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 (NFs), and home health agencies (HHAs).[1] 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 2022 Texas Workplace Violence Against Nurses Employer Survey was a follow-up to parts 1 and 2 of the survey conducted in 2016 and 2018. In 2022, the workplace violence facility survey was implemented as part of the Nurse Staffing Studies for hospitals, nursing facilities, and home health agencies conducted biennially by the TCNWS. As a result, FECs were not surveyed on their workplace violence prevention policies during this survey cycle. The results of prior studies can be found at https://dshs.texas.gov/chs/cnws/workplace-violence-reports.aspx. The purpose of the facility survey is to assess practices and strategies used by employers to prevent workplace violence against nurses. It is important to note that the COVID-19 pandemic impacted healthcare facilities in many ways that in turn impacted the incidences of workplace violence.

[1] As defined in the Texas health and safety code; a hospital means a general or special hospital (Chapter 241), a private mental hospital licensed (Chapter 577), or a hospital that is maintained or operated by this state or an agency of this state. A freestanding emergency medical care facility means a facility, structurally separate and distinct from a hospital, that receives an individual and provides emergency care (Chapter 254). A nursing facility means an institution or facility that is licensed as a nursing home, nursing facility, or skilled nursing facility by the department (Chapter 242). A home health agency means a person who provides home health, hospice, habilitation, or personal assistance services for pay or other consideration in a client's residence, an independent living environment, or another appropriate location (Chapter 142).

Facility Response Rates

From April to July of 2022, administrators in hospitals, nursing facilities, and home health agencies were were invited to participate in the 2022 Nurse Staffing Studies which included a section on Workplace Violence that asked about the practices and strategies used by their organizations to prevent workplace violence against nurses. Table 1 includes the response rates by setting.

Table 1. Response Rates by Facility Type

Facility Type	# of Facilities' Submitted Surveys	# of Facilities in Population	Response Rate
Hospitals	328	657	49.9%
Nursing facilities	320	1,201	26.6%
Home health agencies	83	269	30.9%
Total	731	2,127	34.4%

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 2-4 for detailed characteristics of respondents and non-respondents.

Hospitals

Analysis found that responding hospitals were representative of all Texas hospitals by geographic designation and region, but not by bed size.

Nursing Facilities

Analysis found that responding nursing facilities were representative of all Texas long term care facilities by public health region, geographic designation, and bed size.

Home Health Agencies

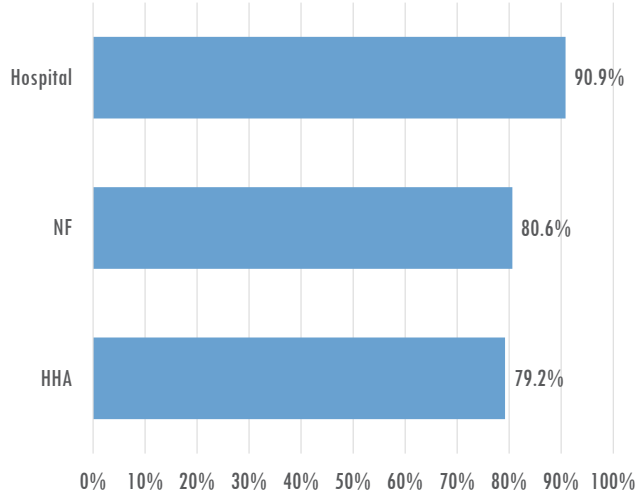
Analysis found that responding home health agencies were representative of Texas home health agencies by geographic designation.

Implementation and Characteristics

298 hospitals, 258 nursing facilities, and 61 home health agencies responded that their organizations had implemented a program or policy that includes prevention of workplace violence against nurses (Figure 1).

- The percent of responding hospitals indicating they have implemented a workplace violence prevention policy has increased from 77.8% to 90.9% since 2018.

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



Facilities responded to several questions regarding characteristics of their workplace violence prevention programs. The most common components of facilities' policies included workplace violence prevention training, tracking of incidents and analysis of data, assessment of work areas for risk factors, and investigation of reported incidents (Table 5). "Other" aspects included adding security officers and safety buttons.

- The components selected in 2022 are consistent with previous results from 2018.

Table 6 shows the percentage of facilities that had revised elements of their workplace violence prevention programs or policies as a result of an evaluation of internal data. Workplace violence prevention training and investigation of reported incidents were the most commonly revised policies among both hospitals and nursing facilities.

