at the practicum site's ED. As a result, the following deficiencies were noted:

- Lack of reporting WPV.
- Lack of education among employees in handling de-escalation.
- No hazard assessment of the health care environment.
- No WPV policy.

I: The intervention was to implement and develop a comprehensive WPVPP.

C: The main alternative to the current process was there was no WPVPP as opposed to a WPVPP in place.

O: The accomplishment would be to provide a safe work environment as perceived by the ED nurses through education in reporting, de-escalation, building a positive relationship with security, and identifying risk by means of a hazard assessment.

Significance to Practice

Leaders in the health care arena must be aware of the fundamentals that affect the employee's perception of WPV because of the influence these issues have on the quality of care and employee retention. According to Gates et al. (2011), WPV is associated with stress, decline in work productivity, and a decrease in the quality of care. The perception that the workplace is a safe environment and at a lower risk of violence, is invaluable regarding job satisfaction (Blando, O'Hagan, Casteel, Nocera, & Peek-Asa, 2013). Currently, the health care organization of which this author is employed has no WPVPP related to reporting, policy, employee education in de-escalation, and hazard assessments. It is critical that the hospital administration focuses on prevention and management.

According to Gross, Peek-Asa, Nocera, and Casteel (2013), exposure to threats or verbal and physical abuse creates a negative association with job satisfaction and job retention, especially with reports indicating a continued shortage in nursing. Per the Emergency Department Violence Surveillance Study, 26.6% of emergency nurses have considered leaving their department for another unit or leaving the hospital setting entirely due to the violence level (ENA, 2011b).

A positive social change, by means of implementing a WPVPP, would be observed through increased job satisfaction, a decrease in employee turnover, and an increase in employee retention (Blando et al., 2013). The CDC (2014) stated there is a positive effect on social change that is attributable to a WPVPP, as seen with decreased burnout, absenteeism, and the risk of nurses leaving their job all together. Leaving the nursing profession intensifies the present critical shortage in nursing and raises the cost of

hiring. In the midst of prevention, hospitals will improve the quality of work for nurses, which consequently will improve retention rates.

Unfortunately, nurses who experience WPV, per Blando et al. (2013), are believed to become more indifferent and less caring for their patients. This apathetic attitude can lead to a decrease in patient care and the quality of care, in addition to a reduction in patient satisfaction. WPVPP would create a social change by promoting a sense of safety and security for the employees within the organization (The Stanford Encyclopedia of Philosophy, 2014).

In reference to the effects on the nursing profession, WPV has been linked to greater tension due to the perceived risk of violence, thus creating an environment that is highly stressful and emotional. In addition, the ED nurses have less behavioral training as well as less time to cope with behavioral issues (Blando et al., 2013). According to the ENA's Position Statement (2011a), deficiency in WPVPPs have been linked to the increased risk of assault in hospitals. A WPVPP would allow the nurse to have a sense of organizational support from violence, therefore transforming a negative attitude into one of support and collaboration with the health care organization.

In the evaluation of ethics with regard to WPV, ethical principles afford specific guidance and are crucial to reducing and mitigating WPV. The ethical duty of the health care work environment is to protect employees and the patient from harm, hence providing nonmalfeasance. In addition, health care organizations are to provide services for the good of the employee and patient, offering the act of beneficence. Both principles indicate that the workplace practices is just not about procedures and technological, but

the value of the physical, emotional, and spiritual needs of the employee and patients. The principles of justice, veracity, and fidelity also guide the mission and vision of the workplace. Veracity forms the underpinning of the health care setting with the employee and patient. The principle of veracity allows the employee to defer to the workplace administration for guidance in health care decision making, safety, and their own well-being. Fidelity implies that the workplace will uphold commitments to all parties involved including the patient, employee, families, health care organizations, and the government (Privateer, 2011).

In addition to the ethical considerations are the legal factors. The legal problem facing organizations is the resulting liability that health care organizations may face if found guilty of not taking proactive and preventive actions under the 1996 OSHA guidelines (The Stanford Encyclopedia of Philosophy, 2014). The average jury award in consequent liability cases was $3.1 million per person per incident. The average cost of a workplace homicide is approximately $850,000. Moreover, the cost of having lost work days, lost wages, medical leave, and stress related illnesses all play a role in the direct cost due to WPV (Papa & Venella, 2013). According to Papa and Venella, the cost of reacting after a serious incident is 100 times more costly. The proposal would be to focus on safety and prevention. A WPVPP will assist in promoting the Broken Windows Theory. This is a community criminal justice theory that supports the belief that ignoring violence in the workplace will only create an environment which encourages more violence. When violence is tolerated in the health care setting, more serious forms of violence may ensue (McPhaul & Lipscomb, 2004). According to Keating (2007),

affording the Broken Window Theory, if verbal abuse and threats are allowed in health care, further severe forms of violence will almost certainly occur. By applying the Broken Window Theory of fixing problems when they are small will decrease the likelihood that bigger problems will (Keating, 2007).

WPV not only results in direct costs but can also affect indirect costs. This is due to the perception that the hospital is regarded as violent-prone. Consequently, both the staff and the public recognize the facility as a high-risk environment for violence (Blando et al., 2013). Moreover, WPV generates insurance claims creating financial loss, decline in productivity, legal expenses, and damaged property. WPV, like violence in society, can damage communities, as well as have an ill effect on the patients, visitors, and staff (McPhaul, London, & Lipscomb, 2013). Prevention is essential to creating a safe and therapeutic environment for the patients and health care workers.

Through the use of a presurvey, gaps in WPV protection practices will be acknowledged. These gaps imply that there are opportunities for improving WPV protection practices in order to increase the safety of the ED staff and the patients who are served (Martindell, 2012). Education in de-escalation and reporting as well as perception of security, proved to be a gap during the informal survey. In addition, no hazard assessment has been completed in the ED hence resulting in a safety gap.

Definition of Terms

For the purpose of the DNP project, the words below are defined.

- *Crisis Prevention Institute* (*CPI*) – CPI training educates and permits professional to establish a safe environment. Within the CPI training is the Nonviolent Crisis

Intervention program. This program provides strategies to safely and effectively respond to stressful, aggressive, and violent behaviors while caring for the individual (Crisis Prevention Institute, 2014).

- *De-escalate* - to reduce in level, amount, or capacity.
- *Emergency department* (*ED*) – is a health care setting where patients obtain emergency services and early, stabilizing treatment for medical, surgical, and mental care (Taylor & Rew, 2010).
- *ED staff/employees* – the nurses that work in the ED.
- *Physical abuse* – the physical assault as witnessed with beatings, punching, biting, spitting, kicking, or any aggression that is physical (Taylor & Rew, 2010).
- *Safety Always* – A reporting system that tracks and trends organizational errors and events. (Inova Healthcare, 2014).
- *Verbal abuse* – emotional abuse and aggression, threats of violence without contact that is physical, threatening or harassing behaviors (Taylor & Rew, 2010).
- *Workplace violence* (*WPV*) - The NIOSH defines WPV as any physical assault, verbal abuse, or threatening behavior that occurs in the workplace (ASIS Healthcare Security Council, 2010).

Theoretical Foundations

There are three theoretical foundations that will direct the WPVPP: Johns Hopkins Nursing Evidence-Based Practice Model and Guidelines (JHNEBP), Social Cognitive Theory (SCT), and Kurt Lewin's Change Theory. The JHNEBP is an evidence-based practice conceptual model that will support the appraisal of evidence and

disperse it into practice to encourage positive outcomes (White & Dudley-Brown, 2012). The SCT will benefit in the understanding of behaviors and how actions or processes can affect these behaviors. Implementation and development in processes will assist in changing perception (Hodges & Videto, 2011). The Change Theory will provide guidance in changing the old processes to that of the new (Current Nursing, 2013).

Nature of the Project

The nature of the project was to conduct a pilot study intended to investigate the ED employee's perception regarding the safety in the ED towards WPV, determine their needs through a presurvey tool as it relates to safety and WPV, implement evidence-based WPVPP, and conclude with the same tool through a post-interventions survey to determine if the WPVPP was successful.

Assumptions

Within the WPVPP were assumptions that required further inquiry. These assumptions were:

- WPVPP will assist in increasing the perception of a safe work environment in the ED.
- During the presurvey, every employee will have read and understood the provided definition of WPV.
- Employees who participated in the presurvey answered honestly.

Limitations

Areas were identified as potential limitations in the WPV project:

- The survey will be anonymous. Job title and department will be used as demographics.
- The WPV survey referenced only evaluates the violence that has occurred in this facility and no other facilities the employee has worked hence reducing WPV experiences from outside the institute.

