



Background

In the 84th Texas Legislative Session, House Bill 2696 directed the Texas Center for Nursing Workforce Studies (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 TCNWS 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.

The 2018 Workplace Violence Against Nurses Facility Survey was a follow-up to part 1 of the survey conducted in 2016. The results of the 2016 study can be found at <http://www.dshs.texas.gov/legislative/2016-Reports/DSHS-Report-HB2696.pdf>. The purpose of the facility survey is to assess practices and strategies used by employers to prevent workplace violence against nurses.

Methods

Between October 2018 and January 2019, administrators in hospitals, FECs, nursing facilities, and home health agencies were invited to participate in a 26-question survey related to practices and strategies used by their organizations to prevent workplace violence against nurses. Table 1 includes the response rates by setting. Due to low response rates, nursing facilities and home health agencies were excluded from analysis.

Table 1. Response Rates by Facility Type

Facility Type	# of Surveys Submitted Facilities	# of Facilities Represented	# of Facilities in Population	Response Rate
Hospitals	236	240	724	33.1%
FECs	40	69	217	31.8%
Nursing facilities	81	81	1231	6.6%
Home health agencies	24	24	263	9.1%
Total	381	414	2,435	17.0%

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.

Characteristics of Respondents and Non-Respondents

See Appendix A, tables 2-5 for detailed characteristics of respondents and non-respondents.

Hospitals

Analysis found that there was a significant difference between responding hospitals and non-responding hospitals by metropolitan counties. Respondents were less likely to be in metropolitan counties. There was not a significant difference by bed size, public health region, or border counties.

FECs

Analysis found that there was a significant difference between responding and non-responding FECs by public health region. There was not a significant difference by treatment stations, metropolitan counties, or border counties.

Nursing Facilities

Analysis found that there was a significant difference between responding and non-responding nursing facilities by patient beds. There was not a significant difference by public health region, metropolitan counties, or border counties.

Home Health Agencies

Analysis found that there was not a significant difference between responding and non-responding HHAs by client census, public health region, metropolitan counties, or border counties.



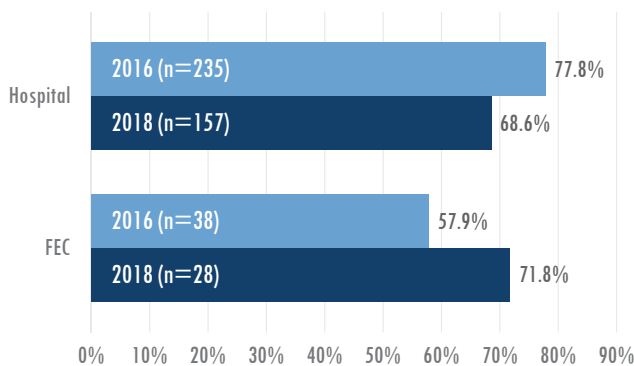
Survey Results

Workplace Violence Prevention Programs

Implementation and Characteristics

157 hospitals and 28 FECs responded that their organizations had implemented a program or policy that includes prevention of workplace violence against nurses (Figure 1).

Figure 1. Percent of Facilities that Have Implemented a Workplace Violence Policy



- The proportion of responding FECs with workplace violence programs or policies increased from 2016 to 2018, while the proportion of hospitals decreased.
- While a smaller percentage of responding hospitals reported that their facility had implemented a workplace violence policy, overall there were fewer respondents in 2018 than in 2016.

Facilities responded to several questions regarding characteristics of their workplace violence prevention programs. The majority of facilities' policies included workplace violence training, assessment of work areas for risk factors, required reporting of incidents, investigation of reported incidents, and screening patients for risk of violence (Table 6). "Other" aspects included security officers and safety buttons.

Reporting and Tracking

These facilities were then asked to select the types of incidents their workplace violence prevention program or policy requires nurses to report (Table 7). Most facilities (over 80%) require nurses to report physical assault, threat, sexual harassment, and verbal abuse from patients, visitors, staff, and health care providers.

