Reducing the Potential for Physical Harm in Student Nurses Caring for Clients Who Are Under the Influence

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A doctoral project submitted in partial satisfaction

of the requirements for the degree of

Doctor of Nursing Practice

by

Hunter William Halford MSN, RN, CNEcl

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Dedication

I would like to dedicate this project to my loving and supportive wife, Becky, who completed this rigorous program alongside me, making it an achievement to remember. To my son, Eli, who understood and supported his parents in all their assignments throughout this journey. To my mother, Carol, who has tirelessly dedicated over 47 years to nursing; my father, Howard, who was always there and willing to help my family; and my brothers, Jared and Heath. Their continued love, support, and encouragement were pivotal to the successful completion of this journey.

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Abstract

This DNP project was conducted to identify gaps in knowledge and adequate preparation of nursing students in safely caring for a client who is behaving violently and is under the influence of illicit drugs. Student nurses are trained using a generalist approach, meaning they are taught the essentials of a variety of topics. It is not until these students enter the workforce that they are trained specifically for a certain position. Currently, the curriculum does not address specific measures to maintain client and personal safety. It is an almost unavoidable fact that a nurse will encounter a violent client or family member at some point in their career. Considering the lack of specific training in nursing school, this places the graduate nurse in a hazardous position. This cross-sectional descriptive correlational study sought to build upon and enhance the student nurse's current knowledge, skills, and self-efficacy levels regarding safety measures while caring for a client who becomes violent and is under the influence of illicit drugs. A sample of 46 student nurses in their third semester of an Associate Degree Nursing program in rural Texas consented to participate in this study. An electronic survey was completed by the participants before and after viewing the interactive evidence-based educational video that described and demonstrated safety measures in caring for a violent client who is under the influence. The pretest knowledge scores ($M = 2.6$) revealed a gap in expected knowledge and self-efficacy level in safely caring for a violent client who is under the influence of illicit drugs. Following the evidence-based educational video, a significant increase in the self-efficacy scores ($M = 4.6$) was evident. The interactive evidence-based education video was effective in improving the participants' mean self-efficacy scores in caring for a violent client who is under the influence of illicit drugs.

Keywords: workplace violence, simulation, nurses, illicit drug use, violent clients, safety

Table of Contents

List of Tables

List of Figures

Chapter 1: Introduction

Nurses are an integral moving piece in the healthcare delivery system. In the United States, nursing is the largest healthcare profession, with more than 3.8 million registered nurses (RNs) nationwide. Of all licensed RNs, 84.5% are employed in bedside nursing (Smiley et al., 2018). Registered nurses have a projected growth rate of 15% from the years 2016 to 2026, which is exponentially faster than all other occupations (American Association of Colleges of Nursing, 2019). This growth is necessary to maintain the needs of the growing population and chronic conditions.

Nursing is the large majority of the healthcare workforce and because of this, they are at a higher risk for workplace violence. Violent behavior, harassment, and bullying are not new occurrences in the workplace, particularly in nursing (Hinchberger, 2009). Globally, there is an increase of violence and harassment toward healthcare workers, with the majority being toward nurses (Hinchberger, 2009). This increase is causing great concern for employers, workers, and governmental agencies, such as the World Health Organization (WHO). The WHO has now placed as a major health priority on the prevalence of violence in the workplace (Hinchberger, 2009). Incivility, bullying, and workplace violence are part of a larger complex phenomenon that includes a collection of harmful actions that can be implemented in the workplace (Saltzberg, 2011, p. 229). Any form of workplace violence puts the nursing profession and nursing's contract with society in jeopardy (Saltzberg, 2011).

Student nurses entering the workforce in America are trained generalists. Once a student nurse has graduated, they are then trained very specifically for their job title. Nurses are placed at the bedside, which can become dangerous in a split second because patients can very easily become aggressive and physically violent. This can be due to an external source, such as a

devastating diagnosis, the care they are receiving, or illicit drugs; this could also be from an internal source such as a mental illness. Violence against healthcare workers, specifically nurses and student nurses, has become an epidemic—an epidemic that is finally gaining traction in the political realm. More than 20% of registered nurses and nursing students report having been physically assaulted and more than half report they having been verbally abused over the course of a year (American Nurses Association [ANA], 2019). Nurses are likely to care for a patient who will become combative (related to illicit drug use) at some point in their career. If student nurses are not taught how to care for someone aggressive and/or combative, they are at a much higher risk for injury to themselves or others.

Background of the POI

Contemporary Evidence

Nurses are on the frontlines of healthcare and are particularly susceptible to verbal and physical abuse (American Association of Critical-Care Nurses, 2019). The position statement of the American Association of Critical-Care Nurses (2019) recommends that healthcare institutions prepare nurses to recognize and prevent all forms of violence in the workplace. Workplace violence consists of physically and psychologically damaging actions that occur in while on duty (National Institute for Occupational Safety and Health [NIOSH], 2002). The Bureau of Labor Statistics releases an annual report about injuries and illnesses resulting in time away from work in the United States. In the healthcare and social assistance sector, 13% of days away from work were the result of violence in 2013, and this rate has increased in recent years (Bureau of Labor Statistics, 2014). According to a recent survey by the ANA, of 3,765 registered nurses and nursing students, 43% of respondents have been verbally and/or physically threatened by a patient or family member of a patient (ANA & LCWA Research Group, 2014).

Additionally, 24% of respondents have been physically assaulted by a patient or family member of a patient while at work (ANA & LCWA Research Group, 2014).

About one-third of nurses participating in the study reported perceived emotional abuse at least once in the past five shifts they worked (Roche et al., 2010). Reports of threats (14%) or actual violence (20%) were lower, but there was great variation among nursing units with some unit rates as high as 65% (Roche et al., 2010). Violence was associated with unit operations, to include: unanticipated changes in patient mix, proportion of patients awaiting placement, the discrepancy between nursing resources required from acuity measurement and those supplied, more tasks delayed, and increases in medication errors—all of which are normal operations in the Emergency Department (Roche et al., 2010).

Detriment to the Profession

Incivility, bullying, and workplace violence are concerns for the nursing profession, healthcare field, and beyond (Spector et al., 2013). Kaplan et al. (2010) suggested that nurses ignore or tolerate incivility and bullying because of fear or lack of knowledge. However, incivility and bullying are also reasons nurses leave or plan to leave the profession (Johnson & Rea, 2009; Simons, 2008; Vessey et al., 2010). Other negative effects include decreased job satisfaction, reduced organizational commitment, decreased personal health, and added direct and indirect costs to employers and RNs (Rodwell et al., 2014; Smith et al., 2010).

Financial Impact

Decreased productivity can occur following incidences of incivility, bullying, or workplace violence. Employee retention can also become more difficult to maintain. Yet, the total financial cost of such actions is very difficult to calculate (Berry et al., 2012; Chapman et al., 2010; D'Ambra & Andrews, 2014; Edward et al., 2014; Gates et al., 2011; Hegney et al.,

2010; Spence Laschinger, 2014). According to Lewis and Malecha (2011), lost productivity related to workplace incivility was calculated at $11,581 per nurse annually. Another study of a U.S. hospital that employs 5,000 nurses estimated the cost of workplace violence treatment to be $94,156 annually. This amount included $78,924 for treatment and $15,232 for indemnity for the 2.1% of the hospital's nurses that reported injuries (Speroni et al., 2014). The costs of incivility increase when one takes into account the expenses associated with supervising the uncivil employee; managing the situation; consulting with attorneys; interviewing witnesses; and recruiting, hiring, and training new employees (Griffin & Clark, 2014; Lipscomb & London, 2015; Pearson & Porath, 2009; Porath & Pearson, 2013).

Workplace Violence Defined

Workplace violence is referred to by some as endemic, which from a public health perspective, means it is commonly found in certain settings (Lipscomb & London, 2015). Such settings include emergency departments, psychiatric hospitals, nursing homes, long-term care facilities, and others. Hodgson et al. (2004) describe how employees who float from one unit to another experience assault three times more often than do permanent employees. Wolf et al. (2014) provide evidence of the prevailing attitude that workplace violence is a culturally accepted and expected part of one's occupation.

Oftentimes, patient safety is given priority over employee safety, when in fact, both are integral to quality, safe care (Lipscomb & London, 2015). Workplace violence can lead to emotional distress, temporary or permanent injury, or death (Tarkan, 2008). Examples of workplace violence include direct physical assaults (with or without weapons), written or verbal threats, physical or verbal harassment, and homicide (Occupational Safety and Health Administration, 2015).

NIOSH (2006) classified workplace violence into four basic types:

- Type I involves "criminal intent." In this type of workplace violence, individuals with criminal intent have "no legitimate relationship to the business or its employee" (p. 4).

- Type II involves a customer, client, or patient. In this type, an "individual has a legitimate relationship with the business and becomes violent while receiving services" (p. 4).

- Type III violence involves a "worker-on-worker" relationship and includes an "employee of the business who attacks or threatens another employee(s) or past employee(s) in the workplace" (p. 4).

- Type IV violence involves personal relationships. It includes individuals who have interpersonal relationships with the intended target but no relationship to the business (p. 4; Injury Prevention Research Center, 2001, p. 4).

Types II and III are the most common in the healthcare industry (National Institute for Occupational Safety and Health, 2006).

Student Nurse Training

In nursing school, students are taught the most important information about an overabundance of topics. It is difficult to attain the amount of knowledge of the specific field student nurses will choose upon graduation. The academic curriculum currently does not include how to handle combative clients, specifically clients who are under the influence of illicit drugs. Nurses will care for clients who become combative that are under the influence of an illicit drug; yet, it is evident based on the number of reports of nurse-involved assaults annually in the United States that nurses are ill-equipped to care for these patients.

Addiction is often an uncomfortable and sometimes even painful topic of discussion for student nurses. Nurses naturally want to see the good in everyone. This is difficult when caring

for clients who are under the influence of illicit drugs and all the negativity toward addicts portrayed in social media, news outlets, and television/movies. Currently, in the United States, there is a stigma surrounding addicts. They are often seen as worthless, lazy, unproductive citizens, a burden on society, and morally corrupt. As drug-related hospital admissions become more common in acute care, the nurse's attitude toward the patient, whether positive or negative, has a direct impact on the patient's stay. While nurses' attitudes toward drug-addicted patients have improved slightly over the past several decades, nurses largely remain judgmental.

Not only are student nurses judgmental towards patients with drug-related hospital visits, they are at a much higher risk for injury when dealing with these patients. Further, many student nurses lack knowledge about illicit drugs; thus, they have no idea how to appropriately care for and manage these patients safely. With the increased prevalence of drug-related hospital visits, it is imperative to research and help improve student nurses' knowledge and clinical preparation to care for clients who are under the influence of an illicit drug and become combative.

Purpose of the Project

Safety is the most crucial component when caring for others. The student nurse or the nurse's safety should be placed at the forefront. As a nurse, it is second nature to forget all else and focus on caring for the patient. Sometimes nurses may go an entire 12-hour shift without taking time to care for themselves. When caring for clients who are under the influence of drugs, it is a high-stakes situation for both the patient and the nurse. Patients who are admitted with drug-related problems have enhanced strength and stamina, all while their thoughts and actions are irrational and erratic.

The purpose of the comparative longitudinal project was to increase student nurses' knowledge and clinical application of safely caring for clients who may become combative while

under the influence of illicit drugs. If their knowledge and clinical application improve, this will drastically improve the care of the client, while keeping the patient's and the student nurse's safety at the forefront. Self-safety is the utmost important factor when caring for clients that become aggressive or combative while under the influence of illicit drugs.

