Background

In the 84th Texas Legislative Session, House Bill 2696 directs the TCNWS to conduct a study on workplace violence against nurses in hospitals, freestanding emergency medical care facilities (FECs), nursing facilities, and home health agencies (HHAs). In response to this legislation the Texas Center for Nursing Workforce Studies Advisory Committee formed a task force of experts from across the state to help guide a project on workplace violence against nurses. In an effort to address all components of the legislation, the project was implemented in two parts: part 1.) a survey of employers of nurses to gather information on workplace violence prevention policies and practices, and part 2.) a survey of individual nurses to gather information on their personal experiences with workplace violence.

According to the National Institute for Occupational Safety and Health,[1] workplace violence is any physical assault, threatening behavior, or verbal abuse occurring in the workplace. For the purpose of this project, workplace violence is defined as:

"the intentional use of physical force or emotional abuse, against an employee, that results in physical or emotional injury and consequences. This includes physical assault, threat, sexual harassment, and verbal abuse, which are defined as follows:

Threat – the use of words, gestures, or actions with the intent of intimidating, frightening, or harming (physically or otherwise)

Sexual harassment – any type of unwelcome sexual behavior (words or actions) that creates a hostile work environment

Verbal abuse – when another person yells or swears at you, calls you names, or uses other words intended to control or hurt you

Physical violence – when you are hit, slapped, kicked, pushed, choked, grabbed, sexually assaulted, or otherwise subjected to physical contact intended to injure or harm you."[1]

The Occupational Safety and Health Administration (OSHA) reports that each year almost 2 million Americans are victims of violence in the workplace.[2] Violence in the workplace has become a serious concern for nurses because they have the highest risk among health professionals to become victims due to having the most interaction with patients.[1]

In fact, a 2002 study found that 5 million hospital workers were exposed to workplace violence.[1] Since 2002 the incidents of workplace violence were four times more likely to occur in a healthcare setting than in private industry.[3] A 2011 American Nurses Association (ANA) study found that concerns of on the job assault among nurses increased from 25% in 2001 to 35% in 2011.[4] Preliminary findings from the ANA in 2014 also found that 21% of nurses and nursing students were physically assaulted, and over half of nurses claimed they were verbally abused in a 12 month period.[5] The number of reported incidents may be higher as well because a vast amount of violent incidents are not reported.[2, 3]

The effects of workplace violence include minor and serious physical injury, psychological trauma, and even death.[1] Violence in the workplace also has negative organizational consequences such as low worker morale, increased worker turnover, a hostile working environment, and reduced trust of management and other coworkers.[1] Another consequence to consider is the cost of workplace violence because those employees who require medical attention or cannot work due to a workplace violence injury may use workers' compensation to pay the cost.[3] However, workplace violence can be prevented and research suggests that a comprehensive workplace violence prevention program can effectively reduce workplace violence.[1, 3]

[1] National Institute for Occupational Safety and Health. Violence: Occupational Hazards in Hospitals. https://www.cdc.gov/niosh/docs/2002-101/pdfs/2002-101.pdf. Accessed October 24, 2016.

[2] Occupational Safety and Health Administration. Safety and Health Topics: Workplace Violence. https://www.osha.gov/SLTC/workplaceviolence/index.html. Accessed October 24, 2016.

[3] Occupational Safety and Health Administration. Workplace Violence in Healthcare: Understanding the Challenge. https://www.osha.gov/Publications/OSHA3826.pdf. Accessed October 24, 2016.

[4] American Nurses Association. 2011 ANA Health and Safety Survey. http://www.nursingworld.org/MainMenuCategories/WorkplaceSafety/Healthy-Work-Environment/Work-Environment/2011-HealthSafetySurvey.html. Accessed October 24, 2016.

[5] American Nurses Association. American Nurses Association Health Risk Appraisal (HRA): Preliminary Findings October 2013-October 2014. http://www.nursingworld.org/HRA-Executive-Summary. Accessed October 24, 2016.

Methods

Part 1: Individual Nurse Survey

A sample of 7,759 nurses, both RN and LVN, were invited to participate in a 20-question survey that included questions related to how frequently a nurse experienced violence in the workplace over the past 12 months and over the course of their career, information on the most recent violent event perpetrated against them, and how they rate their current employer in terms of safety and effectiveness at managing and preventing workplace violence. Facility types were collapsed into five categories, including hospitals, freestanding emergency medical care (FEC) facilities, nursing facilities, home health agencies (HHA), and other facilities. Table 1 in Appendix A describes the sample of nurses surveyed as well as the breakdown of respondents. Table 2 below includes the response rates by facility and nurse type.

Table 2. Response Rates by Facility and Nurse Type

Facility Type	RNs	LVNs	Unknown	Total
Hospital	546	41	0	587
FEC	87	5	0	92
Nursing Facility	72	75	0	147
HHA	72	58	0	130
Other	120	32	0	152
Unknown	2	2	2	6
Total	**899**	**213**	**2**	**1,114**

Frequency counts were conducted for each variable reported in the survey. These frequencies were analyzed by facility type. Responses to open-ended free response questions were categorized and summarized.

Part 2: Employer Survey

Administrators in hospitals, FECs, nursing facilities, and HHAs were invited to participate in a 22-question survey related to practices and strategies used by their organizations to prevent workplace violence against nurses. Table 3 below includes the response rates by setting.

Table 3. Response Rates by Facility Type

Facility Type	# of Responding Facilities	# of Facilities in Population	Response Rate
Hospital	303	667	45.4%
FEC	39	137	28.5%
Nursing Facility	448	1,202	37.3%
HHA	171	756	22.6%
Total	**961**	**2,762**	**34.8%**

Frequency counts were conducted for each variable reported in the survey. These frequencies were analyzed by facility type. Responses to open-ended free response questions were categorized and summarized.

Individual Nurse Survey

Respondent Characteristics

Of the 7,500 nurses in the final sample, 1,114 responded to the survey for an overall response rate of 14.9%.

Nurses were asked to indicate the level of nursing they were currently practicing (Table 4).

Table 4. Level of Nursing Currently Practiced

Nurse Type	# of Respondents	% of Respondents
LVN	213	19.2%
RN	843	75.8%
APRN	56	5%
Total	**1,112**	**100%**

Nurses were asked for their years of nursing experience. These responses were recoded into six categories as seen in Table 5 of Appendix A. Nurses had a median of 17 years of nursing experience.

- Over two-thirds of respondents (70.1%) had more than ten years of nursing experience.

Nurses were asked how many hours per week they spent providing primary care in the last month. These responses were categorized into full-time, part-time, and no primary care provided (Appendix A, Table 6). Nurses were considered full-time if they spent 30 or more hours per week providing primary care in the last month, and were considered part-time if they spent more than 0 but less than 30 hours per week providing primary care.

- The majority of respondents (76.3%) provided primary care full-time in the last month.
- 10.8% of respondents provided no primary care in the last month.

Respondents were asked in which type of facility they worked the most time in the past 12 months (Table 7). Initial categories were collapsed into five facility types, including hospital, freestanding emergency medical care (FEC) facility, nursing facility, home health agency (HHA), and other facility. For the remainder of this section, facility type refers to the facility type in which the respondent worked the most time in the past 12 months.

- Respondents were representative of the nurse sample by facility type (χ^2 (3, N=7,500) =1.6, p=0.649).

Table 7. Facility Type in Which Nurses Worked the Most Time in the Past 12 Months

Facility Type	# of Respondents	% of Respondents
Hospital	587	53%
FEC	92	8.3%
Nursing Facility	147	13.3%
HHA	130	11.7%
Other	152	13.7%
Total	**1,108**	**100%**

- More than half of respondents worked the most time in hospitals in the past 12 months (53%).
- 13.3% of respondents worked in nursing facilities, 11.7% worked in home health agencies, and 8.3% worked in FEC facilities.
- 13.7% of respondents worked in other facility types, including clinics, offices, and surgical facilities.

In addition to facility types, nurses were asked about the department, unit, or area in which they worked the most time in the past 12 months (See Appendix A, Table 8).

- 19.7% of respondents indicated working in "other" departments, units or areas; the most common "other" responses included long term care, geriatric, and administration.
- Overall, the most common departments, units, or areas selected aside from "other" were emergency (16.5%), medical/surgical (15.6%) and home care (11.7%).
  - Hospital nurses most frequently selected medical/surgical (23.9%).
  - Most FEC nurses selected emergency (97.8%), and most HHA nurses selected home care (92.3%).
  - The most common response among nursing facility nurses was long term care, which was a free response to the selection of "other" (37.9%).

Table 9 in Appendix A shows the primary professional activities of responding nurses in the 12 months prior to the date of taking the survey.