Table 6. Components Included in Facilities' Workplace Violence Prevention Policies

Component*	Hospital	FEC
Workplace violence prevention training	89.3%	77.8%
Assessment of work areas for risk factors	77.3%	66.7%
Required reporting of incidents	90.7%	92.6%
Investigation of reported incidents	90.7%	77.8%
Screening patients for risk of violence	52.7%	63.0%
A multi-disciplinary incident response team	51.3%	18.5%
Other	4.7%	11.1%

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

Table 7. Types of Violent Incidents Nurses Are Required to Report*

	Hospital	FEC
Physical assault from patient or visitor	94.3%	92.6%
Physical assault from staff or health care provider	93.6%	92.6%
Threat from staff or health care provider	92.1%	85.2%
Threat from patient or visitor	91.4%	88.9%
Sexual harassment from staff or health care provider	90.7%	88.9%
Sexual harassment from patient or visitor	89.3%	88.9%
Verbal abuse from staff or health care provider	86.4%	74.1%
Verbal abuse from patient or visitor	81.4%	85.2%
Incident reporting is not required	2.9%	3.7%

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

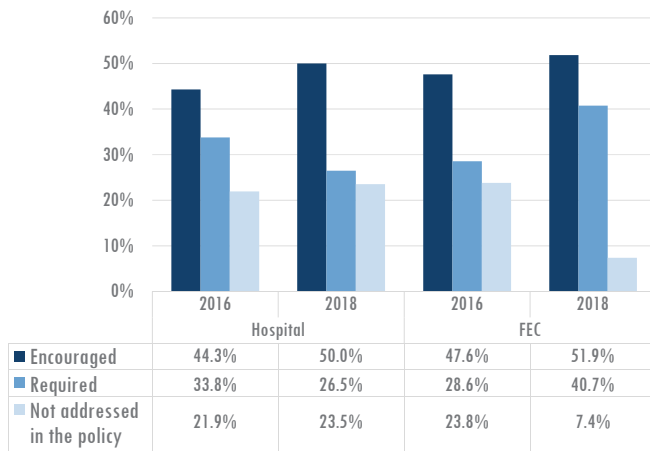
- 2.9% of hospitals and 3.7% of FECs did not require incident reporting.

Facilities were also asked how their workplace violence program or policy addresses reporting of physical assaults to law enforcement (Figure 2).

- The proportion of responding hospitals that required reporting to law enforcement decreased from 2016 to 2018, while the proportion of responding FECs increased.
- 23.5% of hospitals did not address reporting of physical assault in their policies.



Figure 2. How Workplace Violence Policies Address Reporting of Physical Assaults to Law Enforcement



Most facilities tracked incidents of violence against nurses, whether they were incidents of physical violence, sexual harassment, threat, or verbal abuse (Table 8).

Table 8. Types of Violence against Nurses Tracked by Facilities

	Hospital		FEC	
	2016	2018	2016	2018
All incidents of physical assault	85.0%	89.1%	77.1%	89.5%
Only incidents of physical assault reported to law enforcement	N/A*	10.9%	N/A	7.9%
Incidents of threat	N/A	63.5%	N/A	68.4%
Incidents of sexual harassment	N/A	73.0%	N/A	73.7%
Incidents of verbal abuse	64.7%	61.6%	48.6%	68.4%
My organization does not track incidents of workplace violence	11.2%	8.5%	20.0%	10.5%

* Not all answer choices were available on the 2016 version of the survey.

- The proportion of facilities that tracked incidents of physical assault increased in both facility types from 2016 to 2018, while the proportion of facilities that did not track incidents of workplace violence decreased.

Facilities that did track incidents of violence against nurses were asked to describe how their organization evaluates tracked data related to those incidents (Table 9).

- Most facilities reviewed incident reports, logs, or tracking systems on a periodic basis and investigated or followed up on reported incidents.

Table 9. How Facilities Evaluate Tracked Workplace Violence Data

	Hospital	FEC
It is the duty of a designated individual, committee, or department to evaluate data related to incidents of violence against nurses	43.9%	61.3%
Incident reports, logs, or tracking systems are reviewed or analyzed on a periodic basis (quarterly, annually, etc.)	80.9%	87.1%
Investigation or follow up on reported incidents	82.7%	83.9%
Development of plans or actions in response to reported incidents	70.5%	64.5%

- Many facilities also had developed plans or actions in response to reported incidents and designated an individual, committee, or department to evaluate data related to incidents of violence against nurses.

Table 10 shows the types of costs related to workplace violence against nurses that organizations track. 32.8% of responding hospitals and 57.6% of responding FECs did not track costs related to workplace violence against nurses. The most common tracked costs were workers' compensation and absenteeism, accident, or injury-related leave.