Clients that are under the influence of illicit drugs present a unique challenge and safety concern to the nurse caring for this client. These clients that are admitted into the hospital acutely have been described as having *superhuman strength* and are capable of inflicting harm on themselves and anyone in their immediate reach (Jarvis et al., 2016). Santora (2016) deemed synthetic marijuana as 85 times more potent than marijuana, and its mind-altering effects have people stumbling around like zombies (Santora, 2016). These clients have no rational thought and are a danger to themselves and others attempting to care for their physical and mental health.

The amount and type of illicit drugs taken greatly impacts the type of client that presents to the hospital. The client can have central nervous system (CNS) depression or CNS stimulation. The client that presents with CNS stimulation is much more dangerous to themselves and nurses compared to the client with CNS depression. Clients with CNS stimulation have impaired judgment, which places those in their immediate environment in danger (Jarvis et al., 2016). The client with CNS depression can be lethargic, comatose, or in respiratory and/or cardiac arrest on arrival (Jarvis et al., 2016).

This comparative longitudinal project gave student nurses detailed education specifically for how to safely care for the aggressive or combative client who is under the influence of a mind-altering drug. Law enforcement has learned over the past several years that when these patients are addressed aggressively, aggression and violence is returned tenfold. These patients have superhuman strength and must be cared for strategically and carefully for everyone's safety

(Jarvis et al., 2016). It is the purpose of this project to enhance and improve the care these patients receive, but most importantly maintain the safety of the healthcare workers that are delivering this care (Bride et al., 2015).

Significance of POI

The increasing prevalence, potency, and availability of illicit drugs raise concerns for safety for anyone caring for these clients, especially student nurses. As current academic curriculum focuses very little on how to safely care for these individuals while maintaining self-safety. With only the preconceived opinions of illicit drugs, student nurses are given very limited information in the current curriculum. If the student nurse has not done any formal research on the illicit drugs themselves beyond what the curriculum requires, they have very limited knowledge of what drugs are available to clients, how they are taken, what can it do to the human body, or what they should be cautious of when caring for an individual who has taken any of these drugs.

In 2016, an estimated 48.5 million persons in the U.S., or 18.0% of persons aged 12 years and older, reported use of illicit drugs or misuse of prescription drugs in the past year (Hoots et al., 2018). With acute hospital admissions related to illicit drug use and violence against health care workers on the rise, the student nurse must be properly educated. This education should not only include having the knowledge base in caring for these clients, but also, the clinical application in how to safely care for these clients.

Benefits of the Project

This prospective comparative longitudinal project has the potential to make an impact on the safety of nurses, employers, and society. Ultimately, it is the responsibility of the healthcare facility to maintain the safety and security of the staff, patients, and visitors (American

Association of Critical-Care Nurses, 2019). Healthcare facilities should have clear and concise policies and procedures addressing violence from staff, patients, and visitors (American Association of Critical-Care Nurses, 2019). A safe working environment is a very important tool and helps to promote physical and psychological well-being. If members of the health care team do not feel safe, the work environment is left vulnerable, and everyone's safety is compromised (Lucian Leape Institute, 2013).

Increasing awareness of the topic of workplace violence—specifically with student nurses' training—will hopefully help to decrease the incidence of workplace violence, including violence, harassment, and bullying. With a decreased incidence, the benefits to patients, nurses, employers, and society are numerous. Some of the benefits for the employer are being able to satisfy the legal obligation to provide a safe and healthy working environment, cited under the general duty clause of the Occupational Safety and Health Act (1970). This comparative project may impact the nursing leadership and hospital facility at a fiscal level as well. As mentioned previously, workplace violence can be costly to the employer. This can be seen monetarily in decreased productivity and possible litigation.

A decreased incidence of workplace violence ensures a healthy and hospitable environment for the patient and nurse. This allows for a safe and healthy working environment for the nurse and an environment where patients can focus on improving their health. A healthy working environment is about more than feeling safe. A safe healthy working environment is beneficial in that it provides the employee a safe physical environment, the ability to be recognized for a job well-done, and enjoyment of a positive social environment.

Nature of the Project

For the comparative longitudinal project, baseline data were collected using a pretest for third-semester student nurses in an Associate Degree in Nursing program. These students were in the advanced medical-surgical semester, including the mental health clinical rotation as well. A proxy (administrative assistant) distributed a flyer to recruit participation in this study. The flyer included assurance that participation is not mandatory, but rather, completely voluntary with no impact on the student's academic performance. Once a student indicated agreement to participate via the electronic enrollment form on the flyer, the student was directed to a pretest.

The pretest assessed baseline knowledge of the student's self-efficacy level when caring for clients who are combative and under the influence of illicit drugs. The student was then directed to an education module that contained evidence-based modules on how to safely care for these clients. This education module taught the student how to safely care for these clients but also included video vignettes to assess the clinical judgment and application section. Two weeks after the student completed the education module, a follow-up posttest was electronically administered to assess the self-efficacy levels of the students that participated in the study. The data collected from the posttest were evaluated for a change in self-efficacy levels. If a change was noted, this demonstrated improved knowledge, clinical judgment, and application. Thereby, it improved their clinical practice, the care of the patient under the influence, and self-safety while caring for these patients.

Questions Guiding the Inquiry

The PICOT format was used to develop the study questions guiding this project, which focused on identifying curriculum gaps and aimed to improve student nurses' knowledge, skills set, and self-efficacy ratings while caring for a violent client under the influence of illicit drugs

in a clinical setting. Gaps in knowledge and confidence may affect student nurses' ability to safely respond when caring for violent clients under the influence of illicit drugs in the clinical setting. Therefore, the research question guiding this study inquired about whether third semester Associate Degree in Nursing program students (subjects) in a supplemental evidenced based-education that included clinical judgment scenarios (intervention), would demonstrate increased knowledge, skills set, and self-efficacy in caring for violent clients under the influence of illicit drugs (outcome) over a 3-month period (time) compared to those who did not receive the evidenced based-education (control).

This study was guided by the following research questions:

RQ1: Is there a significant relationship between knowledge and self-efficacy scores in caring for a violent client who is under the influence of illicit drugs among third-semester Associate Degree in Nursing program students?

RQ2: How will an evidenced-based education module with a clinical judgment component affect the self-efficacy scores of third-semester Associate Degree in Nursing program students?

Chapter 2: Literature Review

There are 4.6 million emergency room visits in America per year with drug-related injuries (Crane, 2016). Therefore, a nurse is almost guaranteed to care for a patient with drug-related injuries at some point in their career. If a nurse is properly educated on how to care for someone properly and safely with a drug-related injury, the nurse will reduce the risk of injury to both themselves and the client. According to a survey done by the American Nurses Association (2019) more than 20% of registered nurses and nursing students reported they had been physically assaulted and more than half stated they had been verbally abused over the course of a year. Nurses are not being specifically trained to safely care for combative clients that are under the influence of an illicit drug.

There is significant evidence of violence against healthcare workers. For example, one study found that one-third of nurses participating in the study reported perceived emotional abuse at least once in the past five shifts they have worked (Roche et al., 2010). Fourteen percent of nurses reported threats and 20% reported actual violence (Roche et al., 2010). There was great variation among nursing units with some unit rates as high as 65%, such as emergency departments (ED) and intensive care units (ICU; Roche et al., 2010). Violence was associated with unit operations, to include: (a) unanticipated changes in patient mix, (b) proportion of patients awaiting placement, (c) the discrepancy between nursing resources required from acuity measurement and those supplied, (d) more tasks delayed, and (e) increases in medication errors—all of which are normal operations in the Emergency Department (Roche et al., 2010).

This literature review discusses the necessary components to help support the implementation of this prospective comparative longitudinal project. First, the prevalence of nursing workplace violence is presented. Then, the use of simulation with nursing curriculums to

help better prepare student nurses to care for drug-impaired clients is discussed. Finally, the manner in which nurses can maintain their safety and the safety of clients who are under the influence of an illicit drug is explored.

Literature Search Methods

Two different search engines, CINAHL and EBSCO host, were used via the Abilene Christian University library. Search terms included: workplace violence against nurses, safely caring for the drug-impaired client, simulation, using simulation to improve nursing curriculum, simulation, and transcultural nursing. Filtration terms used were: articles published no older than 2015, full-text articles, scholarly/peer-reviewed articles, and academic journals. The results were copious at 12,845. Search results were narrowed by selecting the most relevant prior research published on workplace violence against nurses by combative clients who are under the influence of illicit drugs. The results were further narrowed by including studies that pertained to nursing students that are in Associate Degree in Nursing programs.

Review of the Literature

Prevalence of Workplace Violence

Mayer (2018) described workplace violence incidents against healthcare professionals (HCPs) as critical incidents: powerful traumatic events that initiate the crisis response. These include an overwhelming emotional response to a traumatic event or a patient becoming aggressive and violent towards the HCP. Park et al. (2015) found 71% of surveyed nurses had been exposed to some form of violence in the previous 12 months. Workplace violence (WPV) against nurses has increased exponentially in the past 5 years. In the healthcare setting, an employee is four times more likely to experience WPV than in the private sector (Occupational Safety and Health Administration [OSHA], 2015). This is important because critical incidents

within the hospital, depending on severity and perception of the HCP, can cause posttraumatic stress disorder (PTSD) (Mayer, 2018).

Numerous scientific articles have studied PTSD in prehospital healthcare workers, such as emergency medical technicians, paramedics, police officers, and firefighters; however, little research has been conducted on the personal and professional impacts of critical incidents affecting those working in medical-surgical and outpatient settings (Mayer, 2018). Mayer (2018) was one of the pioneers to evaluate the type of impact (mental and physical) that critical incidents have on the HCP. Mayer published empirical research regarding in-hospital critical incidents. Mayer performed a very small study, which only had 11 participants or HCPs from three different professions. A qualitative study focusing on the effects of self-identified critical incidents. Critical incidents that were discussed included deaths, incidents of workplace bullying, and cases of assault.

There were common themes among these critical incidents: critical incidents happen and are not forgotten, the many impacts of critical incidents, navigating through critical incidents, and barriers to navigating after critical incidents (Mayer, 2018). HCPs should expect critical incidents to occur. They should develop navigational strategies and decrease barriers to navigation after a critical incident (Mayer, 2018). Efforts to promote a healthy work environment and supportive culture should be undertaken (Mayer, 2018).

Violence has become an issue of increasing concern in the workplace over the past 15 years, particularly in Europe, Australia, and North America. In the United States, 85% of all nonfatal assaults occur in retailing and service industries (Bureau of Labor Statistics, 1994). Within the service sector, healthcare workers are at particular risk of workplace violence, with Elliott (1997) estimating that healthcare workers face 16 times the risk of violence from

patients/clients that other service workers face. That data points us in the direction that the prevalence of workplace violence is increasing, and there is no clear answer currently to help mitigate this.

Workplace violence disproportionately impacts healthcare and social service providers (Bride et al., 2015). Substance use and abuse are documented risk factors for the perpetration of violence, making substance use disorder treatment personnel at risk for patient-initiated violence (Bride et al., 2015). Workplace violence can lead to nurses experiencing fear, frustration, lack of trust in hospital administrators, and decreased job satisfaction: nurses may become disenchanted with the nursing profession (Casey, 2019). As a result, healthcare organizations can be affected directly due to lost workdays and the cost of injuries, which contribute to a shortage of nurses that threatens patient care, increases legal liabilities, and escalates workers' compensation claims (Gillespie et al., 2014).

As the health care and practice environment in the United States continues to evolve, the curriculum in nursing schools requires equally profound changes (Institute of Medicine (US), 2011). Research evidence is conclusive that education is the essential missing component to adequately and safely care for a client who is impaired by drugs. Currently in practice, psychiatric nurses are adequately trained to safely care for aggressive or violent patients; however, other nursing units do not focus on educating their staff members to care for aggressive or violent patients. Aggression and violence by patients, family members, and staff toward healthcare providers have escalated.