- The majority of respondents reported providing patient care as their primary professional activity (65.9%).

- 12.8% of nurses reported splitting time equally between two or more professional activities.
- 2.6% of respondents selected "other," which included quality, informatics, and coding.

Prevalence and Frequency of Workplace Violence

Respondents identified which type of violent action most closely reflected the most recent violent action perpetrated against them in the workplace, regardless of how long ago it occurred (Table 10).

Table 10. Most Recent Type of Violent Action Experienced by Nurse by Facility Type (n=1,104)

Facility Type	Threat	Sexual Harassment	Verbal Abuse	Physical Violence	Not applicable - I have not experienced violence in the workplace.
Hospital	14.2%	5.8%	51.9%	12.6%	15.5%
FEC	30.4%	4.3%	47.8%	5.4%	12%
Nursing Facility	19.7%	3.4%	43.5%	17%	16.3%
HHA	14.8%	10.2%	40.6%	6.3%	28.1%
Other	16.6%	8.6%	43.7%	11.9%	19.2%
Total	**16.7%**	**6.3%**	**48%**	**11.8%**	**17.3%**

- Verbal abuse was the most common response (48%).
- Sexual harassment was the least likely violent action type selected by all nurses except HHA nurses; HHA nurses were least likely to select physical violence (6.3%).

Nurses were asked about workplace violence experienced over the past 12 months. Tables 11 through 15 in Appendix A show the frequencies at which nurses experienced four types of violence in the past 12 months by facility type.

- HHA nurses were the least likely to have experienced workplace violence in the past 12 months.
- Nursing facility nurses were the most likely to have experienced threats, verbal abuse, or physical violence compared to other facility types.

Nurses were also asked about workplace violence experienced over the course of their career (Table 16).

Table 16. Frequency of Workplace Violence Types over Course of Career

Violence Type	Never (0 times)	Rarely (1-3 times per year)	Occasionally (4-8 times per year)	Frequently (9 or more times per year)
Threat (n=1,050)	35.9%	32.9%	15.8%	15.4%
Sexual Harassment (n=1,035)	54%	30.1%	9.7%	6.2%
Verbal Abuse (n=1,097)	18.2%	33.1%	21.9%	26.8%
Physical Violence (n=1,048)	50.2%	32.5%	9.6%	7.6%

- Verbal abuse was the most common type of violence nurses experienced over the course of their career (81.8%).
- Roughly half (49.8%) of nurses experienced physical violence over the course of their career.

Perpetrators of Workplace Violence

Tables 17 through 21 in Appendix A show the groups who committed each type of violence against nurses in the past 12 months by facility type.

- Patients were the most commonly reported group to commit violent acts against nurses overall.
- Among HHA nurses, the family or friend of patient group was selected more often than other groups for each type of violence except physical violence.
- Verbal abuse was the most common type of workplace violence act selected for each group.

Table 22 shows which groups have committed workplace violence acts against nurses over the course of their career.

Table 22. Groups Who Committed Types of Violence against Nurses over Course of Career*

Violence Type	Patient	Family or Friend of Patient	Supervisor	Physician	Peer	Other	Threat Not Experienced
Threat (n=1,045)	50.9%	39.6%	14.4%	12.1%	12%	1.5%	33.8%
Sexual Harassment (n=1,000)	32.5%	11.3%	3.5%	13.5%	12.6%	1.8%	52.6%
Verbal Abuse (n=1,096)	61.6%	44.2%	18.3%	34.2%	23%	2.1%	17.4%
Physical Violence (n=1,023)	48.9%	8.1%	0.9%	2.2%	2.1%	0.6%	47.5%

* Respondents could select more than one option, so totals do not add up to 100%.

- Patients were the most commonly reported group to have committed each type of violent act against nurses.
- The "family or friend of patient" group was the second most likely to have committed all types of violence except sexual harassment.

Workplace Violence Outcomes

Nurses were asked to indicate the number of days they were absent from work as a result of the most recent violent event perpetrated against them in the workplace (Appendix A, Table 23).

- Only 9.8% of nurses reported absence as a result of the violent event.
- Nurses working in nursing facilities or other facilities were most likely to miss a day of work or more as a result of the violent event (9.6% and 13% respectively).

Nurses were asked to indicate any changes in their work situation resulting from the most recent violent event (Appendix A, Table 24).

- Overall, most nurses did not experience a change in their work situation resulting from the violent event (76.1%).
- HHA nurses were the most likely to quit their job as a result of the violent event (20%), and hospital nurses were least likely (6.4%).
- Commonly reported "other" changes in the work situation included being terminated, situations in which the perpetrator of violence left the facility, and situations in which the perpetrator was separated from the nurse but still on the premises, such as a patient reassignment.

40.5% of nurses reported the most recent violent event through their organizational-based occurrence or incident reporting system (Appendix B, Figure 1).

- Hospital and FEC nurses were least likely to have reported (38.3% and 39% respectively).
- HHA nurses were most likely to have reported (47.4%).

Nurses who did not report the most recent violent event through their organizational-based occurrence or incident reporting system were asked to select reasons for not reporting (Appendix A, Table 25).

- The most common selection was "do not expect anything to change in the long-term" among all nurses (40%).
- Over half of FEC nurses (56.5%) did not report the violent event because "it is an accepted/expected part of the job," compared to 12.8% of HHA nurses.
- The most common "other" reasons for not reporting included a fear of retaliation, the perpetrator of the violent event was the supervisor or was favored by the supervisor, or the nurse reported the incident another way.

Workplace Violence Prevention Training

Nurses were asked to indicate the types of workplace violence prevention training they had taken in the past 12 months (Table 26).

- The most common type of workplace violence prevention training was workplace violence awareness training (49.3% of respondents).
- Hospital nurses were the most likely to have received workplace violence prevention training in

Table 26. Types of Workplace Violence Prevention Training Taken in Past 12 Months, by Facility Type (n=1,091)

Type of Workplace Violence Prevention Training*	Hospital	FEC	Nursing Facility	HHA	Other
I have not taken any workplace violence prevention training in the past 12 months.	32.2%	46.7%	39.2%	50.4%	41.2%
Workplace violence awareness training	53.2%	44.6%	49%	41.7%	43.9%
Training on techniques for de-escalation	32.5%	25%	29.4%	11.8%	22.3%
Training on specific evasion techniques	15.7%	10.9%	11.9%	7.9%	16.2%
Training on patient containment measures	15.8%	4.3%	12.6%	4.7%	18.2%
Training on assessing potential risk for violent behavior	29.8%	21.7%	32.2%	13.4%	32.4%
Other type of workplace violence prevention training	6.2%	2.2%	5.6%	4.7%	9.5%

* Respondents could select more than one option, so totals do not add up to 100%.

the past 12 months, with 67.8% reporting at least one type of training.

- HHA nurses were the least likely to have had workplace violence prevention training in the past 12 months, with 50.4% reporting no training. Common free responses given for "other" workplace violence prevention training included active shooter scenarios, behavior management, sexual harassment, bullying, and the provision of documents, plans, or policies related to workplace violence.

Ratings of Current Employer Regarding Workplace Violence

Nurses were asked to rate their current place of employment in regards to workplace violence on the organization's level of safety, and the organization's effectiveness at preventing and managing workplace violence (Tables 27 and 28 respectively).

Table 27. Organization's Level of Safety as it Relates to Workplace Violence by Facility Type (n=1,094)

Facility Type	Not at all or slightly safe	Somewhat safe	Very or extremely safe
Hospital	14.8%	32.3%	52.9%
FEC	23.9%	32.6%	43.5%
Nursing Facility	19.6%	34.3%	46.2%
HHA	10.2%	16.5%	73.2%
Other	17.3%	26%	56.7%
Total	**16%**	**29.9%**	**54.1%**

Table 28. Effectiveness of Organization at Preventing and Managing Workplace Violence by Facility Type (n=1,094)

Facility Type	Not at all or slightly effective	Somewhat effective	Very or extremely effective
Hospital	23.4%	28.7%	47.9%
FEC	32.6%	30.4%	37%
Nursing Facility	32.6%	26.4%	41%
HHA	13.4%	13.4%	73.2%
Other	22.8%	27.5%	49.7%
Total	**24.1%**	**26.6%**	**49.3%**

- HHA nurses were the most likely to report their organization as very or extremely safe (73.2%).
- 23.9% of FEC nurses rated their organization as not at all or slightly safe, which was the highest percentage of all facility types.
- HHA nurses were also the most likely to rate their organization as very or extremely effective at preventing and managing workplace violence (73.2%).
- Nearly one-third of FEC nurses (32.6%) and nursing facility nurses (32.6%) rated their organization as not at all or slightly effective compared to 24.1% of nurses overall.