Delimitations

The delimitations of the WPVPP are the population. In this project, the author will focus on two EDs. The target population, for the purpose of this pilot proposal, will consist of registered nurses. This population was chosen due to the direct contact with patients and families. Inpatient units or other professions that experience WPV will not be evaluated. The goals were to implement this project, evaluate it for success, and a future ambition is the evaluation of the other nine EDs within the health care system.

Summary

Section 1 provides an introduction to the issue of WPV in the health care setting, with a primary focus in the ED. It was evident after investigating the current processes that there was no WPVPP at the practicum facility. It proposed the question that would implementing a WPVPP provide a safer environment as perceived by the employees that work in the ED? The purpose of this project was to improve and change the perception of the ED's employees related to working in a safe environment.

Section 2: Review of Literature and Theoretical Framework

Introduction

I reviewed the literature to appraise scholarly articles, dissertations, and books related to WPV and WPVPPs. The literature review allowed me to analyze the WPV issues and find materials relevant to the topic. In addition, the literature review provided me with the capacity to determine which literature has made significant contributions to understanding WPV, and it helped me to discuss findings and conclusions.

Library Database Search

I performed the systematic literature review using the CINAHL, MEDLINE, and Ovid Nursing Journal databases. The articles included were written in English. Key words or phrases included *workplace violence*, *ED violence*, *violence in health care*, and *nursing perception of violence.* I searched for full text articles published between 2004 and 2014.

Specific Literature

Validation for the WPVPP can be justified in specific literature. In a research article published by the *Journal of Emergency Nursing*, the Institute of Emergency Nursing Research study established that EDs, which demonstrated a greater commitment to safety and reporting, have lower rates of violence (Kelley, 2014). According to Taylor and Rew (2010), there is little research regarding effective WPVPPs. Nevertheless, there’s a common theme in the eight research articles found, such as educating the employee about de-escalating violent situations and the importance of reporting to collect information to improve future WPVPP. According to Gates et al. (2011), education for all

employees related to preventing and managing WPV is recommended. In a research article by Blando et al. (2013), in the *Journal of Nursing Management*, job satisfaction was linked to nurse's perception of safety, as well as policy development in the health care organization. Policy development content included education, reporting of incidents, and hazard assessment that focuses on the environment such as access, equipment, and security presence.

To further validate the need for a WPVPP, the ENA and the American Organization of Nurse Executive (AONE) joined forces and released a position statement, called the *Guiding Principles on Mitigating Violence in the Workplace*. These principles assisted with identifying violence risk factors and provided measures to preserve the safety of health care employees and patients (ENA, 2014b). In a study by the ENA, conducted in 2011, based on 6,504 emergency nurses, 54.5% experienced physical violence and/or verbal abuse from patients, families, and/or visitors. However, the ENA and AONE agreed that the rates of incidents were higher than the research demonstrated because many of the incidents were unreported. The ENA and AONE also believe the perception is that it is only a part of the job (ENA, 2014b). With the elevated rate of violence and the alarming perception of what is tolerated while providing care, this absolutely justifies the need for a WPVPP.

In a research article found in *The Journal of Nursing Administration* (Gacki-Smith et al, 2009), the authors concluded that assaults in the ED are a serious issue, and interventions and prevention are a critical demand. The authors stated that the increase

risk of assaults in the hospital is a direct correlation to the lack of WPVPPs, hence again it shows the need for a comprehensive prevention program.

In evaluating The Joint Commission Hospital Accreditation Standards (TJC) of 2010 related to the prevention of violence, TJC identified five areas of focus: environment of care, human resources, leadership, performance improvement, and provision of care. Each domain touched on the key elements needed in a violence prevention program such as staff education and training, incident tracking, assessing, and policy development (ENA, 2010a).

General Literature

Information is found in the general literature that supports the implementation of a WPVPP in health care facilities. The Occupational Safety and Health Association (OSHA) U.S. Department of Labor propose management commitment and employee participation to successfully manage WPV. With the collaboration and teamwork from leadership and the staff, it was found that five components were necessary to mitigate WPV. First was the commitment from leadership and the employees. The second was the analysis of the worksite. The third component was hazard prevention. Training/education in safety was the fourth. Lastly was an evaluation of the program and recordkeeping. OSHA recommended that health care organizations should implement minimum requirements such as a zero tolerance policy, no punishment of the employee for reporting WPV, encourage employee reporting, maintain security in the workplace, establish a team with experience, and management commitment (ENA, 2010c).

The ENA recognized the potential for violence in the ED and therefore has declared a position statement, titled *Violence in the Emergency Care Setting*. Within this declaration, it affirmed that organizations are responsible for developing preventative processes to avoid WPV and make sure health care workers, patients and visitors were safe (ENA, 2010a).

The American College of Emergency Physicians (ACEP) (2011) stated that in order to provide the best possible patient care in the ED, health care workers must be safeguarded against acts of violence. The ACEP promoted security within the ED, written protocols focusing on safety, and ongoing assessment.

Frameworks

The most appropriate approach to WPV in the ED is the John Hopkins Nursing Evidence-Based Practice Model. JHNEBP is an evidence-based practice conceptual model that would be used to support the project. This model provides the assurance that nurses can appraise evidence and assign it into practice to promote positive outcomes as well as cultivate an environment where the evidence backs both the clinical and administrative decisions. This model is the most familiar and is laid out into an easy to follow recipe. It follows the PET process which is the acronym for practice question, evidence, and translation. Through the utilization of this model, the WPVPP could be implemented in all ten EDs within the health care organization where I am employed (White & Dudley-Brown, 2012). JHNEBP represents three main components to shape the foundation of the nursing profession (see Appendix A). These components are made-up

of education, practice, and research and will guide the project (Newhouse, Dearholt, Poe, Pugh, & White, 2007).

The Social Cognitive Theory (SCT) model is used to guide the project through allowing understanding of behaviors in which behaviors becomes apparent from "continuous, bidirectional interaction" between individuals and their environments. These resulting actions affect individuals and their environments (Hodges & Videto, 2011, p. 149). As a consequence, an environment that is perceived as threatening with uncertainty of violence will lead to certain behaviors. The project question was, Will a WPVPP provide a safer environment as perceived by the employees that work in the ED? According to Gates et al. (2011), WPV in the health care setting is associated with stress, decline in work productivity, and a decrease in the quality of care. The perception of the workplace being a safe place and at a lower risk of WPV is invaluable with regard to job satisfaction (Blando et al, 2013). SCT believes that the assurance in a person's ability to participate in actual behavior, such as patient care of excellent quality, will provide positive outcomes (Hodges & Videto, 2011).

The SCT theory reflects the change that is needed in the ED environment in order to create a perception of a safe environment. As stated by Hodges and Videto (2011), if a person has a sense of self-worth, then positive behaviors are achievable even when faced with obstacles. The witnessed behaviors are in direct correlation with the perception of a safe environment. The goal of SCT instilled in a WPVPP is to implement a program that is focused on promoting safety that will provide positive outcomes. Generated from the

informal survey are processes in place consisting of increased and visible security, a visitor’s policy, de-escalation training, and lock-down drills that will change the perception of the staff. This program will affect the staff, their environment, as well as their behavior in the care that they deliver to their patients.

An additional theory to assist in guiding change efforts is Kurt Lewin's Change Theory. This approach consists of three stages: unfreezing, change, and refreeze. The first stage, unfreezing, involves finding a way for people to change from their old process to that of the new process. Within the unfreezing stage there are the driving forces that help people move away from the previous process. Secondly in the unfreezing stage, there is a decrease in the restraining force that usually impacts the change in a negative way. Third would be the combination of both. The second stage is a change or movement. This stage involves a change in mindsets, behavior, and thoughts which are productive. The third stage is the refreezing. This phase considers the change in the new behavior thus becoming the standard operating procedure. Refreezing is important to prevent relapse to the prior behavior/processes (Current Nursing, 2013).

In conclusion, the JHNEBP will guide the project in the use of evidence to promote positive outcomes. SCT focuses on behaviors and how they affect attitudes in the workplace. This will help guide the program and assist in changing the perception from an unsafe to a perceived safe environment. All of which will promote a more positive outcome for the staff and the patients. Change Theory, will assist in changing

actions and behaviors through educating safety measures within the ED. Sustainability will be achieved through annual education.

Background and Context

The pilot study will be implemented in two EDs consisting of both adults and pediatrics, in a hospital located in Northern Virginia, with an average of 50,000 ED visits annually. The hospital is a 183 bed not-profit community hospital. It was established in 1912, providing health care to the residents of Loudoun County, Virginia. It has a population of 350,000, with the top three races consisting of: White 71.1%, Asian 16.5%, Hispanic or Latino 13.1%.