From 2002 to 2013, incidents of serious workplace violence, those requiring days off for the injured worker to recuperate, were four times more common in healthcare than in private industry on average (Occupational Safety and Health Administration, 2015). In 2013, the broad

healthcare and social assistance sector had 7.8 cases of serious workplace violence per 10,000

full-time employees (Occupational Safety and Health Administration, 2015). Other large sectors

such as construction, manufacturing, and retail all had fewer than two cases per 10,000 full-time

employees (Occupational Safety and Health Administration, 2015). Nurses have a greater risk of

exposure to WPV; aggressive behavior against nurses also is increasing (Casey, 2019).

Difficulties Faced in Practice

The majority of extant research on managing patient aggression is in psychiatric settings.

Psychiatric and mental health care is a small percentage of acute care. This is important and

demonstrates a need for ongoing research into interventions that reduce the potential for

aggressive situations in nonpsychiatric care settings (Casey, 2019). The need to train and

evaluate nonpsychiatric nurses was discussed at length in an article by Casey (2019). The aim of

this study was to implement an educational program in managing aggressive patients for nurses

in nonpsychiatric settings (Casey, 2019). The method used was a nonexperimental one-group,

pretest-posttest design was used to evaluate the effectiveness of the educational program. *The*

Incidence of and Attitudes Toward Aggression in the Workplace (Deans, 2004) was used as the

pretest-posttest. The limitations of this study were the size of the population as well, with only 23

participants. The results were positive demonstrating a marked improvement in confidence and

attitudes in managing patient aggression. Two areas with no change were nurses' understanding

of their role and of their responsibility to care for patients exhibiting aggressive behavior on the

neurological unit. Results demonstrated program effectiveness and validated the importance of

providing education to nurses in nonpsychiatric settings to improve confidence and attitudes in

managing patient aggression. With limited studies on managing patient aggression in

nonpsychiatric settings, a need exists for ongoing research into interventions that reduce the potential for aggressive situations (Casey, 2019).

Every year, nearly two million American workers report being victimized by workplace violence, and many more incidents go unreported (Fasanya & Dada, 2016). Overall, workplace violence costs employers more than $120 billion a year, according to estimates by the NIOSH (Fasanya & Dada, 2016). There are major cost implications for workplace violence as well. These are important because OSHA (2015) identified the following areas with major cost implications for healthcare organizations: (a) increased staff turnover, recruitment, and retention costs; (b) increased absenteeism from work; (c) reduced efficiency and performance at work; (d) decreased staff morale; and (e) decreased number of experienced staff. Hospitals also incur costs related to employee and patient injuries, property damage, decreased productivity, increased absenteeism, litigation, decreased employee satisfaction, and workers' compensation (Casey, 2019).

Patients with comorbid mental illnesses present unique challenges for clinicians in acute medical settings. These challenges have been identified as psychological engagement and relationship building, clinicians' experience of fear, negative attitudes and stereotyping, poor mental health literacy, positive and optimistic attitudes in providing care, and environmental factors. Stigma, stereotyping and negative attitudes toward patients with mental illness have been reported by health professionals in a range of settings, and represent a barrier to patients' treatment and recovery (Weare et al., 2019). Weare et al. evaluated 124 nurses working in an Australian intensive care unit. A qualitative study of ICU clinicians found that inadequate education and training were barriers to caring for patients with mental illness, along with a lack of institutional support and positive reinforcement or feedback from patients.

This study has a number of limitations that must be acknowledged. It is a single-center study with a relatively small sample of ICU nurses. Despite this, Weare et al. (2019) reassured that the characteristics of the respondents were representative of the nursing staff population. While these findings identified several areas for improvement and education, a national or multi-center survey may be required before the results can be generalized to a wider population (Weare et al., 2019). It is important to realize that each nursing specialty should be trained to safely and adequately care for clients that suffer from mental illness including drug addiction, which often presents as a comorbidity to an acute illness. Respondents to the current study agreed that understanding a patient's mental state was relevant to both their treatment and outcomes in ICU; however, some respondents felt that patients with mental illness did not receive adequate psychological support in this setting. Some respondents reported difficulty empathizing with patients with mental illness (Weare et al., 2019).

Improving Training for Nurses Using Clinical Simulation

Workplace violence has been identified constantly across multiple health services worldwide. It is a global challenge to the health and safety of health professionals. Due to its prevalence and psychophysical, emotional, labor, social and financial consequences (Bordignon & Monteiro, 2019). A study carried out among health professionals from a public hospital in South Brazil found that 15.2% of participants had experienced physical violence and 48.7% had experienced psychological violence in the workplace that was perpetrated by patients, coworkers, supervisors, or caregivers (Bordignon & Monteiro, 2019).

Simulation is a resource capable of helping nursing students and professionals to deal with cases of workplace violence, prevent it or reduce damage (Bordignon & Monteiro, 2019). Studies of this review have shown the simulation leads individuals to experience clinical

problems in a real setting, which contributes to improved skills related to interaction with patients, such as aggressive or violent patients (Bordignon & Monteiro, 2019). Discussions about the use of simulation in the education of professionals in the health area have been increasingly evident (Bordignon & Monteiro, 2019). Such discussions have focused on developing settings that represent real environments of nursing care, making it possible for students and professionals to face difficulties and common situations at work (e.g., dealing with people in difficult times, in a safe place), and providing the support of mentors (Bordignon & Monteiro, 2019).

Although Bordignon and Monteiro (2019) provided an excellent pathway to improve training for student nurses the study did have limitations. For example, despite training, professionals may not be able to manage cases of aggression due to the unpredictability of certain situations, contact with unknown situations, or the complexity of certain methods that make it difficult to remember what can be done in circumstances of violence. Little is known about the applicability of the promoted learning with the simulation after the nursing students start their work activities. The study showed that several simulation resources can be used to train nursing students and professionals regarding violence at work and point out that it is possible to approach different manifestations or situations of violence with the simulation, depending on the interest of the learning proposal (Bordignon & Monteiro, 2019). As the study suggests that simulation is a great benefit in training nurses to safely care for aggressive or violent patients under the influence of drugs.

The United States is a country of expanding diversity and differences in race, ethnicity, gender, age, sexual identity, socioeconomic status, disability, language, and geographic location. This diversity has brought challenges to nurses and other health care providers on how to

communicate with and meet the needs of patients while providing health care (Engebretson et al., 2008). Cultural competency and transcultural nursing include caring for clients who may not share the same values and beliefs as the nurse themselves (Engebretson et al., 2008). Diversity education in nursing care should include both differences and similarities of patients and nurses (Engebretson et al., 2008). Diversity awareness can help nurses to recognize how the range of similarities and differences may influence communication, understanding, assessing, intervening, and evaluating the plan of care within and between various cultural groups (Engebretson et al., 2008). It is important to educate nurses on transcultural nursing; this includes caring for the drug addict who may present as aggressive and violent.

Although the use of clinical simulation in conjunction with clinical experiences is gaining popularity in nursing education, this review revealed that the discipline of nursing is lacking robust research and evidence that supports clinical simulation as an effective teaching and learning method for nurse educators to use for fostering culturally competent nursing care. Limited information was reported regarding clinical simulation's effectiveness to engage novice nursing students with patients from diverse backgrounds in a safe and controlled environment (San, 2015).

Educators should consider using more than one educational intervention and appropriate educational instruments to develop consistency for the evaluation of students' performance while collecting data to support the continuous development and the quality assessment of the simulation-based curriculum (San, 2015). Although students' reports and comments are important to obtain information regarding learners' experience, educators would benefit from using reliable and valid instruments to evaluate the effectiveness of the intervention based on objective data. The literature reflected how clinical simulation has been used to support effective

CC nursing care. Results of this literature review suggest that current studies were the first steps to examining how clinical simulation with cultural content may impact perceived cultural awareness, knowledge, attitudes, skills, and gaps. Clinical simulation can provide a positive teaching and learning experience for diverse nursing students. The skills mastered from this experience may influence patient-centered care and health outcomes, for patients from culturally diverse backgrounds (San, 2015).

Theoretical Framework

Self-efficacy is defined as one's Clinical implications of this study indicate the use of simulation as a teaching and learning pedagogy enhances effective transcultural nursing care that will help students to engage with culturally diverse patients. Clinical simulation provides an active learning environment by improving students' communication, creative thinking, and high level of problem-solving skills (San, 2015). Current literature discusses that clinical simulation is an effective teaching-learning strategy that generates new opportunities to integrate cultural awareness, cultural sensitivity into the nursing curriculum in a nonthreatening manner. Every patient deserves culturally competent nursing care and treatment that protects their personal dignity, and they should respect their own cultural, psychosocial, and spiritual values, which often affect the patient's perceptions about their health care needs. Clinical simulation meets the needs of students and helps them to care for and respect the needs of culturally-diverse patient populations across the care continuum. As clinical simulation plays a pivotal role in nursing education, ongoing research is still needed to support its effectiveness in fostering the cultural competency of nursing students (San, 2015). It is imperative to prepare nurses to safely care for drug-impaired clients and clients from different backgrounds, high fidelity simulation is an excellent tool to help accomplish this with perceived capabilities for learning or performing

actions at designated levels (Bandura, 2010). Bandura originally introduced the theory of self-efficacy in 1977 in the psychological literature, however, the theory has been researched instituted throughout multiple disciplines, including academia (Bandura, 2010). Researchers have proven that self-efficacy greatly positively influences learning, motivation, self-regulation, and achievement (Schunk & Usher, 2012). Self-efficacy is useful in academia as it has been proven to influence the learner's choices, effort extended, achievements, and persistence. When compared to students that have a lower self-efficacy, those who rate themselves higher using a self-efficacy tool demonstrate a greater interest in learning, are more eager to participate in learning activities, prove higher achievements, and work harder (Bandura, 1997). Perceived self-efficacy is concerned with people's beliefs in their ability to influence events that affect their lives. This core belief is the foundation of human motivation, performance accomplishments, and emotional well-being (Bandura, 1997).

Student Satisfaction and Self-Confidence in Learning Tool

The instrument that was used to evaluate the conceptual model was the Student Satisfaction and Self-Confidence in Learning published by the National League for Nursing (NLN). According to the NLN (2016), the Student Satisfaction and Self-Confidence in Learning Tool is a 13-item instrument designed to measure student satisfaction (five items) with the simulation activity and self-confidence in learning (eight items) using a 5-point scale. Reliability was tested using Cronbach's alpha (satisfaction = 0.94; self-confidence = 0.87; Adamson et al., 2013).

This instrument was beneficial in assessing the conceptual model, as it is directly related to the model itself. This tool has reported validity and reliability using a very similar simulation experience. The tool is relevant to nursing as it is a self-evaluation with proven reliability and

validity. It will assist the student nurse in undergoing a self-assessment and gauging their

comfort and knowledge levels of caring for clients under the influence of illicit drugs.

Simulations were developed and implemented with the intention of furthering students' clinical

judgment skills (San, 2015). According to San (2015), simulation faculty responded to the

postings, affirmed students' observations, helped them experience a different perspective, and

offered help to move toward the next stage of clinical judgment development–nursing students'

self-assessment of their simulation experiences (Harder et al., 2013).