Employer Survey

Facility Characteristics

961 of 2,762 facilities responded to the survey, for a response rate of 34.8% (Table 29).

Table 29. Response Rates by Facility Type

Facility Type	# of Responding Facilities	# of Facilities in Population	Response Rate
Hospital	303	667	45.4%
FEC	39	137	28.5%
Nursing Facility	448	1,202	37.3%
HHA	171	756	22.6%
Total	**961**	**2,762**	**34.8%**

Facilities were asked to rate their organization's level of safety as it related to workplace violence. Table 30 in Appendix A displays the results. The majority of respondents felt their facilities were very safe (63.1% of all facilities).

- Hospitals had the highest percentage of unsafe (6.8% of hospitals) and somewhat safe (40.3% of hospitals) facilities.

Workplace Violence Prevention Programs

Reporting and Tracking

73.4% of facilities responded that their organization has implemented a program or policy that includes prevention of workplace violence against nurses, but this varied by facility type (Appendix A, Table 31).

- Hospitals were most likely to have implemented a workplace violence program (77.8%), while FECs were least likely (57.9%).

These facilities were then asked to select the types of incidents their workplace violence prevention program or policy requires nurses to report (Appendix A, Table 32). Most facilities require nurses to report verbal violence from a patient or visitor (86.3%), verbal violence from staff or health care providers (88.9%), physical violence from a patient or visitor (90.2%), and physical violence from staff or health care providers (89.7%).

- 12.1% of nursing facilities do not require incident reporting.

Facilities were also asked how their workplace violence program or policy addresses reporting of physical assaults to law enforcement (Appendix A, Table 33).

- Home health agencies had the highest percent of facilities whose policies required reporting (59%).
- 23.8% of FECs did not address reporting of physical assault in their policies.

75.1% of facilities tracked incidents of violence against nurses, whether they were incidents of verbal violence (55.8% of facilities), incidents of physical violence (69.6% of facilities), or incidents of physical violence reported to law enforcement (54.6% of facilities) (Appendix A, Table 34).

- Hospitals were most likely to track verbal violence (64.7%) and physical violence (85%).
- FECs were most likely to track incidents of physical violence reported to law enforcement (68.6%).

Facilities that did track incidents of violence against nurses were asked to describe how their organization evaluates tracked data related to those incidents (Appendix A, Table 35). Nearly half of facilities designated an individual, committee, or department to evaluate tracked data (41.4%). 23.8% of facilities used incident reports, logs, or tracking systems. "Other" evaluation methods listed included performing background checks and interviews.

Table 36 in Appendix A shows the types of costs related to workplace violence against nurses that organizations track. 49.1% of facilities do not track costs related to workplace violence against nurses. The most common tracked costs were workers' compensation (34%) and absenteeism, accident, or injury-related leave (28.2%). "Other" listed costs included employee turnover and OSHA tracking logs.

Respondents were asked to describe their most recent experience reporting incidents of workplace violence at their current place of employment (Appendix A, Table 37). 76% of respondents had never reported any incidents of workplace violence at their current place of employment. 17.2% had reported an incident, and management had taken action on that report. 6.2% had reported an incident, and they had been kept informed on the progress of actions taken to address that report. 0.5% had reported an incident, and they had not heard back

regarding that report.

- Respondents in hospitals were most likely to have reported an incident of workplace violence (41.5%), while respondents in FECs were least likely (5.6%).

57.8% of responding facilities offered follow-up support, such as counseling, to nurses who were subjected to verbal or physical violence (Appendix A, Table 38).

- Hospitals were most likely to offer follow-up support (76.8%), and home health agencies were least likely (42.3%).

Program Characteristics

Facilities responded to several questions regarding characteristics of their workplace violence prevention programs. The majority of facilities' policies included workplace violence training (80.9%), assessment of work areas for risk factors (62.9%), required reporting of incidents (82.2%), and investigation of reported incidents (89.7%) (Appendix A, Table 39). "Other" aspects included security systems and cameras.

Table 40 shows the types of workplace violence prevention training provided to nurses by facilities.

- Hospitals were most likely to offer all types of training, followed by nursing facilities.
- "Other" trainings included active shooter training (6 facilities) and use of emergency codes (3 facilities).

Facilities that provided workplace violence training were asked to indicate whether their organization's workplace violence prevention program or policy addresses training of clinical and non-clinical nursing staff (Table 41). Facilities

could choose from four options: training required in all departments/units, training required in specialty areas, voluntary training only, or training unavailable. Most facilities required training in all departments/units.

- Hospitals were the most common facility type requiring training in specialty areas (19.8% for clinical nursing staff and 16.9% for non-clinical).
- All responding FECs required training in all departments for clinical and non-clinical nursing staff.

Facilities were also asked to indicate the refresher training offered to nurses in their organizations (Appendix A,

Table 40. Types of Workplace Violence Prevention Training Provided to Nurses by Facilities (n=777)

Type of Training*	Hospital	FEC	Nursing Facility	HHA
Workplace violence training is not provided	7.5%	37.8%	10.5%	23.6%
Workplace violence awareness training	78.8%	54.1%	74.3%	68.8%
Training on proper techniques for de-escalation	70.5%	29.7%	52.6%	31.3%
Training on specific evasion techniques	50.7%	10.8%	31.3%	22.9%
Training on proper patient containment measures	45.2%	32.4%	36.2%	20.1%
Training on identifying characteristics associated with aggressive and violent behavior	64.4%	21.6%	56.3%	45.1%
Other	8.9%	5.4%	5.6%	6.3%

* Respondents could select more than one option, so totals do not add up to 100%.

Table 41. Staff Types Addressed in Facilities' Workplace Violence Prevention Training Programs (n=590)

Facility Type	Nurse Type	Required in all departments/units	Required only in specialty areas	Voluntary training only
Hospital	Clinical	74.4%	19.8%	5.7%
	Non-Clinical	70.8%	16.9%	12.3%
FEC	Clinical	100.0%	-	-
	Non-Clinical	100.0%	-	-
Nursing Facility	Clinical	96.0%	1.8%	2.2%
	Non-Clinical	95.4%	1.4%	3.2%
HHA	Clinical	95.9%	-	4.1%
	Non-Clinical	90.1%	-	9.9%

Table 42).

- Workplace violence awareness training and training on identifying characteristics associated with aggressive and violent behavior were the most common types of refresher training.
- Hospitals and nursing facilities were more likely to offer refresher training.

Table 43 shows the number and percent of facilities that implemented various strategies to prevent or reduce workplace violence against nurses.

- The majority of facilities offered staff training (64.5%).

Table 43. Workplace Violence Prevention Strategies Used by Facilities

Prevention Strategy*	# of Facilities	% of Facilities
Staff training	620	64.5%
Restricted access	362	37.7%
Exit strategies	296	30.8%
Alarms and monitors (including panic buttons)	273	28.4%
Availability of restraints and policies for use	234	24.3%
Availability of escorts	221	23.0%
Present or rounding security personnel	210	21.9%
Emergency response team	206	21.4%
Personal protective equipment	180	18.7%
Reducing crowding	110	11.4%
Chaperones (visiting in pairs)	104	10.8%
Other	72	7.5%
Metal detectors	26	2.7%

- The next most popular strategies were restricted access (37.7%) and exit strategies (30.8%).
- "Other" strategies included involving law enforcement (6 facilities) and use of emergency codes (3 facilities).

Facilities also described the strategies they implemented that have been most successful in preventing workplace violence against nurses (Appendix A, Table 44).

- The top three most successful strategies were staff

training/education/awareness (37.9%), present or rounding security personnel (8.6%), and restricted access (6.4%).

- The "other" category included strategies such as emergency response teams, exit strategies, and availability of escorts.

Program Evaluation

395 responding facilities (64.9%) periodically evaluated the effectiveness or impact of their workplace violence program or policy (Appendix A, Table 45).

- Home health agencies were most likely to evaluate their policies (78%), while FECs were least likely (52.4%).

These 395 facilities were then asked to indicate the elements of the workplace violence program or policy that are evaluated (Appendix A, Table 46).

- The most commonly evaluated elements were number of violent incidents recorded, the location or unit in which incidents occurred, and the injury severity resulting from incidents.

Other elements included reviewing camera footage and patient diagnoses or medication changes.

- 26.7% of these facilities had changed their program or policy based on these evaluations (Appendix A, Table 47).
- Hospitals were most likely to have changed their programs or policies (42.3%), while FECs centers were least likely (5%).

Facilities with staffing committees were asked if those committees consider incidents of workplace violence in developing and evaluating nurse staffing plans (Appendix A, Table 48).