Table 10. Workplace Violence Costs Tracked by Organizations

Type of Cost	Hospital	FEC
My organization does not track costs related to workplace violence against nurses.	32.8%	57.6%
Workers' compensation (for an injury related to the workplace violence incident)	61.0%	27.3%
Absenteeism, accident or injury-related leave	50.8%	27.3%
Replacement workers	19.8%	21.2%
Property damage	29.9%	30.3%
Training or prevention costs	23.2%	24.2%
Legal costs	22.6%	24.2%
Costs of hiring additional security personnel	14.1%	9.1%

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

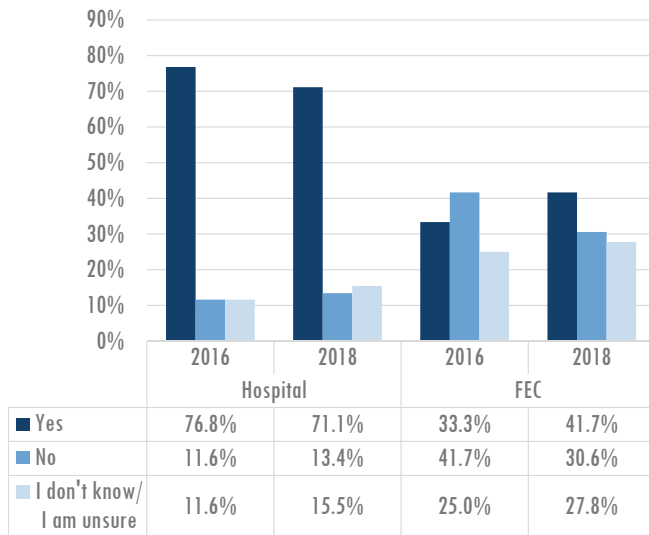
Respondents were asked whether their facilities offered follow-up support, such as counseling, to nurses who were subjected to verbal or physical violence (Figure 3).

- Hospitals were more likely to offer follow-up support (71.1%), although the proportion of FECs offering follow-up support increased from 2016 to 2018.





Figure 3. Does Organization Offer Follow-up Support to Nurses Who are Subjected to Verbal or Physical Violence



Workplace Violence Prevention Training

Table 11 shows the types of workplace violence prevention training provided to clinical nursing staff by facilities.

Table 11. Types of Workplace Violence Prevention Training Provided to Nurses by Facilities

Type of Training*	Hospital	FEC
Workplace violence awareness training	92.0%	100.0%
Training on proper techniques for de-escalation	72.8%	57.1%
Training on specific evasion techniques	56.2%	42.9%
Training on proper patient containment measures	55.6%	50.0%
Training on identifying characteristics associated with aggressive and violent behavior	66.0%	60.7%
Other	3.7%	0.0%

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

- Hospitals were more likely to offer all types of training except workplace violence awareness training, which was offered by all responding FECs compared to 92% of responding hospitals.
- “Other” trainings included active shooter training (4 facilities) and training on environmental awareness (1 facility).

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 12). Facilities could choose from four options: training required in all

Table 12. Nurse Types Addressed in Facilities’ Workplace Violence Prevention Training Programs

Facility Type	Nurse Type	Required in all departments/units	Required only in specialty areas	Voluntary training only	Training Unavailable
Hospital	Clinical	68.6%	25.4%	10.8%	11.9%
	Non-Clinical	67.1%	8.2%	17.7%	13.9%
FEC	Clinical	75.8%	12.1%	9.1%	12.1%
	Non-Clinical	66.7%	4.2%	12.5%	16.7%

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 only requiring training for nurses in specialty areas.
- Facilities also indicated whether their program or policy addresses training of non-nursing staff (Appendix A, Table 13).

Facilities were asked to indicate the initial and refresher trainings offered to nurses in their organizations (Table 14).

Table 14. Percent of Facilities Offering Initial and Refresher Training to Nurses by Training Type

Type of Training*	Initial Training		Refresher Training	
	Hospital	FEC	Hospital	FEC
Workplace violence awareness training	92.0%	100%	87.2%	85.7%
Training on proper techniques for de-escalation	72.8%	57.1%	87.2%	84.2%
Training on specific evasion techniques	56.2%	42.9%	83.3%	78.6%
Training on proper patient containment measures	55.6%	50.0%	83.5%	80.0%
Training on identifying characteristics associated with aggressive and violent behavior	66.0%	60.7%	85.8%	84.2%

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

- Workplace violence awareness training and training on proper techniques for de-escalation were the most common initial and refresher trainings offered.





Prevention Strategies

Table 15 shows the number and percent of facilities that implemented various strategies to prevent or reduce workplace violence against nurses.