Simulation use continues to grow and develop in nursing and other programs educating

health care providers around the world. DeVita (2009) argued that simulation should be a core

educational strategy because it is "measurable, focused, reproducible, mass producible, and

importantly, very memorable" (p. 46). The National Council of State Boards of Nursing and the

NLN have done extensive research on the use of simulation in nursing education, as well as

using the Student Satisfaction and Self-Confidence in Learning Tool (DeVita, 2009). Lubbers

and Rossman (2017) performed a quasi-experimental design with 61 undergraduate students in a

Baccalaureate program that underwent a 5-week community-based pediatric simulation course.

One of the evaluation tools used was the NLN's Student Satisfaction and Self-Confidence in

Learning Tool. The results revealed that students were satisfied and self-confident following

their simulation experience. They also reported high levels of satisfaction with the fidelity of the

simulation experience (Lubbers & Rossman, 2017).

A perfect evaluation tool does not exist, each one has strengths and weaknesses. The

strengths of this tool are that it is valid, reliable, and solely based on the self-efficacy concept

from Bandura (National Nursing League, 2016). The weakness of this tool is that it is strictly

based on self-assessment; therefore, if a participant does not fill the form out seriously or fills it

out based on what they think the researcher wants to see, the results could be easily skewed (Lubbers & Rossman, 2017).

Conclusion

The increasing prevalence, potency, and availability of illicit drugs raise concerns for safety for anyone caring for these clients, especially student nurses. This also raises another concern which is student nurses are not exposed in the current curriculum on how to care for these individuals while maintaining self-safety. Caring for a client with drug-related injuries is a high-stakes situation for both the patient and the nurse. Patients who are admitted with drug-related problems often have enhanced strength and stamina, all while their thoughts and actions are often irrational and erratic. The nurse is ultimately in charge of the care for the impaired patient; if not adequately educated on caring for the impaired patient the nurse is risking injury to themselves and the patient. The purpose of this project was to enhance and improve the care these patients receive, but most importantly, to maintain the safety of the healthcare workers that are delivering this care. By increasing student nurses' knowledge of caring for a drug-impaired client, and providing opportunities to apply their knowledge in a clinical simulation, student nurses increased their retention of the knowledge gained compared to simply listening to or reading the presentation. By doing this, the student nurse will have the tools needed to directly impact the critical incidents reported when caring for a client who is impaired by drugs.

Chapter 3: Research Method

This chapter describes the project design and the methodology used in this study, which includes the population and method of data collection. Additionally, criteria for participation or exclusion, a description of the data collection tool, and ethical considerations for this study are presented.

Methodology and Project Design

This DNP project focused on a gap in the current curriculum in the nursing program. Currently, curricula regarding caring for a combative client who is under the influence of illicit drugs is non-existent. While performing a gap analysis for the curriculum in the nursing program, I found that there was insufficient training and clinical application for caring for a combative client, specifically a combative client who is under the influence of an illicit drug. Evaluating the current best practices and comparing them with what the curriculum contains revealed that students are inadequately prepared to safely care for a combative client who is under the influence of an illicit drug.

It was a goal of this study to increase awareness of the topic of workplace violence, specifically with the student nurses' training, to help decrease the incidence of workplace violence, including harassment and bullying. The patient, nurse, employer, and societal benefits of such a decrease are numerous. Some of the benefits for the employer include being able to satisfy the legal obligation to provide a safe and healthy working environment, as cited under the general duty clause of the Occupational Safety and Health Act (1970).

While coordinating with the college administration and the nursing faculty, a cross-sectional, descriptive correlational study was conducted among the student nurses enrolled in their third semester at a community college in the Associate Degree in Nursing program. The

community was a small rural town in West Texas. An evidence-based educational program designed through a website was delivered electronically to the students using the email address that they provided voluntarily.

The participants in this study were recruited in mid-September 2020. The students were offered the opportunity to participate in this study via a flyer. The flyer was delivered electronically via the learning management system students use. The flyer was also posted as an announcement in their courses by a proxy, which was an administrative assistant from the college. Utilizing a proxy eliminated potential bias or power over the participant during the data-collection process. The flyer was also posted in three locations around the college. The first location was the classroom door of the third-semester classroom. The second location was the front door to the allied health building. The third location was in the students' lounge located in the allied health building. The flyer contained contact information for the researcher so that the student could volunteer for participation in the study. The flyer explained that there was no risk in participating in this study, nor were there any financial or academic gains.

The benefit of participating in the study was to gain an enhanced skill set and knowledge. Increasing the student's foundational knowledge of caring for a combative client who is under the influence of an illicit drug will thereby increase their comfort and self-efficacy in caring for these particular clients. The flyer included due dates that the pretest was to be completed, the dates the education module was available, and the dates that the posttest should be completed by. The pretest, posttest, and education module were available 1 week after published due dates to account for any potential problems the participant may have encountered.

Once the student initiates the interest to participate in the study an electronic informed consent form was sent via email. This informed consent detailed the participation in the study.

The informed consent was written in plain language that was easily understood by the student. All students that are in the Associate Degree in Nursing program must be able to read, write, and understand English. The informed consent had a description of the project including the purpose, duration, and list of procedures. The informed consent also listed any reasonable foreseen risks or discomforts. The informed consent also listed reasonably expected benefits. The informed consent was signed electronically.

To evaluate the validity and reliability of the evidenced-based educational program a pretest was delivered electronically and must have been taken in order to receive the link to the educational program. The pretest that was used was the NLN's Student Satisfaction and Self-Confidence in Learning Scale. This pretest was correlational to the student's self-efficacy level in caring for a combative client that is under the influence of an illicit drug prior to the education module.

Once the student completed the pretest, the link to the evidence-based educational program, designed using PowerPoint, was available to the student. The evidence-based education module was completed using video vignettes and a decision tree model. The student virtually walked through the care of the client. Each video vignette was prefaced with evidence-based education. Once the student completed the reading for the education piece, the student proceeded to the clinical application piece of the project. The student had two choices in how they cared for the client, a correct choice, and an incorrect choice. That decision took them down each care path. With each choice, a new video vignette populated and further walked the student through caring for a combative client that is under the influence of an illicit drug. This simulated patient portrayed a patient who was under the influence of drugs and attempted to harm the student

nurse. The link to the education module was available for 4 weeks and closed at the end of that period.

Two weeks after the student completed the education module a posttest was sent to the student. The posttest was the same self-efficacy model that the student took as the pretest. This posttest evaluated the effects of the educational program. By comparing the pretest and posttest self-efficacy levels administered electronically to promote optimal participation. Following the posttest, the students applied the knowledge they gained through the education program by participating in the evidence-based education module.

Practice Setting for the Project

The community college was located in a small rural town in West Texas, home to around 12,500 students annually. The Health Sciences department consists of the following degree programs: (a) physical therapy assistant, (b) surgical tech, (c) respiratory therapy, (d) paramedic, (e) vocational nursing, and (f) nursing programs. The college was one of 74 Associate Degree Nursing programs in the state of Texas. The average size of each cohort in the Associate Degree in Nursing program was 55.

Purpose

The purpose of this study was to identify gaps in the clinical practice and curriculum provided to student nurses at this community college. Identifying the gap in clinical practice and the current curriculum was expected to have an instrumental impact on improving the preparation of the student nurse; thereby, drastically decreasing their chances of being physically assaulted by a client under the influence of illicit drugs. The improvement of the curriculum to include this training drastically improved the student's confidence, as evidenced by improved self-efficacy scores.

IRB Approval

The community college where the study was conducted did not require IRB approval; however, the dean of Health Sciences department wrote a letter of support to conduct this educational program. The IRB process was initiated through ACU (see Appendix A).

Interprofessional Collaboration

The importance of interprofessional relationships in the healthcare community is invaluable, especially while completing a project at the doctoral level. The interprofessional relationships throughout the college demonstrated a collaborative effort; however, along with the concerted efforts, this also allowed the opportunity to clearly define a problem and gap in the curriculum. Permission to utilize the Centers for Clinical Excellence high-fidelity simulation lab (CCE) provided the necessary physical resources, with no additional costs incurred to the college or the student. The staff at the CCE agreed to assist with running the simulation if it occurred within normal business hours. This was approved by the dean of Health Sciences. The overall culture at the college is student-driven and focused. The motto of the college is "improving every student's life." Anything that can be done to better student outcomes and better equip them to care for clients will be supported by the entire nursing faculty.

Feasibility and Appropriateness

Workplace violence has been identified consistently across multiple health services fields worldwide (Bordignon & Monteiro, 2019). It is a global challenge regarding the health and safety of the professionals working in these locations, due to the prevalence and psychophysical, emotional, labor, social and financial consequences (Bordignon & Monteiro, 2019). General mental health and emergency care have been taught in the curriculum since the program's inception. However, dealing with a combative client—particularly combative clients who are

under the influence of illicit drugs—has consistently been left to on-the-job training once graduate nurses begin working in a facility. This project is feasible in the sense that there are no additional costs to the student or the college. The dean of Health Sciences has approved the use of the facilities and staff at no additional cost, so long as it is conducted during scheduled business hours.

Target Population

After receiving IRB approval through ACU and attaining the signed letter from the dean of Health Sciences granting permission to perform this project on campus and allow students to participate. The target population for this study is third-semester student nurses. The students were given the voluntary opportunity to participate in the additional education and simulation program. The Associate Degree in Nursing program is a total of four semesters long; therefore, these students have completed more than half of the program. The course of study during the third semester includes emergency medicine, critical care, and mental health clinicals.

Risk to Participants

Risks to participants were minimal, and no more than a person would expect from engaging in computer activities. All student nurses who are enrolled in courses are familiar with multiple online resources, including email and the learning management system. They have demonstrated the ability to navigate through an electronic environment with little to no difficulty. Student nurses were required to self-reflect while rating their self-efficacy levels, which may trigger some degree of emotions while answering the survey questions. However, participation was voluntary, and every student nurse who consented to participate could withdraw at any time for any reason.

Benefit of Participation

Any student that volunteered to participate in the additional education program and high-fidelity simulation experience had an expected outcome of increased baseline knowledge. The benefit of participating was to decrease their chances of being assaulted while working as the primary nurse for clients under the influence of drugs who may be aggressive. Other than the increased knowledge and potential to decrease the chance of an assault by a patient under the influence of drugs, there was no other benefit, and no benefit was implied.

Instrument Measurement Tool

The instrument that I utilized to evaluate whether there was a change in self-efficacy after the student completed the education module was the Student Satisfaction and Self-Confidence in Learning Scale. The Student Satisfaction and Self-Confidence in Learning Scale was developed by the NLN (2005) to assess student satisfaction with simulation as an educational strategy and how confident students felt about applying skills learned in the lab to the clinical setting. Originally, these were two separate scales, but they were combined since the original reliability and validity were measured. The 13-item instrument was designed to measure student satisfaction (five items) with the simulation activity and self-confidence in learning (eight items). It uses a 5-point scale (National League for Nursing, 2005). A score of three on the 5-point scale is considered neutral or undecided. Therefore, a nonparametric test was used. Reliability was tested using a Cronbach's alpha for the scale items of satisfaction ($\alpha = .94$) and self-confidence ($\alpha = .87$; Jeffries & Rizzolo, 2006). I utilized this tool to measure student satisfaction and confidence in skills practiced and knowledge about caring for the type of patient presented in the simulation experience.

Timeline

A timeline of events illustrates the coordination and planning that was necessary to ensure the successful implementation of the DNP project (see Table 1).