The author has been the Director of the three EDs for the last two years. As the author has been in the inpatient setting for nineteen years prior, the issues that have only been read about is now being witnessed all too often. It began with a nurse, from an ED, being kicked in the face by her patient. After this incident, she conducted a study which indicated that there was increased occurrence of WPV in EDs. She later published her results in the *Journal of Emergency Nurses*. There is much literature with regard to the occurrences of WPV; however, there is little being done to mitigate the issue at the practicum site. This brought the author to this project due to the belief that employees should be able to come to work with a sense of safety and protection.

Summary

In Section 2, I evaluated the literature from both research and professional organizations supporting the need for a comprehensive WPVPP. In addition, I

demonstrated three theories that will guide this project in implementing a program to achieve success.

Section 3: Methodology

Introduction

The purpose of this project is to improve and change the perception of ED employees related to working in a safe environment. Currently, there is no WPVPP at the practicum facility. The setting consists of two EDs. Upon evaluation, it was found by the author that there is no education provided to the staff to assist in de-escalation, reporting process, policy, and no hazard assessment.

In Section 3, I discussed the study design, population and sampling, data collection tool, protection of human subjects, data analysis, possible analytical techniques, and the project evaluation plan.

Project Design

The intention of performing a pilot study is to investigate the likelihood of an intervention that is aimed to be employed in a larger scale enquiry (Leon, Davis, & Kraemer, 2010). The proposed pilot study will consist of a randomized experimental design. Per Kettner, Moroney, and Martin (2013), this design is the most valid in that it involves a random assignment of an experimental and control group, hence control of all three threats of internal validity, as well as selection bias. The design will include nurses from two EDs, which will be referred to as ED “A” and ED “B.” The ED "A" will be the control group and ED "B" will be the experimental group, which will receive the implementation of the WPVPP. The current author will employee the manager of human resources to randomly select 20 nurses from each site to participate in the proposed

project. Both ED “A” and ED “B” will receive the pretest, which will serve as the preliminary measurement and will function as a baseline. Collection time will take place for 1 month. The measurement is associated with the target population’s opinion or behavior. For 6 months, ED “B” will participate in development and implementation of WPVPP (Terry, 2012). The WPVPP will include education related to de-escalation and reporting, nurse involvement in hazard assessments, and policy development. After6 months of the WPVPP, both the control and experimental group will receive a posttest as a second measurement. The goal is that the posttest will demonstrate a positive a change in the experimental group’s perception to safety that is attributable to the WPVPP. Therefore, the pretest and the posttest are given at separate stages but will consist of the same questions (Kettner et al., 2008).

Population and Sampling

The target population will ultimately be the nurses who have direct contact with the patients and families from two EDs.

Participant criteria will include:

- Both female and male nurses.
- All shifts including days (7 a.m.–7 p.m.), mid (11 a.m.-11 p.m., and 3 p.m.-3 a.m.), and night shift (7 p.m.-7 a.m.).

Exclusion criteria will include:

- Clinical technicians from the ED.
- Secretaries from the ED.

- Physicians from the ED.
- Registration employees from the ED.
- Inpatient units.
- Float pool nurses and clinical technicians.

Data Collection and Instrument

To prevent bias, the Human Resource Manager will randomly select 20 nurses from ED "A" and ED "B." Prospective respondents will be asked to participate in the pilot. If agreed, the participants will receive access to an anonymous online survey administered through the Survey Monkey. The instrument used will be a questionnaire that was developed by the ENA's Workplace Violence Staff Assessment Survey (ENA, 2010b). The questionnaire contained two demographics and 11 questions consisting of the Likert scale, multiple choice, yes or no, open-ended items, and "all that pertained". Below are the survey questions broken down in perception, education, and reporting. Questions are as followed:

Perception/Experience

1. How safe do you feel from WPV in the ED overall as well as in each area? Areas consisted of triage, exam rooms, fast track, and registration desk/up front. Likert scale - 1 not at all safe, 10 extremely safe
2. How prepared do you feel to manage aggressive or violent behavior? A Likert scale - 1 not at all safe, 10 extremely safe.

3. How effective is our hospital's security personnel in preventing violence against ED staff? A Likert scale - 1 not at all safe, 10 extremely safe.
4. Do you feel that WPV for patients and visitors is simply a "part of the job" in the ED?
5. Which of the following items do you believe constitute WPV? Items include: bitten, called names, hair pulled, harassed with sexual language, hit/punched/slapped, kicked, pitched, pushed/shoved, scratched, sexually assaulted, shot/shot at, spit on, stabbed, sworn/cursed, threatened with physical harm, and verbally intimidated.

   This question allowed for the employee to select all that pertained to them.
6. What items have you experienced?

   This question includes the same descriptions of violence as indicated above. This question allowed for the employee to select all that pertained to them.
7. Do you feel that WPV has increased, remained the same or decreased over the year?
8. What other suggestions do you have for improving how WPV is handled in the ED? This question allows free text.

Education

9. How long ago did you receive training in preventing and mitigating ED WPV? Choices consist of never, 0-3 months, 4-6 months, 7-9 months, 10-12 months, and more than 12 months.

Reporting

10. Have you been instructed to report physical or verbal abuse regardless of the level of severity or harm?
11. How did you report WPV?

    Choices include Safety Always, emailed management, informed security, and informed the charge nurse.

Relationship With Stakeholders

The proposed pilot study will be carried out at the same site as the author's practicum site. There is a positive relationship with the stakeholders at the facility and are providing complete support for the proposed pilot study.

Instrument Validity and Reliability

Validity involves the degree to which an instrument is measuring what it presumes to measure (Polit, 2010). For enhancing the validity and reliability, it was determined beneficial to have experts in the field to analyze the data collection tool (National Center for Technology Innovation, n.d.), as well as to evaluate the proposed WPVPP. The experts will consist of 10 participants including ED nurses, security, ED management, nurses on the research council at the practicum facility, and human resources. In addition, the test-retest reliability is used to measure the trustworthiness by administering the same survey twice over a period of six months

The survey would be given to nurses in two EDs. The survey tool that is used is the ENA's Workplace Violence Staff Assessment Survey (Emergency Nurses Association, 2010b).

Protection of Human Subjects

This project will be requesting an exempt status from the Institutional Review Board. The WPVPP is not research but applying evidence-based practices designed to enhance wellbeing and provide an overall sense of safety in the ED. The project will include a presurvey of the target population's perception of safety, followed by the implementation of evidence-base practices to improve safety, and finished with a post survey to evaluate whether the target population perceived that the program improved safety. Consent to participate in the study will be inferred by virtue of the employee completing the presurvey/post survey and providing on-line submission. All participates will be anonymous, only their job title and location of their unit worked were submitted.

Data Analysis

In order to have support during the implementation, acceptance of the program, and to achieve sustainability of the WPVPP, the target population must be identified. Identification of the target population plays a large role in the program development. Per Hodges and Videto (2011), this will provide a perception of union and ownership of the program.

As stated in the Purpose Statement, the informal survey of the staff revealed that there was a concern with feeling unsafe in the ED. This survey aided in the target population expressing the most important needs of their group (University of Kansas, 2014). The target population was identified as those that not only voiced concern during the informal survey but also those nurses that have direct contact with patients and family

in the ED. The target population in this instance is the nurses from two EDs that work both days, mid shifts, and nights. Currently the shifts consist of 7 a.m.-7 p.m., 7 p.m.-7 a.m., 3 a.m.-3 p.m., and 11 a.m.-11 p.m.

The presurvey, will reveal the target population's perception of WPV and their perception of safety. It will provide a baseline. The results from the presurvey will assist in guiding the WPVPP in the direction that is important to the target population. In addition, the results will be used for the funding of education and assist in advocating for change (University of Kansas, 2014). Prior to the presurvey, the informal survey provided themes that are the consistent with what is currently in the literature. The needs identified were: lack of feeling safe in their environment, education related to reporting incidence and de-escalation, and the lack of perceived safety related to security.

The post-survey results will be compared to the presurvey to demonstrate if the implementation of the WPV prevention processes were successful in meeting the needs of the target population.

Analytical Techniques to Answer Guiding/Research Questions

The information obtained from the presurvey and post survey will be analyzed using a dependent group t test, also known as paired t test. This will allow the opportunity to assess the statistical differences that exist among the pre and the post-intervention (Laerd Statistics, 2013).