Table 15. Workplace Violence Prevention Strategies Used by Facilities

Prevention Strategy*	Hospital		FEC	
	2016	2018	2016	2018
Staff training	80.2%	80.1%	53.8%	72.2%
Restricted access	69.3%	72.8%	66.7%	72.2%
Alarms and monitors (including panic buttons)	58.1%	67.0%	64.1%	77.8%
Use of emergency codes	N/A †	72.8%	N/A	38.9%
Involving law enforcement	N/A	62.3%	N/A	75.0%
Availability of restraints and policies for use	62.4%	50.8%	48.7%	52.8%
Exit strategies	47.9%	50.3%	43.6%	55.6%
Static or rounding security personnel	57.4%	45.0%	10.3%	22.2%
Emergency response team	49.2%	40.8%	0.0%	11.1%
Personal protective equipment	27.7%	34.0%	28.2%	44.4%
Use of screening tool for patients at risk for violence	N/A	29.8%	N/A	52.8%
A multi-disciplinary response team	N/A	36.1%	N/A	16.7%
Availability of escorts	44.6%	33.0%	12.8%	22.2%
Reducing crowding in clinical environment	25.1%	26.7%	15.4%	44.4%
Chaperones (visiting in pairs)	11.9%	13.1%	7.7%	11.1%
Metal detectors	8.3%	8.4%	0.0%	0%
Other	6.3%	3.7%	10.3%	5.6%

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

† Not all answer choices were available on the 2016 version of the survey.

- The majority of facilities offered staff training.
- The next most popular strategies were restricted access and involving law enforcement.
- The use of all prevention strategies increased in responding FECs from 2016 to 2018.

Facilities also selected the strategies they implemented that have been most successful in preventing workplace violence against nurses (Table 16).

Table 16. Most Successful Workplace Violence Prevention Strategies Used by Facilities

Prevention Strategy*	Hospital	FEC
Staff training	29.7%	22.9%
Involving law enforcement	12.6%	31.4%
Restricted access	13.7%	5.7%
Alarms and monitors (including panic buttons)	7.1%	22.9%
Static or rounding security personnel	9.3%	8.6%
Use of emergency codes	9.9%	0%
A multi-disciplinary response team	7.1%	0%
Emergency response team	2.2%	2.9%
Exit strategies	2.7%	0%
Personal protective equipment	1.6%	2.9%
Availability of restraints and policies for use	1.6%	2.9%
Chaperones (visiting in pairs)	1.1%	2.9%
Use of screening tool for patients at risk for violence	1.1%	0%
Availability of escorts	0.5%	0%
Reducing crowding in clinical environment	0.5%	0%
Metal detectors	0.5%	0%

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

- The top three most successful strategies were staff training, involving law enforcement, and restricted access.

266 responding facilities (94.0%) periodically evaluated the effectiveness or impact of their workplace violence program or policy (Table 17).

- The majority of policies were evaluated every year.

Table 17. How Often Organization Evaluates Effectiveness or Impact of Workplace Violence Program or Policy

Frequency of Evaluation	Hospital	FEC
Every year	52.0%	74.1%
Every 2 years	11.2%	3.7%
Every 3 years	5.9%	0%
Does not evaluate	4.6%	11.1%
I don't know/I am unsure	17.8%	0%





These 266 facilities were then asked to indicate the elements of the workplace violence program or policy that are evaluated for effectiveness or impact (Table 18).

Table 18. Elements of Workplace Violence Programs that Facilities Evaluate

Program Element*	Hospital	FEC
Workplace violence prevention training	89.8%	73.9%
Required reporting of incidents	88.1%	91.3%
Investigation of reported incidents	87.3%	60.9%
Assessment of work areas for risk factors	78.0%	69.6%
Screening patients for risk of violence	50.0%	69.6%
A multi-disciplinary incident response team	49.2%	21.7%
Other	5.1%	4.3%

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

- The most commonly evaluated elements were required reporting of incidents, investigation of reported incidents, and workplace violence prevention training.
- Other elements included reviewing security risks and frequency of incidents.

Many of these facilities had changed their program or policy based on these evaluations (Table 19).

Table 19. Has Organization Changed Workplace Violence Program or Policy Based on Periodic Evaluation

Facility Type	Yes	No	I don't know/I am unsure
Hospital	48.5%	29.4%	22.1%
FEC	25.0%	70.8%	4.2%

- Hospitals were more likely to have changed their programs or policies.

Facilities with staffing committees were asked if those committees consider incidents of workplace violence in developing and evaluating nurse staffing plans (Table 20).

- Hospitals were more likely to respond that their facilities had nurse staffing committees, but 49.5% of those committees did not consider incidents of workplace violence in the development of staffing plans.
- The majority of FECs do not have nurse staffing committees.