Table 1

DNP Project Timeline of Events

Date of activity	Project activity
September 2019	Completed the NIH Human Subjects Protection Training
October 2019	Permission to use the survey tool received Presented project idea to key administrators at the study site (See Appendix B)
January 2020	Created a DNP committee for recommendations
February 2020–April 2020	Created a project team Completed chapters 1-3
April 2020	Mini-Proposal submitted and approved
May 2020	Project 1 class
August 2020	Mini-Proposal submitted and approved
September 2020	Project 1 class
September 2020	IRB Approval
October 2020	Flyer Posted
November 2020	Informed Consent Posted
December 2020	Pretest Posted
March 2021	Evidence-Based Education Module Posted

Data Collection and Management

An electronic data collection and management format were used to deliver the pretest and posttest surveys and the evidence-based education module. The pretest and posttest were

delivered via a fillable PDF form sent via the student's school-hosted email. The informed

consent delivered communicated the purpose of the study and the privacy practices and obtained

informed consent from participants. Along with the informed consent, demographic data were

collected using a fillable google form. Demographic data collected were age, sex, ethnicity, prior

medical experience (number of years), and level of education. A secure electronic link to the

survey, sent to the student's school email, was emailed to every student enrolled in their third

semester.

Analysis Plan

Data were a crucial component in this project. Collection of the data was step one, but

then it had to be compiled and analyzed. Compiling and analyzing the data put the information

into a format easily interpreted, which could allow future researchers to benefit from the study. I

utilized google forms to collect the data. Once all data were collected, the data were transferred

into SPSS to extrapolate the most useful data and identify trends in the data that supported or

rejected my hypothesis. I evaluated descriptive demographic statistics for the socio-demographic

data that were collected from the initial survey included with the informed consent. The self-

efficacy pretest and posttest scores were evaluated using frequencies, means, and standard

deviations.

Chapter Summary

Successful implementation of this educational project required prioritized planning and

administrative support. A cross-sectional survey of knowledge and self-efficacy about safely

caring for combative clients who are under the influence of illegal drugs was conducted before

and after an educational program was implemented for students enrolled in their third semester at

a local community college. IRB approval was not necessary from the community college but was

obtained through ACU to ensure the safety and confidentiality of each participant. While educating adult learners, the concepts of adult learning theory guided the development of the educational program, which was aimed to improve the student nurse's knowledge of safely caring for a client under the influence of drugs.

Chapter 4: Results

This DNP project was implemented to help identify curriculum gaps and to improve student nurses' knowledge, skills set, and self-efficacy ratings while caring for a violent client under the influence of illicit drugs in a clinical setting. An educational intervention was conducted to improve knowledge and clinical applications, and a pre- and postassessment was carried out to evaluate the impact of the intervention. A thorough analysis of the data collected electronically in the pretest and posttest surveys is presented in this chapter.

Fifty-three student nurses—enrolled in their third semester of an Associate Degree in Nursing program in rural Texas—received an invitation via email, flyer, and a presentation via Zoom requesting participation in the study. Of the 53 students invited, 46 consented to participate, yielding an 86.79% participation rate. A two-part survey was administered before and after an evidence-based education module.

The education module focused on improving knowledge, clinical judgment, development of an emergency plan of action, and self-efficacy scores while caring for a violent client under the influence of illicit drugs. The education module was designed for current student nurses and addressed the identification of elements of escalation, the development of a self-management plan, identifying nonpharmacological intervention for de-escalation, and strategies to maintain safety while caring for violent clients, specifically those under the influence of illicit drugs.

Reliability and Validity

The Student Satisfaction and Self-Confidence in Learning Tool (Adamson et al., 2013) was used to measure students' satisfaction in learning about caring for a violent client, using a 5-point Likert scale. The first five questions were related to satisfaction of learning, and the last eight questions measured each students' self-confidence in learning. Higher scores correspond

with higher student satisfaction and self-confidence. Reliability was previously evaluated using Cronbach's alpha, with the satisfaction portion of the tool scoring .94, and the self-confidence portion scoring .87 (Adamson et al., 2013).

Questions Guiding the Inquiry

The PICOT format was used to develop the study questions guiding this project, which focused on identifying curriculum gaps and aimed to improve student nurses' knowledge, skills set, and self-efficacy ratings while caring for a violent client under the influence of illicit drugs in a clinical setting. Gaps in knowledge and confidence may affect student nurses' ability to safely respond when caring for violent clients under the influence of illicit drugs in the clinical setting. Therefore, the research question guiding this study inquired about whether third semester Associate Degree in Nursing program students (subjects) in a supplemental evidenced based-education that included clinical judgment scenarios (intervention), would demonstrate increased knowledge, skills set, and self-efficacy in caring for violent clients under the influence of illicit drugs (outcome) over a 3-month period (time) compared to those who did not receive the evidenced based-education (control).

The findings of this study were guided by the following research questions:

RQ1: Is there a significant relationship between knowledge and self-efficacy scores in caring for a violent client who is under the influence of illicit drugs among third-semester Associate Degree in Nursing program students?

RQ2: How will an evidenced-based education module with a clinical judgment component affect the self-efficacy scores of third-semester Associate Degree in Nursing program students?

Data Analysis

Following the completion of the informed consent, the student was asked to complete the pretest which consisted of 13 questions and was completed electronically. The first five questions of the Student Satisfaction and Self-Confidence in Learning, published by the NLN, were omitted on the pretest, as the student had not participated in the simulation scenarios at this point. The pretest consisted of five qualitative questions to assess the student's familiarity, experience, and current plan in safely caring for a violent patient under the influence of illicit drug use. Students then completed eight questions where they were asked to rate their self-efficacy while caring for these clients prior to the evidence-based education module.

After the pretest, the students were asked to complete the evidence-based education module. The education module included clinical judgment scenario that were created to provide an interactive and immersive education experience for the students. This was accomplished by creating an unfolding case study that asked the student to make a choice in clinical judgment based on the simulation in the video vignette. Based on the clinical decision that the student made determined how the patient responded to that decision.

To truly assess the lasting impact that this education module had on the students, a 2-week period was allotted between the completion of the education module and the posttest. The student was then asked to complete the posttest, which included the same eight questions from the pretest where the student was asked to rate their self-efficacy while caring for violent clients. The posttest excluded the five qualitative questions from the pretest, reverting back to the original content of the Student Satisfaction and Self-Confidence in Learning tool. This included five questions that evaluated the student's satisfaction and confidence in the learning that took place in the evidence-based education module. The Student Satisfaction and Self-Confidence in

Learning instrument was designed to measure student satisfaction (five items) with the

simulation activity and self-confidence in learning (eight items) using a 5-point scale (National

League for Nursing, 2005). A score of 3 on the 5-point scale is considered neutral or undecided.

Data were gathered electronically between September 6, 2010, to December 16, 2020.

Data were stored in a secure, password-protected, Google Classroom platform. Statistical

analysis was performed using Stata® (version 14.2). Results are reported as mean (standard

deviation) and median (interquartile range [IQR]) scores. A Shapiro-Wilk test was used to assess

normality (see Figures 1 and 2). Data were not normally distributed ($p < .05$; See Figure 3).

Figure 1

Boxplot of Distribution of Likert-Scale Responses
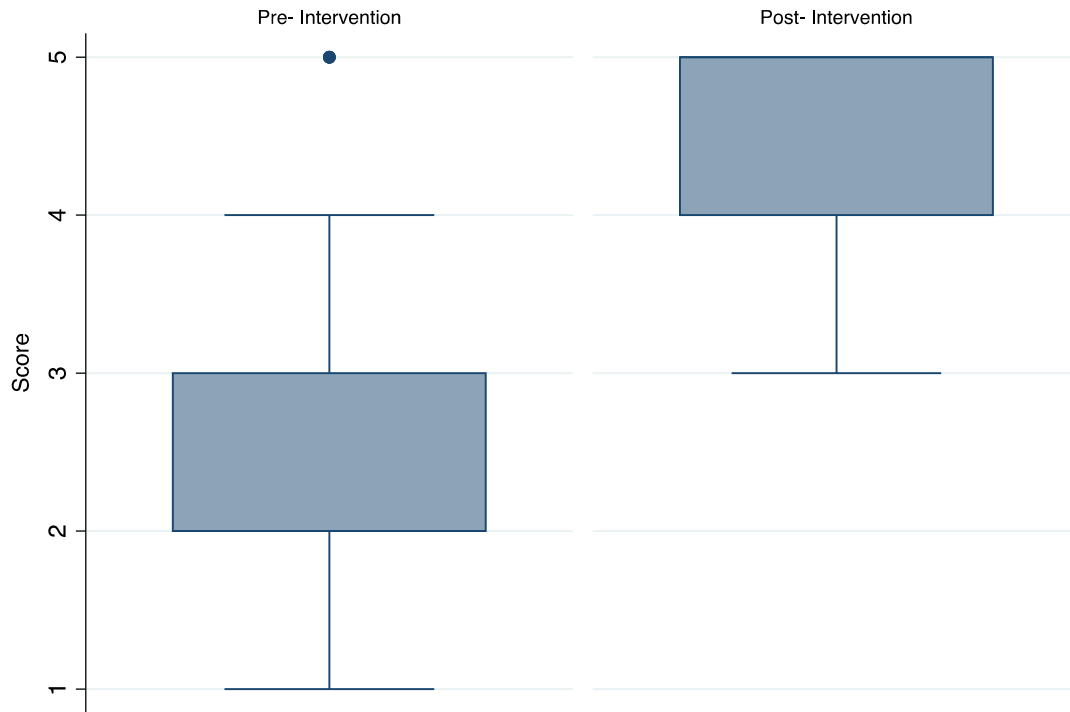
Note. Boxplot showing the distribution of Likert-scale responses relating to confidence in mastering the simulation activity content, pre- and postintervention. Normal distribution hypothesis testing was verified using the Shapiro–Wilk W test for normality for each variable in the study ($p > .05$).

Figure 2

Histogram Depicting Confidence in Mastering the Simulation
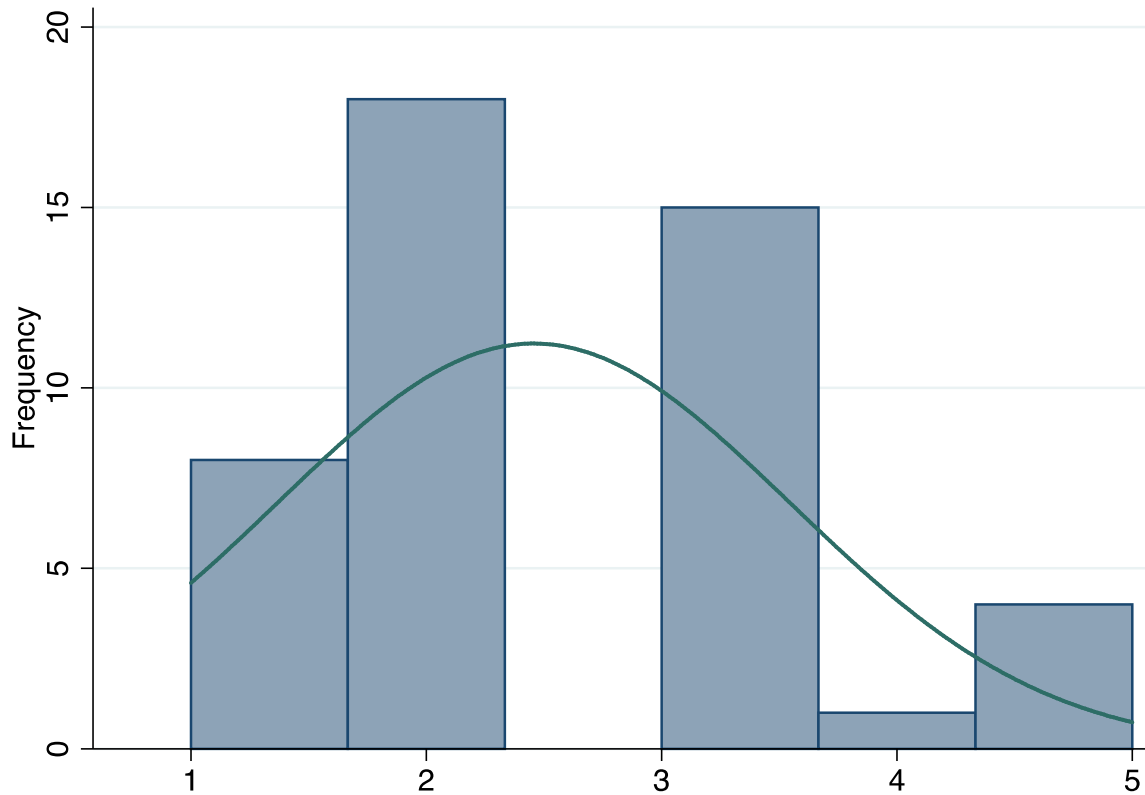
Note. Histogram showing normally distributed (dark green curve) Likert-scale responses relating to confidence in mastering the simulation activity content, pre-intervention. Normal distribution hypothesis testing was verified using the Shapiro–Wilk W test for normality for each variable in the study ($p > .05$).