Project Evaluation Plan

A program evaluation will provide the tools to collect information about a program which will assist in decision making related to developing, improving, or

evaluating a program. Providing a program evaluation will provide assistance in examining implementation, cost, and usefulness of the pilot study.

The project evaluation plan will address formative, process, and impact evaluation. Formative evaluation will take place during the planning and implementation phase. Verification of feasibility will be witnessed through evaluation of literature, informal survey, and existing programs. Process evaluation will be achieved through progress charting as goals and objectives are evaluated weekly. This will help to pinpoint future problems so the adjustments may be made to the program. In addition, it will allow for assessment of the target populations perception of the programs implementation plan. Impact evaluation will evaluate the short-term changes toward the target population's behavior by means of feedback (Hodges & Videto, 2011).

Summary

The WPVPP will be developed and implemented based off of the needs as identified by the target population. The process will take six months and will be followed by a post-survey assessment to determine whether or not the program was successful (Terry, 2012).

Section 4: Findings, Discussion, and Implications

Introduction

The purpose of this pilot project was to improve and change the perceptions of the ED nurses related to working in a safe environment. As a result from a nurse being kicked in the face by a patient, an informal survey was initiated to evaluate the perception of employees who have direct contact with patients and families in reference to feeling safe. The employee's perception was made clear to leadership, they felt unsafe. This informal survey generated a need for a more comprehensive look into WPV and the measures in place to mitigate violence in the ED.

The objective was to construct a proposal that deliberates the implementation of a pilot study assessing the implementation of a WPVPP. The goal was to conduct a presurvey that would identify the perception of the nurses with regard to ED safety. The survey is from the ENA's Workplace Violence Staff Assessment Survey (ENA, 2010b).

Health care professionals with experience and knowledge in reference to WPV, such as ED nurses, security employees, and the nurses serving on the hospital research council, would measure the content validity of the study survey instrument. This group was referred to as the expert panel (Speroni et al., 2014). Next, a post survey would be given to determine whether the WPVPP, which was implemented into practice, produced an improvement in perceived safety related to WPV in the ED.

Section 4 will investigate the introduction of the evaluation plan, strengths, and limitations related to the implementation of the project, including recommendations for future projects focusing on related topics, as well as implications regarding policy, practice, research, and social change. Further, self-analysis as a scholar, practitioner, and project manager will be discussed. To conclude, Section 4 will address the proposed pilot study implementation related to potential professional development.

Evaluation/Findings and Discussion

An evaluation plan acts as a road map which explains the necessary steps to evaluate a program's processes and outcomes. To be successful, an evaluation plan should be revised continuously to expose program modifications and priorities that occur in time. An evaluation plan functions as a link that connects the evaluation and program plan by drawing attention to the goals of the program, clarifying the measurable objectives of the program, and combining the program activities with the intended outcomes (Miake-Lye et al., 2011). Evaluation of a program analyzes the implementation, efficiency, and financial feasibility (Hodges & Videto, 2011). The actual proposed project was not intended to begin at the present time; however, the author was able to introduce a formation evaluation and prestudy feasibility testing. Applying a formative evaluation will assist in enriching the project's proposal before implementation to validate the relevance (Hodges & Videto, 2011). Conducting a prestudy feasibility is beneficial to aid in organizing significant concerns. Perform the study prior to investing in a full-scale

feasibility study will help save money and assist in addressing simple problems (Holfstrand & Holz-Clause, 2009).

Tool Probability Testing

The author determined it beneficial to have experts in the field to complete and evaluate the module to enhance the validity and reliability (National Center for Technology Innovation, n.d.). The experts consisted of 10 participants including four ED nurses and one ED nurse on the research council, two security employees, two ED leaders, and one human resource (HR) representative. Each panel member was provided with the survey and proposed WPVPP for evaluation. The panel then was provided with an evaluation tool entitled Workplace Violence Prevention Program and a WPV Nurse Survey to fill-out. The survey was composed of 12 questions that consisted of eight 4-point Likert scale questions and four open-ended questions to elicit feedback. Table 1 provides the feasibility results of the expert panel.

Table 1

Results of the Prestudy Feasibility

Question	**ED nurses/ED research** *n*=5 "3" (%)	"4" (%)	Mean	**Security** *n*=2 "3" (%)	"4" (%)	Mean	**ED leadership/HR** *n*=3 "3" (%)	"4" (%)	Mean
How well did the survey evaluate the ED staff's perception of safety?		(100)	4.0	(100)		3.0	(33.3)	(66.7)	3.67
How well did the WPVPP demonstrate a better process of mitigating violence in the ED compared to current practices?		(100)	4.0	(50)	(50)	3.5	(33.3)	(66.7)	3.67
Did the proposed WPVPP give you enough information regarding the program?	(40)	(60)	3.6	(50)	(50)	3.5	(66.7)	(33.3)	3.33
How much do you think the WPVPP will improve the perception of safety?	(40)	(60)	3.6	(100)		3.0	(33.3)	(66.7)	3.33
Was the WPVPP easy read?		(100)	4.0		(100)	4.0		(100)	4.0
Was the survey easy to read?		(100)	4.0		(100)	4.0		(100)	4.0
Was this survey the appropriate length?		(100)	4.0		(100)	4.0		(100)	4.0
Would you recommend implementing this WPVPP?		(100)	4.0	(50)	(50)	3.5		(100)	

The scoring on the Likert scale was as follows:

1 – Poorly/not at all.

2 – Slightly/unlikely.

3 – Adequately/most likely.

4 – Excellent/definitely.

Question 1 was intentionally designed to query information regarding the WPV Nurse Survey concerning the evaluation of the nurse's perception of safety. Questions 6 and 7 represented the expert panel's satisfaction of the survey design such as the length and the simplicity of the survey. The survey that was used is from the ENA's Workplace Violence Staff Assessment Survey (ENA, 2010b). Questions 2 and 4 elicited whether or not the proposed WPVPP is better than current process and whether it will improve the perception of safety. Questions 3 and 5 appraised the program design, wherein evaluating whether the WPVPP provided enough information and whether it was easy to read. Question 8 focused on the panel's recommendation for moving the program for implementation. The remaining questions, 9, 10, 11, and 12 are narrative descriptions (Polit, 2010). These questions provide an opportunity to share the strengths and the weaknesses of both the survey and the program.

ED Nurses and ED Nurse on the Research Council Evaluation Data

Content. Questions 1 and 3 addressed content of the survey and WPVPP. Five out of the five participants (100%) reported that the subject matter was "Excellent/Definitely in reference to evaluating the emergency department nurse's perception of safety.

Question 3 demonstrated that 60% of the participants (n=4) felt "Excellent/Definitely in that the proposed WPVPP gave enough information regarding the program. However two participants, felt that the WPVPP was "Adequately/Most Likely" in reference to affording sufficient information.

Process. Questions 2 and 4 focused on the WPVPP process. In Question 2, 100% (n=5) of the participants believed that the WPVPP demonstrated "Excellent/Definitely" a better process in mitigating violence in the ED compared to current practices. Question 4 revealed that three out of the 5 participants felt that the WPVPP will improve the nurse's perception of safety. However two of the participants felt the WPVPP "Adequately/Most Likely" will improve the perception.

Design. Questions 5, 6, and 7 concentrated on the survey and WPVPP design. In reference to Question 5, 100% of the participants (n=5) felt "Excellent/Definitely" that the WPVPP was easy to read. Question 6 also resulted in 100% of the participants (n=5) believing "Excellent/

Definitely" that the nursing survey was easy to read. Lastly, Question 7 demonstrated that five out of the five participants (100%) felt "Excellent/Definitely" that the survey was an appropriate length.

Overall. Question 8 assessed whether the participants would recommend the WPVPP. Five out of the five participants (100%), reported that they would recommend implementing this WPVPP.

Qualitative Questions

Strengths. Four out of the five participants (80%) commented on the incorporation of staff training for de-escalation as a strength in the WPVPP. In addition, three of the five participants (60%) mentioned that the increase in the visibility of security employees and their participation in escorting visitors from the waiting room into the ED as a strength. With regard to the survey strengths, four at of the five participants (80%) commented on the ability to "free text" concerns or suggestions or provide feedback. Other comments concerning strengths included easy to read and understand.

Weaknesses. Three of the participants had great feedback related to improving the WPVPP. One participant wanted weapons to be addressed in the WPVV, as well as bullet proof glass be installed at the Registration desk. One participant suggested a visual aid such as a sign related to the visitor process to "remind the staff that we are thinking of their safety". One participant suggested the need for security cameras to monitor safety in the ED. This weakness appears to be more of an educational opportunity in that the ED has three cameras that are monitored by security. Lastly, one participant stated that there were no weaknesses with the WPVPP and that the program is a collaborative team approach.