Table 20. 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	37.6%	49.5%	8.2%	4.6%
FEC	8.3%	0%	2.8%	88.9%

Respondents' Personal Experience

The survey also included two questions directed at the respondents personal experience and perception of safety of their organization. Respondents were asked to rate their organization's level of safety as it related to workplace violence. Table 21 displays the results.

Table 21. Perceived Safety of Responding Facilities

Facility Type	Unsafe	Somewhat Safe	Very Safe
Hospital	7.9%	44.1%	48.0%
FEC	2.9%	17.6%	79.4%

- Hospitals had the highest percentage of somewhat safe facilities (44.1% of hospitals).
- FECs had the highest percentage of very safe facilities (79.4% of FECs).

Respondents were asked to describe their most recent experience reporting incidents of workplace violence at their current place of employment (Table 22). This question is specific to the person completing the survey and may not necessarily be a nurse. Surveys were sent to the Chief Nursing Officers, Directors of Nursing, or Administrators of all the licensed facilities surveyed.

Table 22. Respondents' Experiences Reporting Incidents of Workplace Violence

Experience*	Hospital	FEC
I have not reported any incidents of workplace violence at my current place of employment.	85.7%	65.3%
I have reported an incident(s) of workplace violence at my current place of employment and management has taken action on my report.	14.3%	23.2%
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.	0.0%	10.5%
I have reported an incident(s) of workplace violence at my current place of employment and I have not heard back regarding my report.	0.0%	1.1%

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





Limitations

Response rates for the 2018 facility survey varied by employer type. Response rates for nursing facilities and home health agencies were under 10% so data for those facility types were not included in the 2018 report. Response rates for FECs were comparable between 2016 (28.5%) and 2018 (31.8%). Among hospitals, response rates were considerably different between 2016 (45.4%) and 2018 (33.1%) leading to some inconsistent results. For example, Figure 1 on page 2 indicates that a smaller percentage of hospitals have implemented a workplace violence prevention program or policy. A larger proportion of a greater number of hospitals indicated that their facility had implemented such a program in 2016.

Conclusions

33.1% of hospitals and 31.8% of FECs responded to the 2018 Workplace Violence Against Nurses Facility Survey. Approximately 70% of responding facilities have implemented a workplace violence prevention program or policy. The vast majority of workplace violence prevention programs or policies include required reporting of incidents (91% of hospitals, 93% of FECs), investigation of reported incidents (91% of hospitals, 78% of FECs), and prevention training (90% of hospitals, 78% of FECs).

Workplace violence awareness training was the most common type of training provided by hospitals and FECs. Facilities also identified workplace violence awareness training as the most effective strategy in preventing workplace violence against nurses. More than two-thirds of responding hospitals and FECs indicated that such training was required in all departments/units for their clinical and non-clinical nursing staff.

The purpose of this survey is to assess practices and strategies used by employers to prevent workplace violence against nurses. Continued study of this topic will help policymakers better understand what efforts exist in preventing workplace violence against nurses and also help identify best practices as well as gaps in implementation of such programs. In the future, improved response rates are critical for having high quality and reliable data to help inform recommendations and policy.



TCNWS Advisory Committee Recommendations

Based on the findings of the 2018 Workplace Violence Against Nurses Survey Employer Survey and the 2016 Workplace Violence Against Nurses Individual Nurse Survey, the Texas Center for Nursing Workforce Studies Advisory Committee provides the following recommendations.

Recommendation 1: Create a Culture of Safety for All Nurses

According to the results of the 2016 Workplace Violence Against Nurses Individual Nurse Survey, 83% of nurses had experienced some type of workplace violence. At some point over the course of their career, 82% of nurses in hospitals, FECs, nursing facilities, and home health agencies had experienced verbal abuse, 64% had experienced threats, 50% had experienced physical violence, and 46% had experienced sexual assault in the workplace. 60% of nurses did not report their most recent violent event through their organization's incident-based reporting system. Approximately half of nurses rated their organization as very or extremely safe and only half felt that their current organization was effective at preventing and managing workplace violence.

- While more than two-thirds of FEC and hospital respondents indicated that their organization had implemented a workplace violence prevention policy, all employers of nurses 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 in their Work

Only 37.6% of 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,¹ and anecdotal evidence suggests that this may apply to other healthcare settings as well.

- Hospital 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

While more than 90% of respondents indicated that their organizations workplace violence prevention program or policy included required reporting of incidents, only 40.5% of responding nurses in the 2016 Workplace Violence Against Nurses Individual Nurse Survey had 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 healthcare 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.