Figure 3

Histogram of Distribution of Likert-Scale Responses
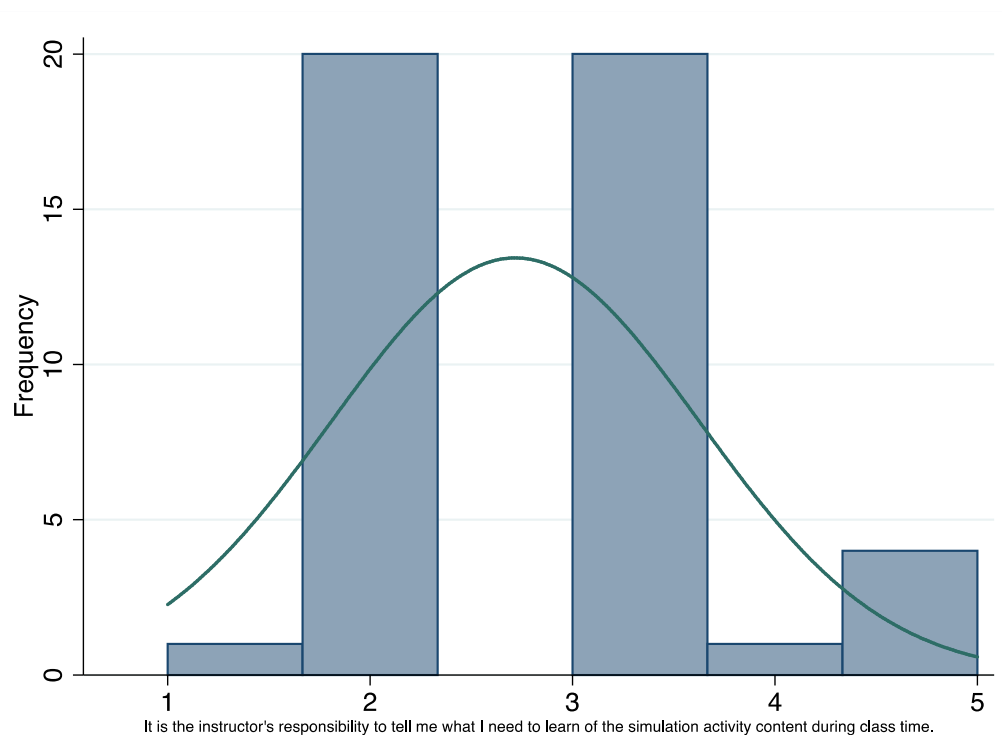
Note. Histogram showing non-normally distribution (i.e., normal distribution shown as dark green curve) Likert-scale responses relating to perceptions of the instructor's responsibility to tell participants what they need to learn during the simulation activity, pre-intervention. Normal distribution hypothesis testing was verified using the Shapiro–Wilk W test for normality for each variable in the study ($p < .05$).

A Mann-Whitney U test was used to evaluate differences between groups with nonparametric continuous variables. Differences between parametric continuous variables were evaluated using a paired *t* test. Qualitative responses were coded for themes and reported as proportions of themes (see Appendix C). Scores revealed that students' confidence and knowledge regarding caring for a combative client increased following the educational intervention (see Table 2).

Table 2

Summary Statistics

Responses		Pre-Intervention				Postintervention			
	N	Mean (SD)	95% CI Mean	Median [IQR]	N	Mean (SD)	95% CI Mean	Median [IQR]	p (pre vs post)
I am confident that I am mastering the content of the simulation activity that my instructors presented to me.	46	2.5 (1.1)	(2.1–2.8)	2 [2–3]	46	4.6 (0.5)	(4.5–4.8)	5 [4–5]	0.00***
I am confident that this simulation covered critical content necessary for the mastery of medical surgical curriculum.	46	2.5 (1.1)	(2.2–2.9)	2 [2–3]	46	4.7 (0.5)	(4.5–4.8)	5 [4–5]	0.00***
I am confident that I am developing the skills and obtaining the required knowledge from this simulation to perform necessary tasks in a clinical setting.	46	2.5 (1.1)	(2.2–2.9)	3 [2–3]	46	4.6 (0.5)	(4.5–4.8)	5 [4–5]	0.00***
My instructors used helpful resources to teach the simulation.	46	2.6 (1.0)	(2.3–2.9)	3 [2–3]	46	4.7 (0.5)	(4.6–4.9)	5 [4–5]	0.00***
It is my responsibility as the student to learn what I need to know from this simulation activity.	46	2.9 (1.2)	(2.5–3.2)	3 [2–4]	46	4.6 (0.6)	(4.5–4.8)	5 [4–5]	0.00***
I know how to get help when I do not understand the concepts covered in the simulation.	46	2.8 (1.2)	(2.5–3.2)	3 [2–3]	46	4.8 (0.4)	(4.6–4.9)	5 [5–5]	0.00***
I know how to use simulation activities to learn critical aspects of these skills.	46	2.5 (1.0)	(2.2–2.8)	2 [2–3]	46	4.7 (0.5)	(4.6–4.9)	5 [4–5]	0.00***
It is the instructor's responsibility to tell me what I need to learn of the simulation activity content during class time.	46	2.7 (0.9)	(2.4–3.0)	3 [2-3]	46	4.3 (0.9)	(4.0- 4.6)	5 [3-5]	0.00***

Note. SD = Standard Deviation; IQR = Interquartile Range; CI = Confidence Interval; *p* < .05; **p* < .01; ***p* < .001

Conclusion

Findings from this project demonstrated that the evidenced-based education module with a clinical judgment component was effective at improving self-efficacy scores and reducing knowledge gaps in safely caring for a violent patient under the influence of illicit drugs. There was a correlation between the educational intervention and the student's self-efficacy scores. There were very few students who reported in the qualitative questions that had any experience in dealing with a combative client. The pretest revealed that the average self-efficacy score for the students was 2.6 on a 5-point scale. The improvement in self-efficacy scores and learning was demonstrated by the change in pretest scores ($M = 2.6$) to posttest scores ($M = 4.6$). In conclusion, the educational intervention was effective in improving participants' knowledge, skills set, and self-efficacy scores in safely caring for a combative client who is under the influence of illicit drugs. Also, it is important to note that the gap in the current curriculum was resolved by providing this education, and faculty members will be implementing this training in every future semester.

Chapter Summary

This chapter presented an analysis of third-semester students enrolled in an Associate Degree in Nursing program regarding their knowledge, experience, skills set, and self-efficacy scores in safely caring for a client who is under the influence of illicit drugs. Of the 46 students who participated in this study, there were significant gaps in knowledge, skills set, and self-efficacy scores identified in the preassessment of the student's self-efficacy scores, familiarity, experience, and current plan in safely caring for a violent patient under the influence of illicit drug use. Following the completion of the evidence-based education module with a clinical judgment component, there were significant increases in the student's self-efficacy scores. The

results of this study provided insight into the existence of gaps in the current curriculum and apprehension about safely caring for a violent patient under the influence of illicit drug use. There is a need to develop meaningful evidence-based education to continue to improve the current nursing practice and to reduce apprehension in caring for violent clients under the influence of illicit drugs—a split second could easily change the outcome in these volatile situations.

Chapter 5: Discussion of Findings

The purpose of this project was twofold: to help identify curriculum gaps and to improve student nurse's knowledge, skills set, and self-efficacy ratings while caring for a violent client under the influence of illicit drugs in a clinical setting for Associate Degree of Nursing program students in their third semester at a community college in West Texas; and to determine the impact of an evidence-based education module that includes clinical judgment. Although the current curriculum briefly addresses patients who may be under the influence of illicit drugs in the mental health portion of the course, students are not taught how to maintain their safety in these explosive situations. This specific knowledge is typically acquired as on-the-job training, but only when the student nurse chooses to work in an area where this is part of the skills set that is taught upon hire. This presents a problem in the workforce as these volatile situations can occur in any healthcare setting. Regardless of whether it is an irate patient or family member, it is imperative that nurses are prepared to command these types of situations to maintain safety for the patient and themselves. For student nurses to possess the knowledge and skill set necessary to care for patients who are combative and under the influence of illicit drugs; nursing programs should develop and implement an effective education module into the curriculum, presenting clear, concise, accurate, and evidence-based information. Ensuring that all nursing programs include this in their curriculum allows all student nurses to enter the workforce with the baseline knowledge and skill set to maintain safety, which is the utmost priority in patient care. This chapter presents a discussion of the findings based on an analysis of the survey data from this study and how each of the eight essentials of doctoral education was applied to the planning, implementation, analysis, and interpretation of the findings.

Interpretation and Inference of Findings

Bandura's theory of self-efficacy, established in 1977, served as the theoretical

framework for this DNP intervention study (Bandura, 2010). Albert Bandura defined the self-

efficacy theory in 1977 as "how well one can execute courses of action required to deal with

prospective situations" (Bandura, 2010, p. 122). To simplify this definition, self-efficacy is a

person's own belief in how well they can succeed in a particular situation. The foundation for

self-efficacy is formulated through mastery experiences, vicarious experiences, social

persuasion, and emotional states (Bandura, 2010). The importance of these experiences helps to

build the fundamental beliefs in how proficient a person can navigate situations. Nurses care for

patients in some of the most challenging times of their lives, and tensions can run high. It is

imperative that nurses establish and maintain a solid caring rapport with their patients. However,

there are times that this is not possible, the patient may be extremely agitated, combative, not in

their right frame of mind, or on a mind-altering substance, such as illicit drugs. Nurses must

possess the knowledge, therapeutic skills, verbal, and nonverbal communication techniques to

safely care for these patients. The expected learning outcomes for nursing students included

changed self-efficacy scores and increased knowledge and skills while caring for clients who are

aggressive or are physically or verbally abusive while under the influence of illicit drugs.

The outcomes of this project showed significant gaps in the current curriculum

concerning teaching student nurses how to safely care for violent clients who are under the

influence of illicit drugs. All participants in this study have completed a Mental Health course

and are currently enrolled in their Mental Health clinical course. They are also currently enrolled

in their Critical Care course along with their clinical rotations. These students have multiple

clinical rotations through the Emergency Department, Intensive Care Units, and inpatient

psychiatric facilities. Included on the pretest were five qualitative questions that asked about the student's experience, confidence, and plan in caring for a violent client under the influence of illicit drugs. Overall, these qualitative answers indicated that the students had very little experience in caring for these types of clients and did not currently have a quality safety plan should they encounter this situation. The mean pretest self-efficacy score was 2.6 ($N = 46$), which helped to identify that there is a gap in the current curriculum.