- The majority of home health agencies, FECs, and nursing facilities do not have nurse staffing committees, but the majority of facilities that did have nurse staffing committees responded that they considered incidents of workplace violence in the development of staffing plans.
- Hospitals were most likely to respond that their facilities had nurse staffing committees, but 40.2% of those committees did not consider incidents of workplace violence in the development of staffing plans.

TCNWS Advisory Committee Recommendations

Based on the findings of the Workplace Violence Against Nurses Survey, the Texas Center for Nursing Workforce Studies Advisory Committee provides the following recommendations.

Recommendation 1: Promote Safer Facilities

While workplace violence was an issue in all facility types, nurses in FECs in particular experienced higher levels of violence and were less likely to report violence or feel safe in the workplace. Nurses in FECs were the most likely to have experienced a threat as the most recent violent action perpetrated against them (30.4% of respondents). 61% of FEC nurses did not report their most recent violent event. Over half of FEC nurses (56.5%) did not report the violent event because "it is an accepted/expected part of the job." 37.8% of FECs did not provide workplace violence training. 23.9% of FEC nurses rated their organization as not at all or slightly safe, which was the highest percentage of all facility types. Nearly one-third of FEC nurses (32.6%) rated their organization as not at all or slightly effective at preventing and managing workplace violence compared to 24.1% of nurses overall.

- Facilities, including FECs, should develop and implement violence prevention plans and work toward establishing a culture of safety.

Recommendation 2: Encourage Nurse Staffing Committees to Consider Incidents of Workplace Violence

Only 38.5% of responding hospitals reported that their staffing committees consider workplace violence in nurse staffing plans. A study conducted in an acute psychiatric ward found that an increase in the use of temporary nursing staff was strongly associated with an increase in violent incidents against nurses.[6]

- Nurse staffing committees should consider incidents of workplace violence when developing and evaluating staffing plans. Adequate staffing is an important factor in determining the quality and safety of the practice environment. Incidents of violence in all forms constitute important information for nurse staffing committee consideration.

- Additionally, nurse staffing should be considered when violent incidents are evaluated.

Recommendation 3: Encourage Reporting of Violent Events

Only 40.5% of responding nurses reported the most recent violent event perpetrated against them through their organizational-based occurrence or incident reporting system, largely because workplace violence was "an accepted/expected part of the job" or they did "not expect anything to change."

- Health care organizations should create and nurture a culture that requires, encourages, and supports the reporting of all kinds of workplace violence through existing incident/occurrence reporting systems.
- Organizations should use data on violent events to evaluate and improve their policies to prevent and address workplace violence. These efforts should be shared with nurses and other clinical staff to validate the value of reporting.
- All health care organizations should require reporting of incidents of violence, track and evaluate such incidents, and use this information to develop and continually improve violence reduction strategies which includes an organization specific workplace violence prevention plan.

Recommendation 4: Establish and Maintain Ongoing Surveillance

Because of the culture of under-reporting workplace violence, facilities should establish and maintain an ongoing surveillance of workplace violence and regularly evaluate preventive measures.

- A series of online surveys collecting data could serve as a tool for continued monitoring, evaluation, and research.
- The results of these surveys should be used for educational program and policy development. These processes would be facility-specific based on location, size, and the incidence of violence.
- Educational programs and policies should include identification of evidence-based methods for fostering a safe work environment and non-punitive reporting culture.

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[6] James DV, Fineberg NA, Shah AK, Priest RG. An increase in violence on an acute psychiatric ward. A study of associated factors. B J Psych. 1990; 156(6): 846-852.

Conclusion

The results of this survey show that workplace violence against nurses is an issue in Texas hospitals, nursing facilities, FECs, and home health agencies. Facilities should continue to establish and maintain workplace violence prevention programs and policies to foster a safer work environment for nurses. Facilities should also facilitate and encourage reporting of violent incidents.

Appendix A: Tables

Table 1. Sample of Nurses

	RNs	LVNs	Unknown	Total
Sampled/Survey Distributed to	**6,037**	**1,722**	**0**	**7,759**
Hospital	4,427	500	0	4,927
FEC	500	500	0	1,000
Nursing Facility	500	648	0	1,148
HHA	610	74	0	684
Returned Mail	**212**	**47**	**0**	**259**
Final Sample Size	**5,825**	**1,675**	**0**	**7,500**
Hospital	4,256	492	0	4,748
FEC	490	482	0	972
Nursing Facility	488	628	0	1,116
HHA	591	73	0	664
Respondents	**899**	**213**	**2**	**1,114**
Hospital	546	41	0	587
FEC	87	5	0	92
Nursing Facility	72	75	0	147
HHA	72	58	0	130
Other	120	32	0	152
Unknown	2	2	2	6

Table 5. Years of Nursing Experience

Nursing Experience	# of Respondents	% of Respondents
2 years or less	11	1%
3 to 5 years	58	5.2%
6 to 10 years	262	23.6%
11 to 20 years	355	32%
21 to 30 years	232	20.9%
More than 30 years	190	17.1%
Total	**1,108**	**100%**

Table 6. Hours per Week Spent Providing Primary Care in the Last Month

Time spent providing primary care	# of Respondents	% of Respondents
Full-time	787	76.3%
Part-time	133	12.9%
No primary care provided	111	10.8%
Total	**1,031**	**100%**

Table 8. Department/Unit/Area in Which Nurses Worked the Most Time in the Last 12 Months

Department/Unit/Area	# of Respondents	% of Respondents
Other	218	19.7%
Emergency	183	16.5%
Medical/surgical	173	15.6%
Home Care	129	11.7%
Operating/recovery room	102	9.2%
Intensive care	96	8.7%
Split time equally between two or more department/units/areas	93	8.4%
Obstetric/Gynecologic	59	5.3%
Psychiatric/Behavioral	24	2.2%
Education/Research	14	1.3%
Family Practice	13	1.2%
Occupational health	2	0.2%
Total	1,106	100%

Table 9. Primary Professional Activities of Respondents in the 12 Months Prior to the Date of Taking the Survey

Primary professional activity	# of Respondents	% of Respondents
Provided patient care	724	65.9%
Split time equally between two or more activities	141	12.8%
Administration	93	8.5%
Supervised patient care	43	3.9%
Case management	35	3.2%
Other	28	2.6%
Teaching	13	1.2%
Insurance/Utilization review	10	0.9%
Telephone triage/health information	10	0.9%
Research	1	0.1%
Total	**1,098**	**100%**

Table 11. Frequency of Workplace Violence Types in Past 12 Months among Hospital Nurses

Violence Type	Never (0 times)	Rarely (1-3 times per year)	Occasionally (4-8 times per year)	Frequently (9 or more times per year)
Threat (n=559)	59.6%	23.1%	8.9%	8.4%
Sexual Harassment (n=552)	74.3%	17.9%	5.4%	2.4%
Verbal Abuse (n=581)	35.3%	29.3%	19.1%	16.4%
Physical Violence (n=549)	73.6%	16.8%	6.4%	3.3%

Table 12. Frequency of Workplace Violence Types in Past 12 Months among FEC Nurses

Violence Type	Never (0 times)	Rarely (1-3 times per year)	Occasionally (4-8 times per year)	Frequently (9 or more times per year)
Threat (n=87)	51.7%	37.9%	6.9%	3.4%
Sexual Harassment (n=86)	74.4%	16.3%	5.8%	3.5%
Verbal Abuse (n=92)	31.5%	37%	27.2%	4.3%
Physical Violence (n=86)	81.4%	18.6%	-	-

Table 13. Frequency of Workplace Violence Types in Past 12 Months among Nursing Facility Nurses

Violence Type	Never (0 times)	Rarely (1-3 times per year)	Occasionally (4-8 times per year)	Frequently (9 or more times per year)
Threat (n=139)	47.5%	23.7%	15.1%	13.7%
Sexual Harassment (n=127)	76.4%	13.4%	9.4%	0.8%
Verbal Abuse (n=143)	29.4%	25.2%	22.4%	23.1%
Physical Violence (n=127)	60.6%	15.7%	15.7%	7.9%

Table 14. Frequency of workplace Violence Types in Past 12 Months among HHA Nurses

Violence Type	Never (0 times)	Rarely (1-3 times per year)	Occasionally (4-8 times per year)	Frequently (9 or more times per year)
Threat (n=125)	77.6%	15.2%	5.6%	1.6%
Sexual Harassment (n=121)	88.4%	9.9%	1.7%	-
Verbal Abuse (n=129)	65.1%	17.8%	10.1%	7%
Physical Violence (n=122)	94.3%	3.3%	1.6%	0.8%

Table 15. Frequency of Workplace Violence Types in Past 12 Months among Nurses in Other Facilities

Violence Type	Never (0 times)	Rarely (1-3 times per year)	Occasionally (4-8 times per year)	Frequently (9 or more times per year)
Threat (n=145)	60%	21.4%	11.7%	6.9%
Sexual Harassment (n=141)	76.6%	17%	4.3%	2.1%
Verbal Abuse (n=146)	37.7%	32.9%	13.7%	15.8%
Physical Violence (n=141)	80.1%	13.5%	3.5%	2.8%

Table 17. Groups Who Committed Types of Violence in Past 12 Months against Hospital Nurses*

Violence Type	Patient	Family or Friend of Patient	Supervisor	Physician	Peer	Other	Threat Not Experienced
Threat (n=555)	33.2%	24.7%	5.2%	4.5%	4.3%	0.2%	55%
Sexual Harassment (n=538)	19.5%	4.5%	1.1%	4.1%	4.8%	.9%	73.4%
Verbal Abuse (n=579)	47.7%	32.5%	6.4%	20.7%	11.9%	0.9%	32.8%
Physical Violence (n=545)	27%	2.9%	-	0.7%	0.4%	0.2%	71.7%

* Respondents could select more than one option, so totals do not add up to 100%.