Security Evaluation Data

Content. Question 1 revealed that both participates (n=2) felt that the survey evaluated "Adequately/Most Likely" in reference to the ED nurse's perception of safety. Question 3 demonstrated that one of the participants (50%) felt "Excellent/Definitely" in

that the proposed WPVPP gave enough information regarding the program, while the other participant (50%) felt that the WPVPP was "Adequately/Most Likely" in relation to presenting enough information.

Process. Question 2 demonstrated that one (50%) of the participants felt that the WPVPP demonstrated "Excellent/Definitely" that a better process in mitigating violence in the ED compared to current practices and the other demonstrated "Adequately/Most Likely." Question 4 revealed that both participants (n=2) felt "Adequately/Most Likely" that the WPVPP will improve the nurse's perception of safety. Question 8 assesses whether the participants would recommend the WPVPP. One participant (50%) revealed that they would "Excellent/Definitely" recommend the program while the other (50%) revealed that they would "Adequately/Most Likely."

Design. Questions 5, 6, and 7 concentrated on the survey and WPVPP design. In Question 5, 100% of the participants (n=2) felt "Excellent/Definitely" that the WPVPP was easy to read. Question 6 also resulted in 100% of the participants (n=2) believing "Excellent/Definitely" that the nursing survey was easy to read. Lastly, Question 7 demonstrated that both participants (100%) felt "Excellent/Definitely" that the survey was an appropriate length.

Overall. In Question 8, one participant (50%) felt that they would "Excellent/Definitely" recommend the implementation of the WPVPP and one (50%) reported that they would "Adequately/Most Likely" recommend implementing this WPVPP.

Qualitative Questions.

Strengths. Comments regarding strengths of the WPVPP included providing training/education, as well as having a standard of practice and policy in place. Furthermore, the strengths of the survey were that the survey was “a lot of detailed information”, “well structured” and “very inclusive” and provides opportunity to allow suggestions.

Weaknesses. Only one participant suggested a weakness in the WPVPP. The weakness mentioned was the need to include in the program the frequency of evaluating the equipment which should be included in monthly panic button checks.

ED Leadership and Human Resource’s Manager Evaluation Data

Content. Question 1 revealed that two participates (66.7%) felt that the survey evaluated “Excellent/Definitely” in evaluating the ED nurse’s perception of safety, while one participant (33.3%) felt the survey was “Adequately/Most Likely”. Question 3 revealed

that one of the participants (33.3%) felt “Excellent/Definitely that the proposed WPVPP gave enough information regarding the program, while the two participants (66.7%) felt that the WPVPP was “Adequately/Most Likely” in presenting enough information.

Process. The WPVPP process is evaluated in Questions 2 and 4. In Question 2, 66.7% (n=2) of the participants believed that the WPVPP demonstrated “Excellent/Definitely” that an improved process in diminishing violence in the ED in contrast to the current practices. One participant (33.3%), however, felt

“Adequately/Most Likely”. Question 4 revealed that three out of the three participants (100%) felt that the WPVPP will improve the nurse’s perception of safety.

Design. Questions 5 through 7 evaluated the WPVPP and survey’s ease to read and length. One hundred percent of the participants (n=3) felt that both the WPVPP and survey’s ease to read was “Excellent/Definitely”. In addition, Question 7 showed that 100% of the participants felt that the survey was an appropriate length.

Overall. Question 8 measured whether the participants would endorse the WPVPP. All three participants (100%), reported that they would recommend implementing this WPVPP.

Qualitative Questions.

Strengths. All three participants had individual feedback regarding the strengths of the WPVPP. Themes were noted from their evaluation such as the importance of reporting, coupled with the sharing of incidents with the staff, CPI training, hazard assessments and frequent lock-down drills. One participant stated that since there are not any lock-down drill policies, “having something in writing will only improve the perception of safety.” Regarding the strengths of the survey, comments received demonstrated the same strengths with the other experts. Strengths included the ability to “free text” and “open-ended questions”. One participant stated that they like the anonymity of the survey so the nurses can feel “free to write whatever you think”.

Weaknesses. Comments by the participants provided insight with regard to the survey and program weaknesses. One participant felt that the program needed the visitor

Standard of Practice (SOP) expanded to include security employees walking all visitors back to the core of the ED and rounding throughout. A great suggestion included that a "Security workgroup" comprised of security employees and ED nurses to improve policy and SOP. Another participant focused on the program having "proactive" elements in the policy for the recognition of behaviors and what to do. The weaknesses identified by the participants regarding the survey included the ability for the participant to add "ideas related to how to make our environment safer" as well as an area to prompt "thoughts for improving the processes" from new nurses that have worked at other facilities.

In summary, nine out of the ten participants recommended the implementation of the proposed WPVPP and eight out of the ten experts felt that the WPVPP demonstrated a better process in mitigating violence in the ED compared to current practices. Moreover, all of the patients (100%) reported that the design regarding ease to read and length were "Excellent". The open-ended questions served as a benefit in that it provided positive feedback that will improve both the program and the survey. Additionally, the information that was gained from the pre-study feasibility provided the necessary support for the implementation of the WPVPP, as well as the support to employ the nursing survey in evaluating the perception of safety in the ED.

Implications

The proposal presents a pilot study which examines a WPVPP to improve the nurse's perception of safety in the ED. Through the dissemination of findings from the pre-study feasibility, IRB approval, and implementation, the WPVPP would affect the

practicum site through policy development and change in practice. In addition, this positive change would promote additional organizational change within the health care system at the practicum site.

Clinical Practice

The WPVPP recommends a future implementation of such a program in the ED. The proposal would positively impact the ED regarding the increase in the perception of safety among the nurses. This is due to the fact that the current processes and/or programs are absent from the organization. According to Blando et al. (2013), safety-oriented actions are witnessed when employees believe that there is value to a safe action, hence when employees believe that there is no benefit, such as the benefit of reporting, they are less likely to participate in safety procedures. The Hawthorne Effect began this belief as it demonstrated that if management shows a real interest in their employees then there will be an increase in productivity and engagement.

Policy

The DNP graduate will gain the ability to take on leadership roles as an advocate for both the community and nursing. The graduate will be able to evaluate the policy process and have the knowledge to motivate policy formation (Terry, 2012). In addition, the support of political influences at all levels, including the organizational level, will facilitate the ability to execute the WPVPP at an organizational level as well as the state level (Hodges & Videto, 2011). As stated above, the New Jersey Legislature passed the Violence Prevention in Healthcare Facilities Act in 2008. This law was designed to

establish programs to mitigate violence against health care employees. Over the years, states joining New Jersey, include California, Connecticut, Illinois, Maryland, and Oregon (Trotto, 2014).

The political emphasis goes further than laws to mandate a WPVPP. The ENA has been at the forefront as an advocate toward consequences for those who carry out an act of violence in the health care setting. As of 2012, 30 states have established penalties for assaults on nurses and health care personnel. This political support demonstrates that violence will not be permitted (Papa & Venella, 2013).

In addition, as a DNP prepared nurse must gain through leadership techniques, hospital organizational support that encompasses an interprofessional collaboration (Terry, 2012). This includes nurses, leadership, and security officers. In addition, it is essential to include human resources to guarantee that the policies and procedures are in effect and executed appropriately such as zero tolerance and lock-down drill policies (Papa & Venella, 2013).

Research

According to McPhaul et al. (2013), the power of scientific evidence for WPVPPs “is well past the emerging evidence stage but has not achieved the unequivocal stage” (p.1). State regulations and federal safety policies related to workplace safety afford notable momentum and backing for nurses and hospitals undertaking transformational programs (McPhaul et al., 2013). Thus evaluating the tactics from OSHA, American Nurses Association, ENA, The Joint Commission, and the CDC, one can access the

common themes to develop a program. Through the use of the pre-study feasibility tool, the results provided the insight for recognizing the value to inquire further, identify the key issues thus allowing the opportunity to resolve the issues which will provide a design and an implementation that is successful.

Social Change

In the midst of health care workers, ED nurses experience the highest rates of physical assaults. Violence touches not only the employee, but the employer and patients. Unfortunately nurses experience both physical injury and psychological difficulties. Consequently, researchers have found that nurses are leaving their job, as well as their profession. This leads to increased call-ins, turnover, medical care, damaged property, and dissatisfaction in the job and morale (Gates et al., 2011). Therefore the effect of the proposal and subsequently the implementation of the pilot study will affect social change by improving the nurse's perception of safety hence creating a healthy work environment that includes safety, respect, and trust (ENA, 2010e).