The student's professional experience, life experiences, and the education they receive in the Associate Degree in Nursing program are the foundation of a student nurse's development of self-efficacy. It is imperative that nursing schools recognize the gap in their curriculum and implement effective evidence-based education and simulation scenarios for caring for violent clients who are under the influence of illicit drugs. Implementing the simulation scenarios allows student nurses to apply this knowledge and make clinical judgments in these volatile and potentially dangerous situations. It is important that hospital leaders recognize the need for student nurses to enter the workforce with this critical skill set and adequate self-efficacy scores for these situations, rather than depending solely on a brief introduction with on-the-job training.

The gaps in the curriculum will continue to create a barrier for safe and effective care if there are no significant measures implemented to change it. Lack of experience and a solid safety plan were markedly noticed in the qualitative data on the pretest. Also noted on the pretest was the average self-efficacy score of 2.6 ($N = 46$), which indicates that the student is not confident in caring for violent clients who are under the influence of illicit drugs. Posttest responses indicated an improvement in the self-efficacy scores, with an average of 4.6 ($N = 46$), in caring for violent clients who are under the influence of illicit drugs. Mean plots of self-efficacy scores (see Figure 1) scores were compared for differences between the pretest and posttest to

determine the impact of the evidence-based education module with the clinical judgment scenarios.

Student nurses who maintain a lack of knowledge, poor self-efficacy scores, and a lack of a solid safety plan when caring for violent clients who are under the influence of illicit drugs will be more likely to become injured or accidentally injure a patient or family member in these unpredictable situations. This DNP project identified a correlation between knowledge, clinical judgment application, and self-efficacy scores when caring for a violent client who is under the influence of illicit drugs. The outcomes of this study were consistent with the current literature which states that when a student is educated on a topic and allowed to implement the knowledge gained, their self-efficacy scores will improve (Bordignon & Monteiro, 2019).

The student nurses in this sample demonstrated a significant improvement in the total self-efficacy scores with a positive correlation in the aggregate for self-efficacy in caring for a violent client under the influence of illicit drugs. The self-efficacy scores increased from a mean of 2.6 ($N = 46$, 52%) to 4.6 ($N = 46$, 92%). Therefore, there was a 40% marked increase in self-efficacy scores in the posttest results after receiving the evidenced-based education module with clinical judgment scenarios. By examining the relationship between self-efficacy scores before and after the evidenced-based education module with clinical judgment scenarios, the results of this study indicated that the intervention significantly improved the student nurse's self-efficacy scores.

Professional or personal experience was not a good indicator of improved self-efficacy scores. Pretest qualitative data reflected that 61% of participants reported no experience in caring for a violent client who is under the influence of illicit drugs. This data also reflected that 68% of the participants were looking for this intervention to provide them with strategies and safety.

Also, 70% of the participants reported that what makes caring for violent clients difficult is they are irrational and are no longer able to communicate effectively.

Implications for Leaders

The results of this project demonstrated a positive correlation between knowledge, clinical judgment application, and self-efficacy scores when caring for a violent client who is under the influence of illicit drugs. This indicates that a considerable effort should be made to consider the impact that the current curriculum gap has on the safety of student nurses and their future careers while providing care to patients who may become violent and under the influence of illicit drugs. As aforementioned, the Associate Degree Nursing Program's curriculum is uniquely designed to prepare students for a profession in nursing, academic content, and clinical instruction and should reflect current practices for the professional nurse's role in caring for clients who may become violent and under the influence of illicit drugs. Prior research has indicated that increasing familiarity will improve attitudes toward populations who are stigmatized (Mårtensson et al., 2014), 61% of the participants in this study reported having no experience in caring for a violent client who is under the influence of illicit drugs. Based on the data collected and analyzed in this study it would be a valuable addition to the current curriculum to implement this or a similar model evidenced-based learning module that allows the student to enhance their knowledge practice clinical scenarios and requires clinical judgment application. Based on the data collected in this study, this curriculum implementation has the potential to increase the student nurses' knowledge, familiarity, and self-efficacy in caring for these potentially dangerous clients. Increasing student nurses' exposure to this additional knowledge allows them to formulate a solid plan of action should they ever be placed in this precarious situation. As additional evidence-based practice becomes the gold standard, it is imperative that

instructors maintain the most current and innovative teaching strategies. This curriculum implementation may contribute significantly to improved self-efficacy among student nurses entering the nursing profession who encounter a potentially dangerous, irrational, and violent client or family member who is under the influence of illicit drugs.

EBP Findings and Relationship to DNP Essentials

The completion of this doctoral project demonstrates competence in the eight DNP Essentials for advanced practice nursing. This section presents evidence of meeting each of the Essentials according to *The Essentials of Doctoral Education for Advanced Nursing Practice* (American Association of Colleges of Nursing, 2006).

Essential I: Scientific Underpinnings for Practice. A conceptual framework based on the scientific underpinnings of nursing theory and adult learning theory supported the preparation, implementation, and analysis of this educational project. Bandura's (2010) theory of self-efficacy provided the foundation for this project. The theory outlined the role of self-efficacy and its deep-rooted success in improving one's comfort level, familiarity, and ability to navigate difficult situations. The evidence-based program allowed the student nurse to participate in an immersive learning process that required clinical judgment while formulating an emergency action plan to maintain the safety of both themselves and the client.

Essential II: Organization and Systems Leadership for Quality Improvement and Systems Thinking. A thorough analysis of the self-efficacy levels of student nurses who may encounter a violent client under the influence of illicit drugs was completed. An analysis of the current gap in curriculum involved a multi-interdisciplinary approach to improving the training that student nurses receive to best equip them for potentially dangerous situations with a specific patient population, violent clients who may be under the influence of illicit drugs. I demonstrated

the systems and organizational leadership skills through the implementation and completion of this quality improvement project evaluating the current curriculum. I engaged in a collaborative process with key administrative personnel, nursing leaders, and simulation center personnel to ensure that the problem of interest was thoroughly analyzed and presented as a gap in the curriculum which is potentially placing our graduates in harm's way while entering the workforce. Unanimous organizational support for this educational project led to IRB approvals from both, the university as well as the overwhelming support from the institution.

Essential III: Clinical Scholarship and Analytical Methods for Evidence-Based Practice. Evidence of knowledge gaps and decreased self-efficacy scores about techniques in safely caring for a violent client who is under the influence of illicit drugs were identified by comparing student nurses' knowledge and self-efficacy scores before and after an evidence-based education module. The evidence-based education module was created using the most current practices used in the literature. I developed this DNP project to evaluate the impact of an evidence-based education module intervention to reduce knowledge gaps, improve self-efficacy scores, and improve clinical judgment application when caring for this specific client population. The effective use of research methodologies, information technology to deliver, collect, and analyze the data from this project demonstrated clinical scholarship and competence in using analytical methods to evaluate evidence-based nursing practices.

Essential IV: Information Systems/ Technology and Patient Care Technology for the Improvement and Transformation of Healthcare. A digital evidence-based education intervention was delivered using a web-based electronic classroom. The effectiveness of this intervention was evaluated using the pretest and posttest survey method designed to reduce knowledge gaps, improve self-efficacy scores, and improve clinical judgment application when

caring for this specific client population. Utilizing technical skills in the ability to research, extract current practices, design an evidence-based education module, and analyze the data collected while evaluating the impact of the educational intervention demonstrates competence in DNP Essential IV.

      Essential V: Healthcare Policy and Advocacy in Healthcare. The development of this DNP project required an understanding of health care policy and legislative procedures for accrediting bodies of the curriculum implemented in Texas, following both the Texas Higher Education Board, Texas Board of Nursing, and the Accreditation Commission for Education in Nursing. Because the college is accredited through the Texas Board of Nursing as well as the Accreditation Commission for Education in Nursing, lobbyists, elected officials, and board members have the authority to determine the curriculum that is implemented in the schools they endorse. There are slight variations from state-to-state concerning regulations in the current curriculum. The implementation of enhanced training for student nurses in caring for violent clients who are under the influence of illicit drugs advocates for the safety of the student nurse and the client alike.

      Essential VI: Interprofessional Collaboration for Improving Patient and Population Health Outcomes. The successful implementation of this scholarly project required effective therapeutic communication and collaboration with the student nurses, college administrators, and faculty members. The development and effective implantation of this project required collaboration in leading meetings multidisciplinary meetings. Effective communication and collaborative skills were utilized and demonstrated throughout this project through the advocacy and the education of student nurses that are preparing to enter the professional workforce.

Essential VII: Clinical Prevention and Population Health for Improving the Nation's Health. The development of this DNP project required an understanding of evidence-based recommendations for techniques to safely care for a violent client who is under the influence of illicit drugs. Leadership skills were utilized to design, organize, and implement an educational intervention among student nurses to promote enhanced knowledge, self-efficacy, and clinical judgment in these difficult situations. The analysis of the rising national statistics of occupational abuse among nurses caring for violent clients who are under the influence of illicit drugs revealed a critical need to improve knowledge and gaps in the curriculum to enhance clinical prevention and safety techniques when caring for this specific client population when situations escalate.

Essential VIII: Advanced Nursing Practice. This DNP project was implemented utilizing a systematic approach. The class of participants was supported to achieve excellence in their preparation for safe practice in the workforce. Each participant was educated about the nuances and techniques in safely caring for violent clients who are under the influence of illicit drugs. The enhanced knowledge and self-efficacy scores regarding caring for this specific client population will raise the standard of care and improve the safety of nurses entering the workforce and this client population as well. Improving both things will result in improved outcomes, both for the patient, the client, and the facility.

Recommendations for Future Research

This intervention and survey were implemented with student nurses and did not inquire of practicing nurses who may have been placed in this dangerous situation. This information could be helpful for future research from the perspective of practicing nurses directly caring for this specific patient population. The perspective of practicing nurses may be very different from

student nurses who remain in their professional training and have had little to no experience safely caring for violent clients who are under the influence of illicit drugs. Practicing nurses' personal experience, especially those working in higher risk areas than others should be analyzed for future analysis.

Future studies concerning reducing harm in student nurses and improving knowledge, clinical judgment, and self-efficacy toward caring for violent clients, specifically those under the influence of illicit drugs, should include other practicing licensed personnel such as certified nurse's aides (CNAs), Registered Nurses (RNs), and Licensed Practical Nurses (LPNs). Each of these disciplines spends a significant amount of time providing direct patient care to clients, potentially placing them in these dangerous situations much more often. Nurses are highly trained professionals that should possess keen assessment skills that should incite early interventions before the situation becomes volatile.

The pretest and posttest survey data provided insightful data into the current knowledge, clinical judgment, and self-efficacy levels of student nurses toward safely caring for violent clients who are under the influence of illicit drugs. The data that was collected and analyzed in this project will serve as a baseline for measuring changes in knowledge, clinical judgment, and self-efficacy levels in student nurses at one college and at one specific time in their training. The identified knowledge gaps, as well as gaps in the curriculum, will provide direction for future quality improvement initiatives. Clinical simulation and an interactive learning style combined with constructive debriefing sessions allow immersive learning and dialogue to enhance future practice and to develop an emergency safety plan. Future research should include clinical simulation using high-fidelity mannequins or standardized patients may be very helpful. The global pandemic of COVID-19 prevented this for this project.

Undergraduate nursing education contributes significantly to the fundamental knowledge of every professional nurse. Additional qualitative questions to the pretest concerning education experiences concerning safely caring for violent clients under the influence of illicit drugs may be helpful to identify curriculum gaps across nursing education. Future studies should include the inquiry of the extent and amount of instruction for student nurses concerning safely caring for this client population. The addition of these qualitative questions about nursing education will provide direction and the necessity for inclusion in undergraduate nursing education.