Table 18. Groups Who Committed Types of Violence in Past 12 Months against FEC Nurses*

Violence Type	Patient	Family or Friend of Patient	Supervisor	Physician	Peer	Other	Threat Not Experienced
Threat (n=89)	41.6%	27%	4.5%	3.4%	-	-	50.6%
Sexual Harassment (n=84)	15.5%	2.4%	1.2%	10.7%	2.4%	-	72.6%
Verbal Abuse (n=92)	54.3%	30.4%	6.5%	14.1%	4.3%	-	33.7%
Physical Violence (n=86)	19.8%	4.7%	-	-	-	-	80.2%

* Respondents could select more than one option, so totals do not add up to 100%.

Table 19. Groups Who Committed Types of Violence in Past 12 Months against Nursing Facility Nurses*

Violence Type	Patient	Family or Friend of Patient	Supervisor	Physician	Peer	Other	Threat Not Experienced
Threat (n=138)	42.8%	22.5%	11.6%	2.2%	10.1%	2.9%	44.9%
Sexual Harassment (n=124)	17.7%	4%	1.6%	-	4.8%	-	76.6%
Verbal Abuse (n=145)	54.5%	24.8%	14.5%	6.9%	17.9%	2.1%	28.3%
Physical Violence (n=126)	38.9%	1.6%	0.8%	-	0.8%	1.6%	57.9%

* Respondents could select more than one option, so totals do not add up to 100%.

Table 20. Groups Who Committed Types of Violence in Past 12 Months against HHA Nurses*

Violence Type	Patient	Family or Friend of Patient	Supervisor	Physician	Peer	Other	Threat Not Experienced
Threat (n=121)	7.4%	10.7%	5.8%	1.7%	3.3%	0.8%	77.7%
Sexual Harassment (n=120)	5%	6.7%	-	-	-	1.7%	89.2%
Verbal Abuse (n=129)	14%	18.6%	6.2%	3.9%	5.4%	1.6%	63.6%
Physical Violence (n=121)	5%	0.8%	-	-	-	-	94.2%

* Respondents could select more than one option, so totals do not add up to 100%.

Table 21. Groups Who Committed Types of Violence in Past 12 Months against Nurses In Other Facilities*

Violence Type	Patient	Family or Friend of Patient	Supervisor	Physician	Peer	Other	Threat Not Experienced
Threat (n=141)	29.8%	17%	3.5%	5%	5%	0.7%	59.6%
Sexual Harassment (n=138)	19.6%	5.8%	1.4%	5.1%	5.1%	1.4%	73.2%
Verbal Abuse (n=145)	44.1%	23.4%	9%	18.6%	15.2%	-	35.9%
Physical Violence (n=138)	20.3%	2.9%	-	0.7%	1.4%	-	76.8%

* Respondents could select more than one option, so totals do not add up to 100%.

Table 23. Number of Days Absent from Work as a Result of Most Recent Violent Event by Facility Type (N=998)

Facility Type	None	Less than 1 day	1 days to less than 3 days	3 days to less than 7 days	7 days to less than 14 days	14 days to less than 1 month	1 month to less than 3 months	3 months or more
Hospital	91.4%	2.2%	2.6%	0.9%	1.1%	0.7%	0.2%	0.7%
FEC	91.8%	1.2%	3.5%	-	1.2%	-	1.2%	1.2%
Nursing Facility	89.6%	0.7%	5.9%	3%	-	-	-	0.7%
HHA	90%	2.7%	2.7%	0.9%	-	1.8%	-	1.8%
Other	84.8%	2.3%	6.1%	3%	-	0.8%	0.8%	2.3%
Overall	**90.2%**	**2%**	**3.6%**	**1.4%**	**0.7%**	**0.7%**	**0.3%**	**1.1%**

Table 24. Changes in Work Situation as a Result of Most Recent Violent Event by Facility Type (N=985)

Type of Change*	Hospital	FEC	Nursing Facility	HHA	Other
No changes	81.2%	74.4%	71.8%	61.9%	72.5%
Quit your job	6.4%	14%	9.9%	20%	13.7%
Voluntary transfer to another location	3.6%	5.8%	4.6%	5.7%	2.3%
Involuntary transfer to another location	0.4%	1.2%	0.8%	-	-
Leave of absence	0.8%	-	-	-	2.3%
Restriction/modification of work activities	3.4%	2.3%	3.8%	5.7%	4.6%
Other	6.8%	5.8%	10.7%	7.6%	9.9%

* Respondents could select more than one option, so totals do not add up to 100%.

Table 25. Reasons Nurses Did Not Report Most Recent Violent Episode through Organizational-Based Occurrence or Incident Reporting System by Facility Type (N=546)

Reason for Not Reporting*	Hospital	FEC	Nursing Facility	HHA	Other
My organization does not have an incident reporting system	2.3%	2.2%	7.2%	10.6%	6.5%
Not sure how to report	8.1%	6.5%	7.2%	14.9%	3.9%
Time constraints	11.4%	8.7%	1.4%	2.1%	6.5%
Process too complicated	10.7%	13%	4.3%	4.3%	7.8%
Lack of follow up/response from management	19.5%	34.8%	33.3%	14.9%	16.9%
Do not expect anything to change in the long-term	39.7%	54.3%	42%	36.2%	32.5%
Fear of lack of support from colleagues	10.7%	4.3%	15.9%	12.8%	15.6%
Fear of being blamed for the episode	12.1%	8.7%	14.5%	19.1%	13%
Too many episodes/too busy to report	14.3%	26.1%	7.2%	6.4%	14.3%
It is an accepted/expected part of the job	34.2%	56.5%	36.2%	12.8%	35.1%
Feel I can manage episode(s) effectively	32.9%	39.1%	15.9%	34%	15.6%
Feel patient was not responsible for their actions or had a diminished responsibility e.g. cognitively impaired, substance abuse, mental health issues, emotional distress	31.3%	30.4%	42%	36.2%	37.7%
Other	12.4%	4.3%	11.6%	17%	10.4%

* Respondents could select more than one option, so totals do not add up to 100%.

Table 30. Perceived Safety of Responding Facilities

Facility Type	Unsafe	Somewhat Safe	Very Safe
Hospital	6.8%	40.3%	52.9%
FEC	2.9%	28.6%	68.6%
Nursing Facility	3.5%	27.0%	69.5%
HHA	4.2%	27.1%	68.8%
Total	**4.8%**	**32.1%**	**63.1%**

Table 31. Percent of Facilities that Have Implemented a Workplace Violence Policy

Facility Type	% of Facilities with a Workplace Violence Policy
Hospital	77.8%
FEC	57.9%
Nursing Facility	72.5%
HHA	70.7%
Total	**73.4%**

Table 32. Types of Violent Incidents Nurses Are Required to Report*

Facility Type	Verbal violence from patient or visitor	Verbal violence from staff or health care provider	Physical violence from patient or visitor	Physical violence from staff or health care provider	Incident reporting is not required
Hospital	89.3%	91.9%	94.9%	93.2%	1.3%
FEC	81.0%	95.2%	95.2%	95.2%	4.8%
Nursing Facility	79.6%	83.8%	82.9%	82.5%	12.1%
HHA	95.4%	92.7%	95.4%	97.2%	0.0%
Total	86.3%	88.9%	90.2%	89.7%	5.5%

* Respondents could select more than one option, so totals do not add up to 100%.