¹ 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.



- 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. For example, including proactive methods such as screening patients for risk of violent behavior and implementing and encouraging continuous education and training for staff.



Appendix A: Tables

Table 2. Characteristics of Responding and Non-Responding Home Health Agencies

Characteristics	% Respondents (n=414, 17.0%)	% Non- Respondents (n=2021, 83.0%)	χ^2	p
Client Census			1.587	0.662
0-1500	41.7%	44.4%		
1501-2000	25.0%	28.0%		
2001-2500	16.7%	8.8%		
2501+	16.7%	18.8%		
Public Health Region			4.839	0.680
Panhandle	0.0%	4.6%		
Rio Grande Valley	4.2%	7.9%		
North Texas	25.0%	26.4%		
East Texas	4.2%	8.4%		
Gulf Coast	29.2%	19.7%		
Central Texas	8.3%	12.6%		
South Texas	16.7%	14.6%		
West Texas	12.5%	5.9%		
Metropolitan Status			0.444	0.505
Metropolitan	95.8%	92.1%		
Non-Metropolitan	4.2%	7.9%		
Border Status			0.605	0.437
Border	16.7%	11.3%		
Non-Border	83.3%	88.7%		

Table 3. Characteristics of Responding and Non-Responding FECs

Characteristics	% Respondents (n=69, 31.8%)	% Non- Respondents (n=148, 68.2%)	χ^2	p
Treatment Stations			10.242	0.037
1-2	1.4%	2.7%		
3-4	1.4%	0.0%		
5-6	27.5%	12.8%		
7-8	44.9%	60.1%		
9+	24.6%	24.3%		
Public Health Region			12.35	0.090
Panhandle	2.9%	3.4%		
Rio Grande Valley	7.2%	9.5%		
North Texas	34.8%	14.9%		
East Texas	4.3%	6.1%		
Gulf Coast	23.2%	30.4%		
Central Texas	10.1%	17.6%		
South Texas	14.5%	13.5%		
West Texas	2.9%	4.7%		
Metropolitan Status			0.408	0.523
Metropolitan	95.7%	97.3%		
Non-Metropolitan	4.3%	2.7%		
Border Status			3.705	0.054
Border	1.4%	8.1%		
Non-Border	98.6%	91.9%		





Table 4. Characteristics of Responding and Non-Responding Long Term Care Facilities

Characteristics	% Respondents (n=81, 6.6%)	% Non-Respondents (n=1150, 93.4%)	χ^2	p
Patient Beds			17.711	0.001
<51	9.9%	3.5%		
51-100	40.7%	30.5%		
101-150	37.0%	55.3%		
151-200	7.4%	8.5%		
201+	4.9%	2.2%		
Public Health Region			2.866	0.897
Panhandle	7.4%	5.7%		
Rio Grande Valley	7.4%	6.1%		
North Texas	28.4%	28.8%		
East Texas	13.6%	11.9%		
Gulf Coast	14.8%	16.4%		
Central Texas	14.8%	13.7%		
South Texas	7.4%	12.5%		
West Texas	6.2%	4.9%		
Metropolitan Status			0.038	0.845
Metropolitan	72.8%	71.8%		
Non-Metropolitan	27.2%	28.2%		
Border Status			0.004	0.950
Border	6.2%	6.3%		
Non-Border	93.8%	93.7%		

Table 5. Characteristics of Responding and Non-Responding Hospitals

Characteristics	% Respondents (n=238, 33.4%)	% Non-Respondents (n=474, 66.6%)	χ^2	p
Patient Beds			7.708	0.103
<50	47.1%	43.0%		
50-99	16.0%	24.5%		
100-299	23.1%	21.5%		
300-499	10.1%	7.2%		
500+	3.8%	3.8%		
Public Health Region			11.961	0.102
Panhandle	9.2%	4.3%		
Rio Grande Valley	6.3%	7.0%		
North Texas	32.1%	27.7%		
East Texas	6.7%	7.4%		
Gulf Coast	17.5%	24.2%		
Central Texas	10.0%	12.2%		
South Texas	11.3%	9.7%		
West Texas	7.1%	7.4%		
Metropolitan Status			32.523	<0.001
Metropolitan	67.1%	85.3%		
Non-Metropolitan	32.9%	14.7%		
Border Status			0.987	0.321
Border	9.6%	7.4%		
Non-Border	90.4%	92.6%		

Table 13. Other Staff Types Addressed in Facilities' Workplace Violence Prevention Training Programs

Facility Type	Staff Type	Required in all departments/ units	Required only in specialty areas	Voluntary training only	Training Unavailable
Hospital	Clinical	56.6%	13.1%	22.1%	16.6%
	Non-Clinical	64.5%	8.4%	19.4%	13.5%
FEC	Clinical	60.7%	14.3%	10.7%	25.0%
	Non-Clinical	67.7%	12.9%	12.9%	16.1%





Appendix B: Survey Instrument



TEXAS
Health and Human
Services

Texas Center for Nursing
Workforce Studies

Welcome to the 2018 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 is **January 18, 2019**.