Conclusion

Clients who are hospitalized are in stressed physiological and psychological states, adding mental illness and or illicit drugs creates an unpredictable situation and, if not well equipped, places student nurses and nursing staff in danger. Hospitalized clients are seeking a successful recovery; however, student nurses and professional nurses are expected to possess the knowledge, clinical judgment, and self-efficacy to safely care for these clients. Proper assessment skills and early crisis intervention skills help to provide a safe, hospitable, and healing environment for clients, student nurses, and professional nurses. However, when student nurses and professional nurses lack the knowledge, clinical judgment, or self-efficacy in safely caring for this challenging client population this creates a dangerous and volatile situation for everyone involved. This study successfully identified gaps in knowledge, clinical judgment, and self-efficacy in safely caring for violent clients under the influence of illicit drugs among student nurses at one community college. The data that was collected and analyzed in this study also helped to identify a gap in the curriculum as well. Additionally, the analysis of this cross-sectional descriptive study demonstrated the effectiveness of an evidence-based educational

intervention that included clinical judgment application in improving the knowledge, clinical judgment, and self-efficacy levels of student nurses among the sample population.

This practical clinical-focused DNP project was initiated with an interprofessional collaborative process. This process included meeting with the dean of the college and faculty members to project the idea and the intention of the project. The dean and faculty members that participated in the interprofessional collaborative process expressed their similar concerns and interests as well and were supportive of this project and its potential to improve the safety of the student nurses entering the workforce.

A nurse's role is complex and multifaceted. Caring for clients who are ill is difficult, and adding mental illness and illicit drug use can exponentiate this difficulty and has the potential to create a volatile and dangerous situation for the student nurse, professional nurse, and the client. The focus of care for the student nurse and the professional nurse should be focused on a safe and healthy recovery, with mutual patient goals recognized. To achieve this student nurses and professional nurses must possess the knowledge, clinical judgment, and self-efficacy levels to safely provide care for these clients. Therefore, the conceptual framework that guided this study was Bandura's (2010) theory of self-efficacy, focusing on fostering interactive and immersive learning for student nurses to help improve the knowledge, clinical judgment, and self-efficacy in caring for this challenging client population.

The student nurses who participated in this study demonstrated a definite lack of general knowledge, clinical judgment, emergency action plan, and self-efficacy concerning safely caring for a violent client under the influence of illicit drugs. This data also demonstrated a gap in the current curriculum that the student nurses are being instructed on. There was a correlation between knowledge, clinical judgment application, and self-efficacy scores when caring for a

violent client who is under the influence of illicit drugs. The findings of this study revealed an improvement in the mean self-efficacy scores after the interactive evidence-based education module that included clinical judgment application. Although the pretest and posttest did not directly assess knowledge levels, according to Bandura's (2010) self-efficacy levels indicate improved knowledge. Further studies are necessary to analyze the professional practicing nurses' knowledge, clinical judgment, and self-efficacy levels on caring for a violent client under the influence of illicit drugs.

Currently, practicing nurses are provided on-the-job crisis intervention training only if they work in a high-risk area (e.g., emergency rooms, intensive care units, psychiatric units, institutional units such as prison). However, every student nurse, practicing professional nurse, and any individual indirectly involved with patient care can encounter this volatile situation at any given time—on the clock or otherwise. Thus, nursing education faculty and nursing leaders must be encouraged to provide and encourage their students and employees to participate in an immersive and interactive evidence-based education module. By doing so, nursing faculty and nursing leaders can help reduce the potential risk of injury of student nurses, practicing professional nurses, and most importantly, the client.

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Appendix A: IRB Approval Letter

ABILENE CHRISTIAN UNIVERSITY
Educating Students for Christian Service and Leadership Throughout the World

Office of Research and Sponsored Programs
320 Hardin Administration Building, ACU Box 29103, Abilene, Texas 79699-9103
325-674-2885

August 25, 2020

Hunter Halford
Department of Nursing
Abilene Christian University

Dear Hunter,

On behalf of the Institutional Review Board, I am pleased to inform you that your project titled
"Reducing the Potential for Physical Harm in Student Nurses Caring for Clients Who Are Under the Influence",

(IRB# 20-113   )is exempt from review under Federal Policy for the Protection of Human Subjects.

If at any time the details of this project change, please resubmit to the IRB so the committee can determine whether or not the exempt status is still applicable.

I wish you well with your work.

Sincerely,

Megan Roth

Megan Roth, Ph.D.
Director of Research and Sponsored Programs

Appendix B: Permission for Instrument Use

NLN
National League
for **Nursing**

The Voice of Nursing Education

Tools and Instruments

Use of NLN Surveys and Research Instruments

The NLN's copyrighted surveys and research instruments are an important part of its research activities.

Permission for non-commercial use of surveys and research instruments (includes, theses, dissertations, and DNP projects) is granted free of charge. Available instruments may be downloaded and used by individual researchers for non-commercial use only with the retention of the NLN copyright statement. **The researcher does not need to contact the NLN for specific permission.** In granting permission for non-commercial use, it is understood that the following caveats will be respected by the researcher:

1. It is the sole responsibility of the researcher to determine whether the NLN research instrument is appropriate to her or his particular study.
2. Modifications to a survey/instrument may affect the reliability and/or validity of results. Any modifications made to a survey/instrument are the sole responsibility of the researcher.
3. When published or printed, any research findings produced using an NLN survey/instrument must be properly cited. If the content of the NLN survey/instrument was modified in any way, this must also be clearly indicated in the text, footnotes and endnotes of all materials where findings are published or printed.

Permission for commercial use of NLN surveys and research instruments must be obtained from the NLN. Commercial use includes publishing in journals, books, or inclusion in any product that is sold. Please submit a written request to copyrightpermission@nln.org. In most instances, requests for permission are reviewed within 4 weeks of their receipt.

NLN
National League
for **Nursing**

Appendix C: Qualitative Findings

What is your experience up to this point in caring for a combative client under the influence of illicit drugs?

Category:	Examples	f (%)
No experience	"none", "no direct experience"	28 (61)
Experience with combative patients, but not under the influence of illicit drugs	"I have worked in healthcare for almost 5 yrs, I have had multiple pts that have become combative. But, none under the influence of drugs. These are usually just confused patients.", "I have worked in a nursing home as an aid. So I have a LITTLE bit of experience with working with combative clients, but most of the drugs they are on are all prescribed."	9 (20)
Some or frequent experience in roles such as EMT, police officer, armed forces, and working in surgery	"I have only cared for patient withdrawing from illicit drugs."	5 (11)
Indirect experience (caring for patient withdrawing from illicit drugs, working as 911 dispatcher	"I have not personally cared for a combative patient but I've seen it in the ED during a clinical rotation. It was a pretty stressful experience that required multiple people to control the patient and prevent them from harming staff and themselves. Ultimately they were sedated while being restrained by security"	3 (6)
Personal experience with someone close to them	"The only experience I have is unfortunately personal experience, my ex-husband was a meth user. When he would be on his drugs, it was a very mentally challenging time for me."	1 (2)

How can this program help you/feel safer/support you?

Safety	"It can help me to devise a safety plan", "This program should teach me how to keep me safe and keep my patients and other coworkers safe too. "	14 (31)
Strategies	"I feel like this program will give me the knowledge and tools needed to properly care for a patient when such things may arise. ", "I hope this progra will help teach me the techniques necessary to keep me and my future patier safe."	17 (37)
Practical training/application	"I hope the program provides useful information that I can take and apply in the real world of nursing.", "I have not had any formal training at my facility and only in my book at school. So i hope that I could get some actual trainin that is beneficial to use in practice."	5 (11)
Preparedness/ feeling comfortable or confident to handle situation	"It can help me be prepared for when I do encounter a combative client.", "I would like to learn how to confidently and safely navigate caring for clients these challenging situations."	5 (11)
Professional care	"I want it to help me deal with the situation professionally and not do something that I shouldn't.", "I learned to deal with my ex on a personal level would like to learn how to professionally care for someone. "	2 (4)
De-escalation	"I am not sure. However, I do hope this program will help identify de-escalation techniques as well as identifying the top priority as personal safety for my classmates. And I hope to learn something different/new.", "identify ways to help calm the situation to protect my patient and everyone else"	2 (4)
Compassion	"This program can help teach me to become a compassionate yet supportive nurse."	1 (2)

Category:	Examples	*f* (%)
What makes aggressive people difficult?		
Irrational, emotional	"To me, once a patient is aggressive or combative their rational thought no longer intact, which is what makes them even more dangerous. "	17 (37)
Unable to communicate or listen	"The fact they aren't able to listen in the heat of the moment.", "Communication barrier. When a patient is angry it is hard to communicate effectively."	15 (33)
Lack of focus or self-control	"The fact that they aren't able to focus on what is important. The lack of self-control at that moment"	4 (10)
Aggression	"Aggressive people often don't care about the people around them so the consequences of their actions aren't concerning to them.", "Aggression brings on fear and anxiety. Also, many times the aggressor is not always aware that they are being aggressive."	2 (4)
Attitudes and behaviors	"Their attitudes and outlook on the situation", "Their behaviors"	2 (4)
Unpredictable	"The unpredictability"	2 (4)
Volatile	"Aggressive people generally scare me and I think it is because the situation can be so volatile. "	1 (2)
Unsure	"I am unsure"	1 (2)
Not knowing how to deal with them	"Not knowing how to deal with the patient on their level can make it very difficult in caring for these certain patients. Also not knowing their inten or capability can pose a safety risk. "	1 (2)
Agitation	"Aggressive patients are difficult to care for because they are usually taking their agitation out on whoever is in front of them when they are triggered."	1 (2)
How should you communicate with aggressive people?		
Calmly, firmly, directly	"Direct, calm, clear.", "Keep calm and use a firm tone"	29 (63)
Listen	"I find it better to limit my communication with them and just let them talk/vent."	6 (13)
Allow for time	"I think the biggest point in communication is that there is plenty of time, the nurse should not appear rushed.", "Allow the patient time to calm down"	4 (8)
Don't trigger them	"Just keep trying to get through to them and try not to trigger them.", "I always learned to not argue with them as that will just trigger them more.", "Be the calm one and make sure not to become triggered."	3 (7)
Set boundaries	"Setting boundaries with the patient and letting them vent" "I think setting boundaries with aggressive patients is important." "Respect their space and set boundaries."	3 (7)
Distraction	"I find what works best for me is distraction."	1 (2)

Category:	Examples	*f* (%)
If you encountered a combative client right now in your clinical rotations what would be your plan keeping yourself and your client safe?		
Get help	"I have only read about caring for combative clients. If this were to happen to me tomorrow at clinicals my anxiety would be through the roof. My plan would be to get help immediately." "In the clinical rotation I feel like I would need someone with professional training to keep me and the client safe. I would heavily rely on my preceptor or instructor's knowledge and skills."	20 (43)
Keep distance, listen, and stay calm	"Keeping safe distance, calling for help, try to stay calm and not further agitate patient." "Keeping a safe Distance, Assessing the scene to make sure there are no risks for injury and therapeutic communication with the patient in order to attempt to keep them calm" "I feel I could maintain me and my patient's safety by keeping calm and using a firm tone, and being aware of the exit."	16 (35)
Wouldn't know/ freak out/ wouldn't feel prepared	"I would absolutely freak out. I am a pretty chill person and HATE confrontation. I would probably just run out of the room." "I have PTSD and severe anxiety, even thinking about this situation produces a lump in my throat, especially since I have had no training. If this were to happen in my clinical rotation I would be legitimately scared for me and my patient." "I would first freak out, then I would be looking to my preceptor to help."	10 (22)