Table 33. How Workplace Violence Policies Address Reporting of Physical Assaults to Law Enforcement

Facility Type	Encouraged	Required	Not addressed in the policy
Hospital	44.3%	33.8%	21.9%
FEC	47.6%	28.6%	23.8%
Nursing Facility	41.7%	48.8%	9.5%
HHA	30.5%	59.0%	10.5%
Total	**40.9%**	**44.1%**	**14.9%**

Table 34. Types of Violence against Nurses Tracked by Facilities

Facility Type	Incidents of verbal violence	Incidents of physical violence	Incidents of physical violence reported to law enforcement
Hospital	64.7%	85.0%	64.3%
FEC	48.6%	77.1%	68.6%
Nursing Facility	45.2%	54.5%	43.2%
HHA	62.0%	69.0%	55.6%
Total	**55.8%**	**69.6%**	**54.6%**

Table 35. How Facilities Evaluate Tracked Workplace Violence Data

Evaluation Strategy	% of Facilities
Designated individual, committee, or department	41.4%
Incident reports, logs, or tracking systems	23.8%
Investigating or following up on incidents	10.4%
Developing plans or taking action in response/intervention	9.5%
Assessing or identifying trends	9.5%
Other	5.5%

Table 36. Workplace Violence Costs Tracked by Organizations

Type of Cost*	Hospital	FEC	Nursing Facility	HHA
My organization does not track costs related to workplace violence against nurses.	37.0%	51.4%	59.3%	52.1%
Workers' compensation	54.7%	37.1%	21.8%	16.9%
Absenteeism, accident or injury-related leave	41.3%	25.7%	20.7%	18.3%
Training or prevention costs	22.8%	20.0%	14.6%	20.4%
Property damage	25.4%	11.4%	7.1%	12.0%
Replacement workers	13.8%	5.7%	8.6%	13.4%
Third party insurance	7.2%	5.7%	15.0%	9.9%
Other	4.0%	8.6%	6.8%	10.6%

* Respondents could select more than one option, so totals do not add up to 100%.

Table 37. Respondents' Experiences Reporting Incidents of Workplace Violence

Experience*	Hospital	FEC	Nursing Facility	HHA	Total
I have not reported any incidents of workplace violence at my current place of employment.	58.5%	94.4%	86.2%	85.2%	76.0%
I have reported an incident(s) of workplace violence at my current place of employment and management has taken action on my report.	30.4%	2.8%	9.5%	10.6%	17.2%
I have reported an incident(s) of workplace violence at my current place of employment and I have been kept informed on the progress of actions taken to address my report.	10.4%	2.8%	3.9%	3.5%	6.2%
I have reported an incident(s) of workplace violence at my current place of employment and I have not heard back regarding my report.	0.7%	0%	0.3%	0.7%	0.5%

* Respondents could select more than one option, so totals do not add up to 100%.

Table 38. Does Organization Offer Follow-up Support to Nurses Who are Subjected to Verbal or Physical Violence

Facility Type	Yes	No	I don't know/I am unsure
Hospital	76.8%	11.6%	11.6%
FEC	33.3%	41.7%	25.0%
Nursing Facility	49.8%	21.9%	28.3%
HHA	42.3%	32.4%	25.4%
Total	57.8%	20.9%	21.4%

Table 39. Components Included in Facilities' Workplace Violence Prevention Policies

Component*	Hospital	FEC	Nursing Facility	HHA	Total
Workplace violence training	85.8%	70.0%	80.5%	73.1%	80.9%
Assessment of work areas for risk factors	74.6%	50.0%	51.1%	65.7%	62.9%
Required reporting of incidents	84.5%	85.0%	77.5%	87.0%	82.2%
Investigation of reported incidents	90.5%	70.0%	89.6%	91.7%	89.7%
Other	3.9%	5.0%	1.7%	1.9%	2.7%

* Respondents could select more than one option, so totals do not add up to 100%.

Table 42. Percent of Facilities Offering Refresher Training to Nurses by Training Type

Type of Training*	Hospital	FEC	Nursing Facility	HHA
Workplace violence awareness training	82.2%	57.6%	81.0%	61.6%
Training on proper techniques for de-escalation	74.0%	42.9%	74.6%	48.3%
Training on specific evasion techniques	65.4%	42.9%	62.8%	45.2%
Training on proper patient containment measures	65.1%	39.3%	68.1%	40.2%
Training on identifying characteristics associated with aggressive and violent behavior	75.0%	46.9%	78.8%	56.7%

* Respondents could select more than one option, so totals do not add up to 100%.

Table 44. Most Successful Workplace Violence Prevention Strategies Used by Facilities

Prevention Strategy*	# of Facilities	% of Facilities
Staff training/education/awareness	266	37.9%
Present or rounding security personnel	60	8.6%
Restricted access	45	6.4%
Law enforcement involvement or availability	36	5.1%
Program or policy in place	35	5.0%
Assessing, limiting, or avoiding risky situations/patients	31	4.4%
Alarms and monitors (including panic buttons)	29	4.1%
Incident reporting/staff communication	29	4.1%
Chaperones (visiting in pairs)	28	4.0%
De-escalation techniques	18	2.6%
Use of emergency codes	16	2.3%
Cameras	15	2.1%
Other	93	13.3%

* Respondents could select more than one option, so totals do not add up to 100%.

Table 45. Does Organization Periodically Evaluate Effectiveness or Impact of Workplace Violence Program or Policy

Facility Type	Yes	No	I don't know/I am unsure
Hospital	70.5%	13.2%	16.2%
FEC	52.4%	14.3%	33.3%
Nursing Facility	54.7%	22.9%	22.4%
HHA	78.0%	11.0%	11.0%
Total	**64.9%**	**16.7%**	**18.4%**

Table 46. Elements of Workplace Violence Programs that Facilities Evaluate

Type of Cost*	Hospital	FEC	Nursing Facility	HHA
Number of violent incidents recorded	89.9%	90.9%	79.8%	90.4%
Location or unit in which incident occurred	87.4%	27.3%	80.6%	75.9%
Injury severity result from incident	76.1%	45.5%	76.0%	73.5%
Time at which incident occurred	81.8%	36.4%	73.6%	69.9%
Nursing procedure being conducted at time of incident	47.8%	27.3%	72.9%	68.7%
Staffing level at time of incident	56.0%	45.5%	62.8%	36.1%
Perpetrator characteristics	37.1%	27.3%	53.5%	42.2%
Costs associated with incidents	57.9%	9.1%	37.2%	24.1%
Other	6.9%	9.1%	7.0%	4.8%

* Respondents could select more than one option, so totals do not add up to 100%.

**Table 47. Has Organization Changed Workplace Violence Program or Policy Based on Periodic Evaluation**

Facility Type	Yes	No	I don't know/I am unsure
Hospital	42.3%	38.7%	19.0%
FEC	5.0%	55.0%	40.0%
Nursing Facility	19.8%	63.4%	16.8%
HHA	14.7%	65.7%	19.6%
Total	**26.7%**	**53.8%**	**19.5%**

Table 48. Does Organization's Staffing Committee Consider Workplace Violence in Nurse Staffing Plans

Facility Type	Yes	No	I don't know/I am unsure	My organization does not have a nurse staffing committee
Hospital	38.5%	40.2%	15.9%	5.4%
FEC	22.2%	2.8%	2.8%	72.2%
Nursing Facility	18.3%	10.3%	10.9%	60.6%
HHA	15.9%	5.5%	8.3%	70.3%
Total	**25.6%**	**20.3%**	**11.9%**	**42.2%**

Appendix B: Figures

Figure 1. Nurses Who Reported Most Recent Violent Incident through the Organization's Reporting System by Facility Type (N=935)

	Hospital	FEMC	Nursing Facility	HHA	Other
■ Yes	38.3%	39.0%	45.6%	47.4%	40.2%
■ No	61.7%	61.0%	54.4%	52.6%	59.8%
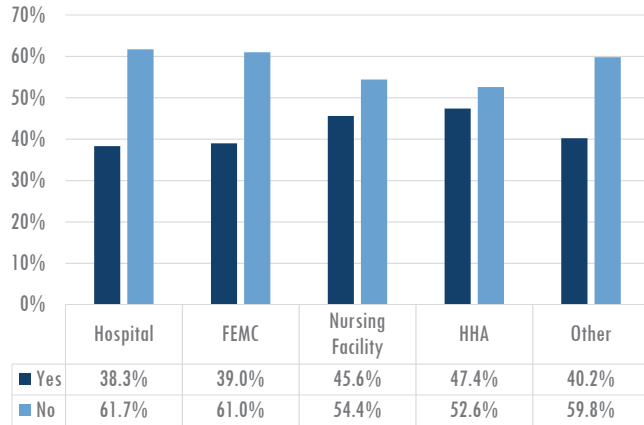
Appendix C: Individual Nurse Survey Instrument
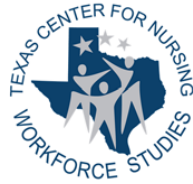
TEXAS
Department of State Health Services
Texas Center For Nursing Workforce Studies
Center For Health Statistics — MC 1898
Department Of State Health Services
P.O. Box 149347
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2016 Workplace Violence Against Nurses Survey

Demographics

> For the purpose of this survey, workplace violence is defined as the intentional use of physical force or emotional abuse, against an employee, that results in physical or emotional injury and consequences. This includes physical assault, threat, sexual harassment, and verbal abuse, which are defined as follows:
>
> **Threat** - the use of words, gestures, or actions with the intent of intimidating, frightening, or harming (physically or otherwise). **Sexual harassment** - any type of unwelcome sexual behavior (words or actions) that creates a hostile work environment. **Verbal abuse** - when another person yells or swears at you, calls you names, or uses other words intended to control or hurt you. **Physical violence -** when you are hit, slapped, kicked, pushed, choked, grabbed, sexually assaulted, or otherwise subjected to physical contact intended to injure or harm you.