Project Strengths, Limitations, and Recommendations

Project Strengths

There is notable strength that is recognized in this project, identifying the absence of a WPVPP at the practicum site. Through the evaluation of the state and federal law, as well as the target population's primary organization such as the ENA, this project was able to provide a nurse's survey and compile key components to build a WPVPP that meets the needs of the nurses in the ED.

Project Limitations

Two limitations that were noted in this project were the sample size and the bias of the expert panel. First, a limitation could be a systematic error creating a sampling error. This issue arises when the results from the sample varies considerably from the results from the entire population. The second is biased sampling in that the expert panel as they were the participants personally selected by the author (Explorable.com, 2015).

Limitation Recommendations

Reducing the sampling process error can be achieved by a proper and unbiased probability sampling, as well as increasing the sample size. Therefore for the pilot test to occur after graduation, an improvement will be that the project will consist of the same study, sampling method, population, and larger sample size (Explorable.com, 2015).

Analysis of Self

Scholar

During the doctor of nursing practice (DNP) journey, the author has gained the ability to separate evidence and develop links among disciplines through the integration of knowledge. Hence, the author has developed the ability to transform research into practice and the distribution and incorporation of new knowledge (American Association of Colleges of Nursing [AACN], 2006). The author has acquired the necessary skills in leadership to play a part in evidence-based practice as witnessed through evaluating and utilizing data and research in order to ensure making good clinical decisions. As a

scholar, the author is able to combine evidence in research with clinical expertise, as well as the values of the patient, to guarantee positive patient outcomes (Terry, 2012).

Practitioner

The DNP progression has provided the opportunity to bring to light the safety issues in the health care setting through the inquiry of WPV in the ED. As a practitioner, the author has gained the understanding that in an environment that is complex and intertwined, there must be an ever existing exchange between health care professions. To summarize, there must be the existence of multidisciplinary teams that are exceedingly collaborative. Through the DNP program the author has developed leadership skills as witnessed through launching interprofessional teams (AACN, 2006). As a comprehensive investigation of evidence-based research was performed encasing WPV in the ED, the author was able to propose a pilot study to bring to the forefront the issues of violence and the necessity of the ED nurses, security personnel, human resources, and organizational leadership to join as a team to mitigate violence.

Project Developer

In addition, as an advanced practice nurse, this project proposal has provided the ability to lead multidisciplinary teams in order to tackle the issues of WPV. The DNP program has instilled the demand to assess the necessity for change, link the issue with nursing interventions and patient care, and synthesize the best evidence, design the change in practice, and implement and sustain the change (AACN, 2006).

Through the DNP journey, this author has learned the steps to assess for need, write goals and objectives, plan a program, implement, and evaluate. This journey has assisted in identifying the need for a WPVPP through the conduction of a needs assessment. The absence of a WPVPP and identifying the target population were met. In the course of the DNP program, the author used formative evaluation through the use literature which was assessed in order to write objectives and goals (Hodges & Videto, 2011). In addition, prestudy feasibility testing was used to determine the need to move forward, as well as providing content validity regarding the WPVPP and nursing survey tools (Holfstrand & Holz-Clause, 2009). This journey has led this author to conduct a pilot study and to further examine the need throughout the practicum site's health care organization.

Project Contribution for Future Professional Development

This project has opened doors to the visible gap that is present regarding safety in the ED. It has provided the transparency to Senior Leadership, as well as the author, and shown that there is a need to embark on a deeper dive into the mandatory implementation of prevention programs. Statistics regarding WPV in health care have been presented over and over through the years. This project will provide a contribution to health care employees by presenting the numbers but instead taking a proactive stance to mitigate violence in the health care setting.

Summary

In summary, this DNP project has demonstrated the need to close the gap in reference safety for our health care nurses in the ED. Through the use of policy and implementation into clinical practice, WPVPP will create a positive social change for the ED nurses, as well as to health care employees throughout. The project has demonstrated both strength and limitations, however through evaluation of the project and the pre-study feasibility testing, the WPVPP received recommendations to improve the proposed program in order to assess and meet the needs of the target population.

In addition, the author has looked within an evaluated her growth as a scholar, practitioner, and project developer through the witnessed growth as a leader. In conclusion, the author has demonstrated that through the journey of mitigating violence in the ED, the doors to collect the number of incidents are closing and the doors are opening to prevention.

Section 5: Scholarly Product

Introduction

The DNP project proposal was aimed to improve and to change the perception of the ED nurses related to working in a safe environment. It was found at the practicum site that there was no WPVPP at the practicum facility. The setting is composed of two EDs. Further appraisal showed that there was no education afforded to the staff to assist in de-escalation, no reporting process in place, policy, or hazard assessment. Therefore, through a literature review this author was able to appraise scholarly articles, dissertations, and books related to WPV and WPVPPs. The literature review allowed for an analysis of the WPV issues and the ability to find materials relevant to the topic. In addition, literature review provided the capacity to determine which literature made a significant contribution to understanding WPV and provided discussion related to the findings and conclusions of pertinent literature (University of California Santa Cruz, n.d.). Hence, a formative evaluation was suggested to enhance program planning and provide insight for future implementation (Hodges & Videto, 2011).

The inception of this proposal began with recognizing the nurse's concern for safety in the ED. This was conducted from informal surveys which lead this author to conduct a pilot study. However the need to find a sufficient survey tool and develop an effective WPVPP took precedence. Therefore a prestudy feasibility was conducted to highlight important issues in both tools so that a successful design and implementation of

the pilot would take place. The prestudy feasibility will encourage confidence in the target stakeholders (Vermont Energy Investment Corporation, 2015).

Background

The proposal began with evaluating the inputs and current processes. This provided the opportunity to identify the target population, education, current reporting behaviors, perception of safety in the ED, and policy (Kettner et al., 2013). Hence the absence of a program was identified which lead to the suggestion for the implementation of a comprehensive WPVPP. A proposal for the implementation of a pilot study, evaluating the perception of safety in the ED and implementing a program, was recommended. The first phase of the project was to identify the target population. The next phase was to locate a nursing survey that would evaluate the nurse's perception regarding safety in the ED. During this phase, themes from literature were brought together to build a WPVPP. The third phase was to construct an expert panel consisting of 10 participants, which evaluated the content for the nursing survey and the WPVPP. The expert panel was given a 12-question evaluation containing eight questions that were measured on a Likert scale, in addition to four open-ended questions to elicit feedback on the strengths and weaknesses of the nursing survey and program. The evaluation focused on the design, content, process, and the ability to free-hand feedback. This provided the information for the pre-study feasibility testing. The evaluation provided feedback that was used to strengthen the content validity of the nursing survey and program (Pilot & Beck, 2012).

The findings from the expert panel demonstrated that nine of the 10 participants endorsed the implementation of the proposed WPVPP and eight of the 10 experts believed that the WPVPP established an improved process of mitigating violence in the ED in contrast to the current practices. Moreover, all of the experts (100%) reported that the design concerning the ease to read and the length were "excellent." The open-ended questions served as a benefit in that they provided positive feedback for both the program and survey.

Recommendation for Future Project

Recommendations for a project are presented two-fold. First, although the project is still in the early stages, the pre-study feasibility results were able to demonstrate the need to move forward with the pilot study. A suggestion to expand the sample size from ten to 40 nurses would assist in the representation of the overall population (Terry, 2012). Secondly, as stated continuing to mandate WPVPP through the Violence Prevention in Healthcare Facilities Act, it is a recommendation for this health care organization to take a proactive stance through internal policies that support this mandate.

Dissemination Plan

According to Bradley, McSherry, and McSherry (2010), dissemination is the introduction of information for a targeted group that may be significant, as well as emphasizing the need of that group being able to use the information when received. In addition, successful dissemination can lead the nurses to share information concerning

the advancement in the practice of health care, and facilitates innovative adoption and application. Dissemination is an important stage in evidence-based practice, allowing the health care staff to render decisions founded on quality information that is useful as well as taking cost into consideration for recommended interventions (Bradley, et al.). It is the author's goal to present the pre-study feasibility results in order to improve the content validity of the nursing survey and WPVPP. This process will take place preceding the submission of the pilot study for approval from the IRB.

Poster Board Presentation

The poster board presentation is used to assist in scholarly discussion among colleagues through dissemination of information at conferences or meetings (White & Dudley-Brown, 2012). The poster board presentation of WPV and program would provide a venue that will not only present findings from the pre-study feasibility or future pilot test findings, but would also allow for the opportunity to learn from the viewers through feedback concerning the related project or projects for the future (White & Dudley-Brown, 2012).