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: 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](tel:512-776-6723) or by email at TCNWS@dshs.texas.gov

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
- Other (please specify):

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

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

3. What is your current title?

- Chief Nursing Officer/Director of Nursing
- Facility Administrator
- Other (Please specify):

4. Has your organization implemented a program or policy that includes prevention of workplace violence against nurses?

- Yes [continue to question 5]
- No [skip to question 11]





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5. 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
- Screening patients for risk of violence
- A multi-disciplinary incident response team
- Other (please specify):

6. How frequently does your organization evaluate the effectiveness or impact of this workplace violence prevention program or policy?

- Every year
- Every 2 years
- Every 3 years
- Other (please specify):

- My organization does not evaluate the effectiveness or impact of this workplace violence prevention program or policy [skip to question 9]
- I don't know/I am unsure

7. Please indicate the elements of the workplace violence prevention program or policy that are evaluated for effectiveness or impact. Select all that apply.

- Workplace violence prevention training
- Assessment of work areas for risk factors
- Required reporting of incidents
- Investigation of reported incidents
- Screening patients for risk of violence
- A multi-disciplinary incident response team
- 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. Please indicate the types of incidents the workplace violence prevention program or policy requires nurses to report. Select all that apply.

- Physical assault from patient or visitor
- Physical assault from staff or health care provider
- Threat from patient or visitor
- Threat from staff or health care provider
- Sexual harassment from patient or visitor
- Sexual harassment from staff or health care provider
- Verbal abuse from patient or visitor
- Verbal abuse from staff or health care provider
- Incident reporting is not required

10. Please indicate how the 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.

11. Please indicate whether your organization tracks any of the following types of violence against nurses. Select all that apply.

- All incidents of physical assault
- Only incidents of physical assault reported to law enforcement
- Incidents of threat
- Incidents of sexual harassment
- Incidents of verbal abuse
- My organization does not track incidents of workplace violence [skip to question 13]

12. Please indicate how your organization evaluates tracked data related to incidents of violence against nurses as indicated in question 11. Select all that apply.

- It is the duty of a designated individual, committee, or department to evaluate data related to incidents of violence against nurses
- Incident reports, logs, or tracking systems are reviewed or analyzed on a periodic basis (quarterly, annually, etc.)
- Investigation or follow up on reported incidents
- Development of plans or actions in response to reported incidents
- Other (please specify):





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13. Please indicate the elements of reported incidents that are evaluated. Select all that apply.

- Number of violent incidents reported
- Costs associated with incidents (e.g. worker's compensation)
- Physical injury severity resulting from incidents (e.g. whether the victims received emergency care)
- Emotional injury severity resulting from incidents (e.g. need for counseling or emotional/psychological follow-up)
- Location or unit in which incidents occurred
- Time at which incidents occurred
- Perpetrator characteristics
- Nursing procedures being conducted at time of incidents
- Staffing levels at time of incidents
- Whether victims completed workplace violence prevention training prior to incidents
- Involvement of security personnel or law enforcement in incidents
- Other (please specify):

14. 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 (for an injury related to the workplace violence incident)
- Absenteeism, accident or injury-related leave
- Replacement workers
- Property damage
- Training or prevention costs
- Legal costs
- Costs of hiring additional security personnel
- Other (please specify):

15. 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 (e.g. APRNs, RNs, VNs, CNAs)	Other Clinical Staff (e.g. physicians, allied health professionals)	Non-Clinical Nursing Staff (Quality Improvement RNs, Case managers, clinical educators, informaticists)	Other Non-Clinical Staff (e.g. non-nursing administrators, clerical staff, janitorial staff)
Required in all departments/units	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Required in specialty areas only (e.g. ED, psych)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Voluntary training only	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Training unavailable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>





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16. Please fill out the table below regarding the types of workplace violence prevention training your organization requires for clinical nursing staff.