1. Please indicate the level of nursing you are currently practicing:
   ○ LVN   ○ RN   ○ APRN

2. What is your gender?
   o   Female
   o   Male

3. How many years of nursing experience do you have? _____

4. In which county do you primarily practice nursing? _____

5. On average, how many hours per week did you spend providing primary care in the last month? _____

6. In which type of facility did you work the most time in the past 12 months? *Check one.*
   o   Hospital – inpatient
   o   Hospital – outpatient
   o   Nursing home/long term care facility
   o   Home health agency
   o   Freestanding emergency medical facility
   o   I split my time equally between two or more types of facilities
   o   Other (please specify): _____

7. In which type of department/unit/area did you work the most time in the past 12 months? *Check one.*

   o   Medical/Surgical
   o   Operating/Recovery Room
   o   Intensive Care
   o   Psychiatric/Behavioral
   o   Obstetric/Gynecologic
   o   Emergency
   o   Home Care

   o   Family Practice
   o   Occupational health
   o   Education/Research
   o   I split my time equally between two or more departments/units/areas
   o   Other (please specify):_____

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8. What was your primary professional activity in the 12 months prior to today's date? *Check one*.

- o Provided patient care
- o Administration
- o Supervised patient care
- o Research
- o Insurance/Utilization review

- o Case management
- o Teaching
- o Telephone triage/health information
- o I split my time equally between two or more activities
- o Other (please specify):_____

9. Please indicate the types of workplace violence prevention training you have taken in the past 12 months. Select all that apply.

- ☐ I have not taken any workplace violence prevention training in the past 12 months.
- ☐ Workplace violence awareness training
- ☐ Training on techniques for de-escalation
- ☐ Training on specific evasion techniques
- ☐ Training on patient containment measures
- ☐ Training on assessing potential risk for violent behavior
- ☐ Other (*Please specify in the box below*)

Questions 10 and 11 are about workplace violence you have experienced over the past 12 months.

10. In the past 12 months, how frequently did you experience these types of workplace violence?

	Never 0 times	Rarely 1-3 times	Occasionally 4-8 times	Frequently 9 or more times
Threat	O	O	O	O
Sexual Harassment	O	O	O	O
Verbal Abuse	O	O	O	O
Physical Violence	O	O	O	O

11. In the past 12 months, please indicate the types of workplace violence committed against you by each of the following groups. Select all that apply.

	Patient	Family or Friend of Patient	Supervisor	Physician	Peer	Other	Not experienced
Threat	☐	☐	☐	☐	☐	☐	☐
Sexual Harassment	☐	☐	☐	☐	☐	☐	☐
Verbal Abuse	☐	☐	☐	☐	☐	☐	☐
Physical Violence	☐	☐	☐	☐	☐	☐	☐

Questions 12-13 are about workplace violence you have experienced over the course of your career.

12. Over the course of your career, how frequently did you experience these types of workplace violence?

	Never 0 times	Rarely 1-3 times per year	Occasionally 4-8 times per year	Frequently 9 or more times per year
Threat	O	O	O	O
Sexual Harassment	O	O	O	O
Verbal Abuse	O	O	O	O
Physical Violence	O	O	O	O

13. Over the course of your career, please indicate the types of workplace violence committed against you by each of the following groups. Select all that apply.

	Patient	Family or Friend of Patient	Supervisor	Physician	Peer	Other	Not experienced
Threat	☐	☐	☐	☐	☐	☐	☐
Sexual Harassment	☐	☐	☐	☐	☐	☐	☐
Verbal Abuse	☐	☐	☐	☐	☐	☐	☐
Physical Violence	☐	☐	☐	☐	☐	☐	☐

Questions 14-18 are about the <u>most recent</u> violent event perpetrated against you in the workplace regardless of how long ago it occurred.

14. Please identify the category that most closely reflects the most recent violent action perpetrated against you in the workplace regardless of how long ago it occurred. Check one.
- o Threat
- o Sexual Harassment
- o Verbal Abuse
- o Physical Violence
- o Not applicable – I have not experienced violence in the workplace. (Skip to Question 19)

15. Please indicate the number of days you were absent from work as a result of this event. Check one.
- o None
- o Less than 1 day
- o 1 day to less than 3 days
- o 3 days to less than 7 days
- o 7 days to less than 14 days
- o 14 days to less than 1 month
- o 1 month to less than 3 months
- o 3 months or more

16. Indicate any changes in your work situation that occurred as a result of this event? Select all that apply.
- ☐ No changes
- ☐ Quit your job
- ☐ Voluntary transfer to another location
- ☐ Involuntary transfer to another location
- ☐ Leave of absence
- ☐ Restriction/modification of work activities
- ☐ Other (please specify in the box below)

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17. Did you report the incident through your organizational-based occurrence or incident reporting system?
- o   Yes (Skip to Question 19)
- o   No

18. If you responded no to question 17, please indicate why you decided not to report this episode. Select all that apply.

- ☐ My organization does not have an incident reporting system
- ☐ Not sure how to report
- ☐ Time constraints
- ☐ Process too complicated
- ☐ Lack of follow up/response from management
- ☐ Do not expect anything to change in the long-term
- ☐ Fear of lack of support from colleagues
- ☐ Fear of being blamed for the episode

- ☐ Too many episodes/too busy to report
- ☐ It is an accepted/expected part of the job
- ☐ Feel I can manage episode(s) effectively
- ☐ Feel patient was not responsible for their actions or had a diminished responsibility e.g. cognitively impaired, substance abuse, mental health issues, emotional distress
- ☐ Other (please specify in the box below)

Question 19 - 20 are about your experience with workplace violence at your current place of employment.

19. How would you rate your organization's level of safety as it relates to workplace violence?
- o   Not at all safe
- o   Slightly safe
- o   Somewhat safe
- o   Very safe
- o   Extremely safe

20. How effective is your organization at preventing and managing workplace violence?
- o   Not at all effective
- o   Slightly effective
- o   Somewhat effective
- o   Very effective
- o   Extremely effective

Additional Comments

Please use this space to make any comments related to workplace violence against nurses.

You have reached the end of the 2016 Workplace Violence Against Nurses Survey.
Please return this survey in the enclosed, self-addressed envelope.
Thank you for your participation.

For questions or concerns contact the TCNWS at 512-776-6723 or TCNWS@dshs.texas.gov   Page **4** of **4**

Appendix D: Employer Survey Instrument

Texas Center for Nursing Workforce Studies
Department of State Health Services

P.O. Box 149347 • Austin, TX 78714-9347 • Phone: 512-776-6723 • www.dshs.state.tx.us/chs/cnws

Welcome to the 2016 Workplace Violence Against Nurses Facility Survey

Purpose: The primary purpose of this survey is to assess practices and strategies used by employers to prevent workplace violence against nurses. The information in this survey will serve as a guide for the development of policy recommendations by the Texas Center for Nursing Workforce Studies Advisory Committee. The information you provide will be instrumental in shaping legislation geared toward preventing workplace violence against nurses in Texas. Your participation in this study is completely voluntary but highly encouraged.

Due Date: The survey deadline has been extended until **June 30th.**

Submission: There are multiple options for submitting this survey:

- Complete the survey online at the link in your email
- Print out and complete a hard copy of this form and send it back to us by:
  - Email: TCNWS@dshs.texas.gov
  - Fax: 512-776-7344
  - Regular Mail by to: P.O. Box 149347, MC 1898, Austin, Texas 78714-9347

Confidentiality Agreement: Your responses are completely confidential. Results from this survey will only be reported in aggregate. Individual facilities will not be identified.

If you have questions at any time about the survey or the procedures, you may contact Pamela Lauer by phone at 512-776-6723 or by email at TCNWS@dshs.state.tx.us.