Publication Aspirations

Through the use of dissemination, such as publishing an article, nurses can enhance the knowledge of nursing and produce practice change (Steefel & Saver, 2013). According to White and Dudley-Brown, 2012), publication is a "permanent contribution and method of dissemination to the profession" (p. 247). The author is a member of the ENA, and has begun the initial introduction to the organization. The Institute for

Emergency Nursing Research has encouraged the author to consider publishing the findings in the Journal of Emergency Nursing or in the ENA Connection (personal communication, July 20, 2015).

Conclusion

In conclusion, with regard to translation, dissemination of evidence is the last phase. In addition, it is crucial for transitioning knowledge that is considered new to the bedside (White & Dudley-Brown, 2012).

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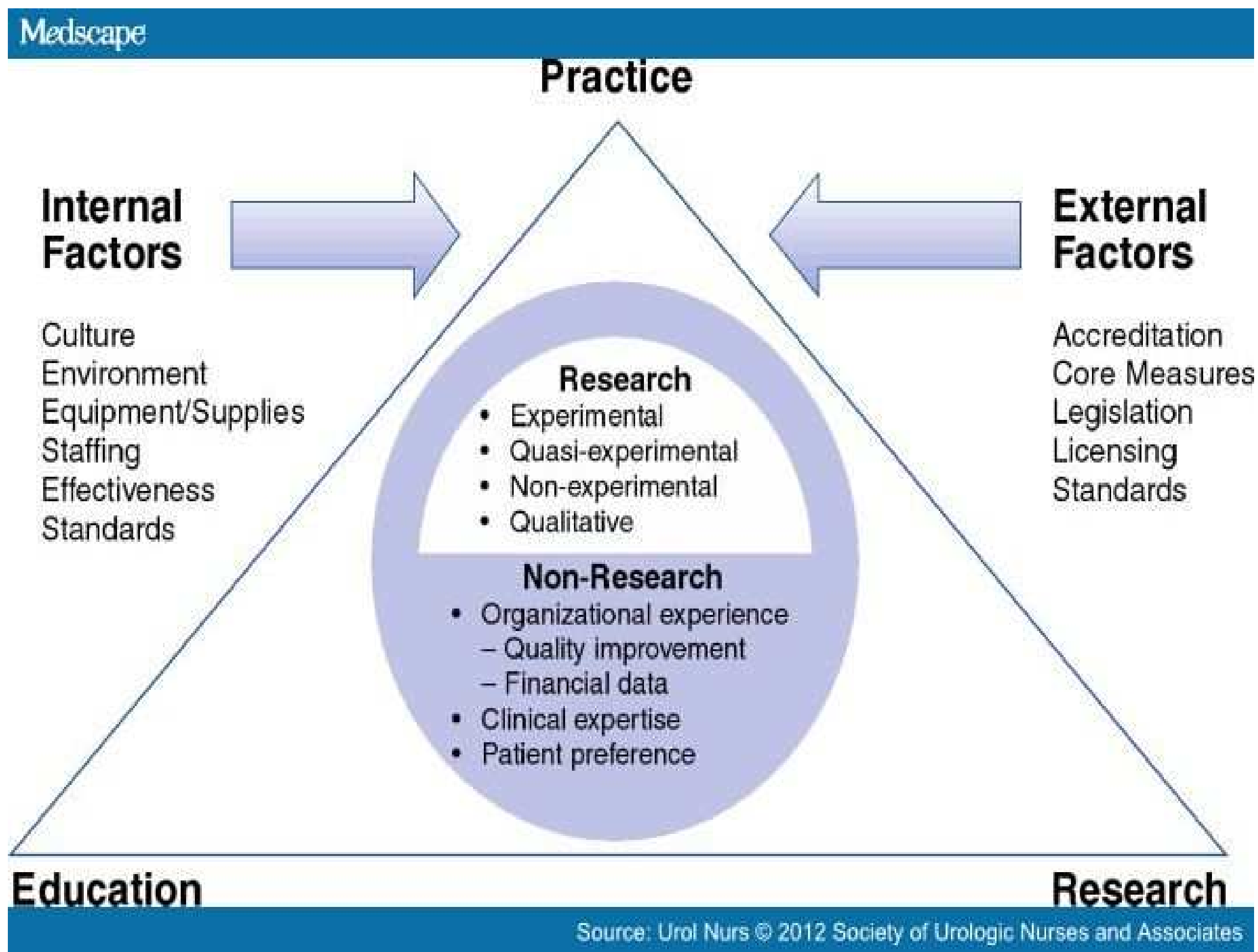
Appendix A: John Hopkins Nursing Evidence-Based Practice Model



Appendix B: Informed Consent

Title: A Quality Improvement Proposal Evaluating a Survey Tool and Workplace Violence Prevention Program Content by an Expert Panel Principal Investigator: April Brown, MSN, NE-BC, RN-BC

Informed Consent for a Research Study

INTRODUCTION AND PURPOSE OF THE STUDY

You are eligible to participate in a quality improvement study. The purpose of the study is to introduce a quality improvement proposal, founded on evidence-based practice, through the use of an expert panel which will evaluate a survey tool as well as evaluate a Workplace Violence Prevention Program (WPVPP). The purpose is to assess the face validity of the survey tool and to provide feedback regarding the content of a WPVPP. The results of this survey will be used to provide feedback regarding the content of the program and survey. This information gathering will provide feedback to enhance the survey tool and program for potential implementation for the future. Completion of the survey should take approximately five (5) minutes.

What will happen if I take part in this research study?

If you agree to participate, please complete the attached survey. Place the completed survey in the return envelope and return to April Brown.

What risks or benefits can I expect from being in the study?

The only foreseeable risk to you is possible loss of confidentiality. The potential benefit to you is the opportunity to take part, as an Expert, in an evaluation that will provide feedback to enhance a survey tool and program that potential will be implemented in the future.

Will my information be kept private?

Efforts have been made to protect your identity. No identifying code has been placed on the survey form and no one outside of the team will have access to the individual completed surveys. Only group data will be reported and responses will not be person-identifiable. Once data analysis is complete and the research results are reported, the individual surveys will be shredded. You may request a copy of the results by contacting April Brown.

What other choices do I have if I do not take part in this study?

Taking part in this study is voluntary. If you choose not to participate, there will be no penalty or loss of benefits to which you are otherwise entitled.

Who can answer my questions about the study?
If you have any questions regarding this study, please contact April Brown at 703-858-6054. If you would like more information about your rights as a participant in a research study, contact: Inova Health System Institutional Review Board (IRB) at (703) 776-3167.

If you agree to participate, please complete the survey.

July 16, 2015 Version 1

Appendix C: Workplace Violence Prevention Program (WPVPP) and Survey Evaluation

Person completing the questionnaire (circle one): RN Security OTHER ________

Please rate your experience with the WPVPP and employee survey by putting a number in each box. See Scoring Scale below.	
Scoring 1=Poorly/not at all 3=Adequately/Most Likely 2=Slightly/Unlikely 4=Excellent/Definitely	
1. How well did the survey evaluate the emergency department staff's perception of safety?	
2. How well did the WPVPP demonstrate a better process of mitigating violence in the emergency department compared to current practices?	
3. Did the proposed WPVPP give you enough information regarding the program?	
4. How much do you think the WPVPP will improve the perception of safety?	
5. Was the WPVPP easy to read?	
6. Was the survey easy to read?	
7. Was this survey the appropriate length?	
8. Would you recommend implementing this WPVPP?	
9. Please list the weakness (es) of this WPVPP. Please list suggestions for improvement.	
10. Please list the strengths of this WPVPP.	
11. Please list the weakness (es) of this survey. Please list suggestions for improvement.	
12. Please list the strengths of this survey.	

Appendix D: Workplace Violence Prevention Program

Commitment from leadership and employees

- Develop a WPV committee involving ED leadership and staff, Security, and Human Resources
- Develop a policy that clearly addresses the verbal threats and physical assaults, and how they will not be tolerated (zero tolerance).