	Types of training required for nurses	How long is the <u>initial</u> training?	When is the <u>initial</u> training offered?
Workplace violence awareness training	<input type="checkbox"/>	<input type="radio"/> Less than 4 hours <input type="radio"/> 4 to 8 hours <input type="radio"/> More than 8 hours	<input type="radio"/> At time of hire <input type="radio"/> At periodic intervals as needed
Training on proper techniques for de-escalation	<input type="checkbox"/>	<input type="radio"/> Less than 4 hours <input type="radio"/> 4 to 8 hours <input type="radio"/> More than 8 hours	<input type="radio"/> At time of hire <input type="radio"/> At periodic intervals as needed
Training on specific evasion techniques	<input type="checkbox"/>	<input type="radio"/> Less than 4 hours <input type="radio"/> 4 to 8 hours <input type="radio"/> More than 8 hours	<input type="radio"/> At time of hire <input type="radio"/> At periodic intervals as needed
Training on proper patient containment measures	<input type="checkbox"/>	<input type="radio"/> Less than 4 hours <input type="radio"/> 4 to 8 hours <input type="radio"/> More than 8 hours	<input type="radio"/> At time of hire <input type="radio"/> At periodic intervals as needed
Training on identifying characteristics associated with aggressive and violent behavior	<input type="checkbox"/>	<input type="radio"/> Less than 4 hours <input type="radio"/> 4 to 8 hours <input type="radio"/> More than 8 hours	<input type="radio"/> At time of hire <input type="radio"/> At periodic intervals as needed
Other (Please specify):	<input type="checkbox"/>	<input type="radio"/> Less than 4 hours <input type="radio"/> 4 to 8 hours <input type="radio"/> More than 8 hours	<input type="radio"/> At time of hire <input type="radio"/> At periodic intervals as needed





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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.

17. Please indicate the refresher training offered to clinical nursing staff in your organization.

	<u>Refresher</u> training is a repeat of original training content	<u>Refresher</u> training is a subset of original training content	<u>Refresher</u> training is not offered	How often do you require nurses to take this <u>refresher</u> training?
Workplace violence awareness training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/> Less than once per year <input type="radio"/> Once per year <input type="radio"/> More than once per year <input type="radio"/> It is available but not required
Training on proper techniques for de-escalation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/> Less than once per year <input type="radio"/> Once per year <input type="radio"/> More than once per year <input type="radio"/> It is available but not required
Training on specific evasion techniques	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/> Less than once per year <input type="radio"/> Once per year <input type="radio"/> More than once per year <input type="radio"/> It is available but not required
Training on proper patient containment measures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/> Less than once per year <input type="radio"/> Once per year <input type="radio"/> More than once per year <input type="radio"/> It is available but not required
Training on identifying characteristics associated with aggressive and violent behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/> Less than once per year <input type="radio"/> Once per year <input type="radio"/> More than once per year <input type="radio"/> It is available but not required
Other (Please specify):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/> Less than once per year <input type="radio"/> Once per year <input type="radio"/> More than once per year <input type="radio"/> It is available but not required

18. 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

19. Is follow-up support, such as counseling, made available to nurses in your organization who are subjected to workplace violence?

- Yes
- No
- I don't know/I am unsure

20. If you answered "Yes" to question 19, please describe the types of support made available.





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

21. 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
- Static or rounding security personnel
- Availability of escorts
- Chaparones (visiting in pairs)
- Personal protective equipment
- Availability of restraints and policies for use
- Reducing crowding in clinical environment
- Exit strategies
- Metal detectors
- Use of screening tool for patients at risk for violence
- Involving law enforcement
- Use of emergency codes
- A multi-disciplinary response team
- Other (Please specify):

22. Which of the strategies implemented in your organization has been most successful in preventing workplace violence against nurses? Select only one option.

- Alarms and monitors (including panic buttons)
- Staff training
- Restricted access
- Emergency response team
- Static or rounding security personnel
- Availability of escorts
- Chaparones (visiting in pairs)
- Personal protective equipment
- Availability of restraints and policies for use
- Reducing crowding in clinical environment
- Exit strategies
- Metal detectors
- Use of screening tool for patients at risk for violence
- Involving law enforcement
- Use of emergency codes
- A multi-disciplinary response team
- 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.

23. How would you rate your organization's level of safety as it relates to workplace violence?

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

24. 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 in the past year.
- I have reported an incident(s) of workplace violence in the past year at my current place of employment and management has taken action on my report.
- I have reported an incident(s) of workplace violence in the past year 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 in the past year at my current place of employment and I have not heard back regarding my report.

25. Please use the space below to describe the impact at your organization, if any, of elevating assault on emergency room staff to a felony offense.

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