For the purpose of this survey, workplace violence is defined as the intentional use of physical force or emotional abuse, against an employee, that results in physical or emotional injury and consequences. This includes physical assault, threat, sexual harassment, and verbal abuse.

1. **Please identify the type of facility you represent.**
   - ○ Home health agency
   - ○ Freestanding Emergency Medical Center
   - ○ Hospital
   - ○ Long Term Care

2. **Please provide your contact information for response tracking purposes only.**

Facility Name:	
State License #:	
Physical Address:	
City:	
State:	
Zip Code:	

What is your current title?
- ○ Chief Nursing Officer/Director of Nursing
- ○ Facility Administrator
- ○ Other (Please specify):

3. **Has your organization implemented a program or policy that includes prevention of workplace violence against nurses?**
   - ○ Yes [continue to question 4]
   - ○ No [skip to question 11]

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For assistance, contact the TCNWS at 512-776-6723 or by email at TCNWS@dshs.state.tx.us.

Survey responses are strictly confidential. Individual facilities will not be identified when survey results are reported.

For the purpose of this survey, workplace violence is defined as the intentional use of physical force or emotional abuse, against an employee, that results in physical or emotional injury and consequences. This includes physical assault, threat, sexual harassment, and verbal abuse.

4. **Please indicate the types of incidents this workplace violence prevention program or policy requires nurses to report. Select all that apply.**
   - ☐ Verbal violence from patient or visitor
   - ☐ Verbal violence from staff or health care provider
   - ☐ Physical violence from patient or visitor
   - ☐ Physical violence from staff or health care provider
   - ☐ Incident reporting is not required

5. **Please indicate how this program or policy addresses reporting of physical assaults to law enforcement.**
   - ○ Reporting of physical assaults to law enforcement is encouraged.
   - ○ Reporting of physical assaults to law enforcement is required.
   - ○ Reporting of physical assaults to law enforcement is not addressed in the policy.

6. **Does your organization periodically evaluate the effectiveness or impact of this workplace violence program or policy?**
   - ○ Yes [continue to question 7]
   - ○ No [skip to question 8]
   - ○ I don't know/I am unsure [skip to question 8]

7. **If you answered "Yes" to question 6, please indicate the elements of the workplace violence program or policy that are evaluated. Select all that apply.**
   - ☐ Number of violent incidents recorded
   - ☐ Costs associated with incidents (e.g. worker's compensation)
   - ☐ Injury severity result from incident
   - ☐ Location or unit in which incident occurred
   - ☐ Time at which incident occurred
   - ☐ Perpetrator characteristics
   - ☐ Nursing procedure being conducted at time of incident
   - ☐ Staffing level at time of incident
   - ☐ Other (Please specify):

8. **Has your organization changed its program or policy based on these evaluations?**
   - ○ Yes
   - ○ No
   - ○ I don't know/I am unsure

9. **What is included in your organization's workplace violence prevention program or policy? Select all that apply.**
   - ☐ Workplace violence training
   - ☐ Assessment of work areas for risk factors
   - ☐ Required reporting of incidents
   - ☐ Investigation of reported incidents
   - ☐ Other (Please specify):

10. **Please indicate whether your organization's workplace violence prevention program or policy addresses training of the following staff types. Select all that apply.**

	Clinical nursing staff	Non-clinical nursing staff
Required in all departments/units	○	○
Required in specialty areas (e.g. ED, psych) only	○	○
Voluntary training only	○	○
Training unavailable	○	○

11. **Please indicate the types of workplace violence prevention training provided to nurses in your organization.**
    - ☐ Workplace violence training is not provided.
    - ☐ Workplace violence awareness training
    - ☐ Training on proper techniques for de-escalation
    - ☐ Training on specific evasion techniques
    - ☐ Training on proper patient containment measures
    - ☐ Training on identifying characteristics associated with aggressive and violent behavior
    - ☐ Other (Please specify):

For assistance, contact the TCNWS at 512-776-6723 or by email at TCNWS@dshs.state.tx.us.

Survey responses are strictly confidential. Individual facilities will not be identified when survey results are reported.

For the purpose of this survey, workplace violence is defined as the intentional use of physical force or emotional abuse, against an employee, that results in physical or emotional injury and consequences. This includes physical assault, threat, sexual harassment, and verbal abuse.

12. **Please indicate the refresher training offered to nurses in your organization.**

	Refresher training is a repeat of original training content	Refresher training is a subset of original training content	Refresher training is not offered
Workplace violence awareness training	○	○	○
Training on proper techniques for de-escalation	○	○	○
Training on specific evasion techniques	○	○	○
Training on proper patient containment measures	○	○	○
Training on identifying characteristics associated with aggressive and violent behavior	○	○	○

13. **If your organization has a staffing committee, does it consider incidents of workplace violence in developing and evaluating nurse staffing plans?**
    - ○ Yes
    - ○ No
    - ○ I don't know/I am unsure
    - ○ Not applicable - My organization does not have a nurse staffing committee

14. **Is follow-up support, such as counseling, made available to nurses in your organization who are subjected to verbal or physical violence?**
    - ○ Yes
    - ○ No
    - ○ I don't know/I am unsure

15. **Please indicate whether your organization tracks any of the following types of violence against nurses. Select all that apply.**
    - ☐ Incidents of verbal violence
    - ☐ Incidents of physical violence
    - ☐ Incidents of physical violence reported to law enforcement
    - ☐ My organization does not track incidents of verbal or physical violence

16. **Please describe how your organization evaluates tracked data related to incidents of violence against nurses as indicated in question 15.**

17. **What strategies has your organization implemented to prevent or reduce workplace violence against nurses? Select all that apply.**
    - ☐ Alarms and monitors (including panic buttons)
    - ☐ Staff training
    - ☐ Restricted access
    - ☐ Emergency response team
    - ☐ Present or rounding security personnel
    - ☐ Availability of escorts
    - ☐ Chaperones (visiting in pairs)
    - ☐ Personal protective equipment
    - ☐ Availability of restraints and policies for use
    - ☐ Reducing crowding
    - ☐ Exit strategies
    - ☐ Metal detectors
    - ☐ Other (please specify)

18. **Please describe the strategies implemented in your organization that have been most successful in preventing workplace violence against nurses.**

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Survey responses are strictly confidential. Individual facilities will not be identified when survey results are reported.

For the purpose of this survey, workplace violence is defined as the intentional use of physical force or emotional abuse, against an employee, that results in physical or emotional injury and consequences. This includes physical assault, threat, sexual harassment, and verbal abuse.

19. **Please indicate the types of costs related to workplace violence against nurses your organization tracks. Select all that apply.**

    ☐ My organization does not track costs related to workplace violence against nurses.
    ☐ Workers' compensation
    ☐ Third party insurance
    ☐ Absenteeism, accident or injury-related leave
    ☐ Replacement workers
    ☐ Property damage
    ☐ Training or prevention costs
    ☐ Other (please specify)

    [   ]

The next two questions are about your personal experience at your organization. Responses to all questions in this survey will only be reported in aggregate form. Individual respondents will not be identified.

20. **How would your rate your organization's level of safety as it relate to workplace violence?**

    ○ Not at all safe
    ○ Slightly Safe
    ○ Somewhat safe
    ○ Very safe
    ○ Extremely safe

21. **Please tell us about your most recent experience reporting incidents of workplace violence at your current place of employment.**

    ○ I have not reported any incidents of workplace violence at my current place of employment.
    ○ I have reported an incident(s) of workplace violence at my current place of employment and management has taken action on my report.
    ○ I have reported an incident(s) of workplace violence at my current place of employment and I have been kept informed on the progress of actions taken to address my report.
    ○ I have reported an incident(s) of workplace violence at my current place of employment and I have not heard back regarding my report.

22. **Please use the space below to make any comments related to workplace violence against nurses.**

    [   ]

For assistance, contact the TCNWS at 512-776-6723 or by email at TCNWS@dshs.state.tx.us.

Appendix E: Limitations

Some individual nurse surveys contained errors or inconsistent responses. For example, multiple responses could be marked on questions asking for only one selection. One type of inconsistent response involved selecting a frequency of "never (0 times)" for a violence type in question 10 or question 12, but selecting one or more groups who committed the violence type in the following question instead of "not experienced." The opposite also occurred when respondents selected a frequency of violence greater than "never (0 times)," but indicated in the following question that violence was "not experienced." Some respondents selected "not applicable" for question 14, but answered one or more of questions 15 to 18, which were only applicable if a type of violence had been selected in question 14. Finally, some respondents selected reasons for not reporting the most recent violent incident in question 18 despite indicating in question 17 that the incident had been reported. The counts and percentages in this document include these and other types of inconsistent responses as they were entered in the surveys.