Recordkeeping and Communication

- Promote reporting of incidence – keep it at the forefront through huddle notes
- Review incidents with ED leadership
- Share incidents with the EDs - request feedback and share
- Debrief with ED leadership and Security regarding WPV incidents

Safety Education and Training

- Provide CPI training to new ED staff during orientation – nurses and techs
- Provide CPI training renewal every 15 months
- Educate staff regarding the importance of reporting incidents
- Educate staff regarding WPV policy

Work Analysis of Site and Hazard Prevention/Control

- Conduct a hazard assessment annually – walk the inside and outside parameter evaluating potential issues related to WPV, i.e. lighting, security, access
- Monthly lock-down drills
- Evaluate equipment, i.e. surveillance cameras, lock-down, access badges, panic alarms, card-key access system, and locator badges

Security

- Maintain security in the ED
- Define the role of security
- Communicate the role of security to ED staff

Visitor SOP

- Security to call for all visitors
- Maximum of two visitors in the patient's room at once

Appendix E: Workplace Violence Nursing Survey

Below is an example of the Workplace Violence Nursing Survey to be evaluated by the Expert Panel.

Perception/Experience

1. How safe do you feel from WPV in the ED overall as well as in each area? Areas consisted of triage, exam rooms, fast track, and registration desk/up front.

   Likert scale - 1 not at all safe, 10 extremely safe

2. How prepared do you feel to manage aggressive or violent behavior?

   Likert scale - 1 not at all safe, 10 extremely safe.

3. How effective is our hospital's security personnel in preventing violence against ED staff? A Likert scale - 1 not at all safe, 10 extremely safe.

4. Do you feel that WPV for patients and visitors is simply a "part of the job" in the ED?

5. Which of the following items do you believe constitute WPV? Items include: bitten, called names, hair pulled, harassed with sexual language, hit/punched/slapped, kicked, pitched, pushed/shoved, scratched, sexually assaulted, shot/shot at, spit on, stabbed, sworn/cursed, threatened with physical harm, and verbally intimidated.

   This question allowed for the employee to select all that pertained to them.

6. What items have you experienced?

   This question includes the same descriptions of violence as indicated above. This question allowed for the employee to select all that pertained to them.

7. Do you feel that WPV has increased, remained the same or decreased over the year?

8. What other suggestions do you have for improving how WPV is handled in the ED? This question allows free text.

Education

9. How long ago did you receive training in preventing and mitigating ED WPV?

   Choices consist of never, 0-3 months, 4-6 months, 7-9 months, 10-12 months, and more than 12 months.

Reporting

10. Have you been instructed to report physical or verbal abuse regardless of the level of severity or harm?

11. How did you report WPV?

    Choices include Safety Always, emailed management, informed security, and informed the charge nurse.

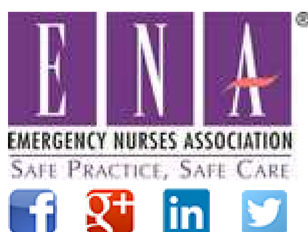
Appendix F: Permission to use Survey Tool

From: Altair Delao [mailto:Altair.Delao@ena.org]
Sent: Monday, March 23, 2015 2:22 PM
To: Brown, April H.
Subject: RE: Permission to use the Staff Assessment survey

Hello April,

Yes, you have permission to use the tool. Documents in the toolkit are in the public domain and therefore free to use. We ask only that you cite the document appropriately and note that a modified version was used (if you make modifications).

Thank you,



Altair Delao, MPH
SENIOR RESEARCH ASSOCIATE,
INSTITUTE FOR EMERGENCY NURSING RESEARCH
915 Lee St | Des Plaines, IL 60016-6569
847.460.4107 | Altair.Delao@ena.org | www.ena.org

From: Brown, April H. [mailto:April.Brown@inova.org]
Sent: Sunday, March 22, 2015 10:03 AM
To: IENR
Subject: Permission to use the Staff Assessment survey

Good morning -

I am a nursing doctorate student at Walden University. I would like to obtain the rights and permission to use the Staff assessment survey, as well as the materail that appears in the Emergency Nurses Association Workplace Violence Toolkit. At this time I am solely interested in this tool for doctoral work and not for publication.

Thank you for your time and I hope to hear from you soon.

April Brown, MSN, NE-BC, RN-BC

703-858-6054

Appendix G: Letter From ENA - Development of Survey Tool

Hello April,

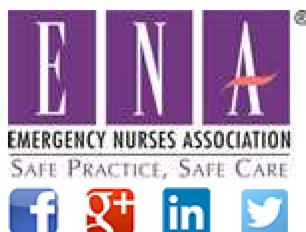
Thank you for reaching out to me. Regarding the development of tools in the ENA Workplace Violence Toolkit, these tools were developed by the ENA Emergency Department Workplace Violence Work Team, 2009-2010.

If your team is willing to share your results, I would encourage you to consider publishing your findings in the Journal of Emergency Nursing or in ENA *Connection*.

I have copied Dr. Lisa Wolf and Amy Carpenter-Aquino on this email as they would be able to give you further guidance on submitting your findings to JEN (Lisa) or ENA *Connection* (Amy).

Please feel free to contact me if I can be of further assistance.

Thank you,



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April H. Brown
19011 Marjoa Lane, Round Hill VA 20141

SUMMARY OF QUALIFICATIONS

- Nursing administration professional with 19 years of leadership, project and clinical operations experience.

PROFESSIONAL EXPERIENCE

Inova Loudoun Hospital (178 beds) Magnet Certified Facility; Leesburg, Virginia

- Director of Emergency Services
  February 2013 – Present. Operational responsibility for the direction of an Adult, a Pediatric, and a free-standing Emergency Department that cares for both Adult and Pediatric. Responsible for the Ashburn HealthPlex, opening October 2015
- Director of Patient Care for Telemetry, Oncology, Resource Pool, and Centralized Monitoring
  January 2005 – February 2013. Operational responsibility for the direction of the Telemetry, Oncology, Resource Pool, and Centralized Monitoring
- Stroke Chair for Inova Loudoun Hospital, 2013 - Present
- ICU Staff Nurse, 2002-2005

Loudoun Healthcare, Inc./Loudoun Hospital Center (165 beds); Leesburg, Virginia

- Team Leader Medical, Telemetry, Pediatric and Post –Surgical unit, 1996-2002
  In charge of four units, responsible for bed placement, evaluations and resource
- Clinical Nursing Supervisor, 1999 – 2005
  Responsible for bed control and staffing of all nursing units. Off-shift administrative duties.
- Staff Nurse, Medical unit, 1992-1999

EDUCATION

- Currently enrolled at Walden University - DNP
- Master of Science, Nursing Administration; George Mason University, Fairfax, VA, 2005
- 12th Washington Health Policy Institute, George Mason University, Center for Health Policy, Research and Ethics, 2004
- Bachelor of Science Nursing; George Mason University, Winchester, VA, 2004

PROFESSIONAL AFFILIATIONS

- Emergency Nurses Association, 2013 - Present
- American Association of Critical-Care Nurses, 2010 - Present

CERTIFICATIONS

- Certified in Nurse Executive ANCC, 2008

- Certified in Medical-Surgical Nurse ANCC, 2002

ACCOMPLISHMENTS

- Participated in the Magnet Journey for Inova Loudoun Hospital with successful designation and re-designation.
- Have led Quality initiatives including Stroke and Core Measures.
- Led the Telemetry Step-Down unit to Beacon recognition Silver award.
- 5 Star Excellence award – scoring in the top 10% nationally for excellence, 2011
- ILH Board of Directors recognition for quality work, 2011
- NDNQI Satisfaction survey - remained in the 90 percentile for job enjoyment on the Telemetry unit. Oncology has remained in the 90 percentile for job enjoyment for the past three years, 2013
- 100% for participation for Gallup Employee Survey from all three emergency departments, 2014
- Led the Lansdowne Emergency Department to the Lantern award, 2015
- Led Inova Loudoun Hospital in re-accreditation for Stroke, as well as Target Honor Roll, 2013 and 2015

AWARDS

- Nursing Award – Collaborative Cross Boundary Teams, 2015
- 2009 Magnet Excellence in Nursing Leadership Award nomination, 2009
- Inova Health System, Silver IAMS Memorial Quality Leadership Award for Fall Reduction, 2008
- Clinical Manager of the Year, 2008
- George Mason University, Improvement of the Year award in quality and safety, 2008
- Inova Health System, Gold IAMS Memorial Quality Leadership Award for Ventilator Associated Pneumonia reduction, 2007
- Inova Health System, Silver IAMS Memorial Quality Leadership Award for Core Measure implementation, 2007
- Nurse of the Year ICU, 2004

COMMUNITY INVOLVEMENT

- Chair of the American Heart Association at Inova Loudoun Hospital, 2008 - 2011
- Junior Women's Club of Loudoun, Fairy Tale Closet, 2007 – 2008
- Relay for Life, 2012 and 2015

LICENSURE

- RN, Virginia – 0001133760