Table 5. Components Included in Facilities' Workplace Violence Prevention Policies

Component*	Hospital	NF	HHA
Investigation of reported incidents	90.9%	75.9%	76.6%
Required reporting of incidents	90.2%	75.6%	76.6%
Workplace violence prevention training	85.4%	68.4%	59.7%
Tracking of incidents and analysis of data	83.2%	50.3%	49.4%
Assessment of work areas for risk factors	75.9%	42.5%	55.8%
A multi-disciplinary incident response team	57.9%	30.3%	31.2%
Screening patients for risk of violence	48.2%	53.8%	40.3%
Signage placed throughout facility describing rules, responsibilities, and behavioral expectations	40.5%	22.8%	-
Use of personal alarms	32.3%	4.4%	7.8%
Other	13.4%	3.1%	1.3%

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

Table 6. Components of Facilities' Workplace Violence Prevention Policies that Have Been Revised

Component*	Hospital	NF
Workplace violence prevention training	58.5%	45.6%
Assessment of work areas for risk factors	47.6%	22.8%
Required reporting of incidents	39.9%	38.1%
Investigation of reported incidents	41.8%	43.1%
Screening patients for risk of violence	32.6%	26.3%
A multi-disciplinary incident response team	29.6%	15.9%
Use of personal alarms	24.7%	3.1%
Signage placed throughout facility describing rules, responsibilities, and behavioral expectations	25.9%	14.1%
Tracking of incidents and analysis of data	47.9%	29.7%
Other	16.8%	8.4%

* Respondents could select more than one option, so totals do not add up to 100%. HHAs were not asked this question.

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 70%) require nurses to report physical assault, threat, sexual harrassment, and verbal abuse from patients, visitors, staff, and health care providers.

- 1.8% of hospitals and 1.6% of nursing facilities did not require incident reporting.

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

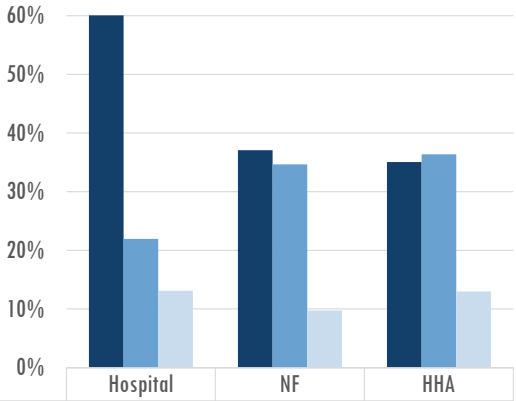
Type of Incident	Hospital	NF	HHA
Physical assault from patient or visitor	92.7%	80.0%	74.0%
Threat from patient or visitor	91.5%	77.5%	79.2%
Sexual harassment from patient or visitor	89.0%	78.1%	79.2%
Physical assault from staff or health care provider	89.3%	79.1%	70.1%
Threat from staff or health care provider	88.1%	78.1%	72.7%
Sexual harassment from staff or health care provider	87.8%	78.1%	74.0%
Verbal abuse from patient or visitor	86.9%	75.9%	80.5%
Verbal abuse from staff or health care provider	86.9%	76.6%	76.6%
Incident reporting is not required	1.8%	1.6%	0.0%

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

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

- More than 85% of organizations addressed reporting of physical assault in their policies, an increase from 2018 (76.5%).
- A higher percent of hospitals reported encouraging employees to report physical assaults to law enforcement in 2022 (60.1%) compared to 2018 (44.3%).

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



	Hospital	NF	HHA
Encouraged	60.1%	38.1%	35.1%
Required	22.0%	35.6%	36.4%
Not addressed in the policy	13.1%	10.0%	13.0%

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

Table 8. Types of Violence against Nurses Tracked by Facilities

Type of Violence	Hospital	NF	HHA
All incidents of physical assault	96.0%	80.3%	90.9%
Incidents of sexual harassment	82.3%	61.8%	76.6%
Incidents of threat	78.0%	56.1%	66.2%
Incidents of verbal abuse	76.5%	53.9%	63.6%
Only incidents of physical assault reported to law enforcement	6.4%	16.7%	14.3%
My organization does not track incidents of workplace violence	2.7%	8.8%	6.5%

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

Table 9 shows the elements of reported incidents that are evaluated by organizations.

- The most common evaluated elements were location or units in which incidents occurred, physical injury severity resulting from incidents, time at which incidents occurred, and number of violent incidents reported.

Table 9. Elements of Reported Incidents of Violence Evaluated by Facilities

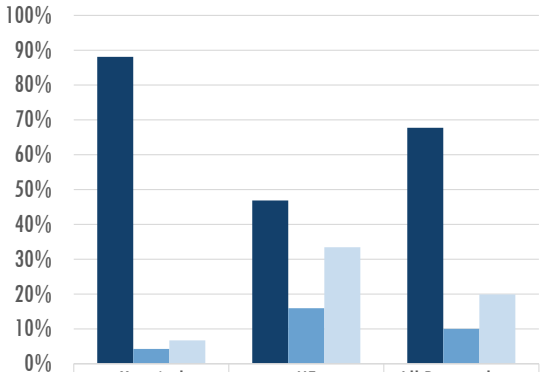
Element*	Hospital	NF
Location or units in which incidents occurred	92.1%	65.0%
Physical injury severity resulting from incidents (e.g. whether the victims received emergency care)	86.9%	68.8%
Time at which incidents occurred	86.0%	66.9%
Number of violent incidents reported	88.4%	56.6%
Involvement of security personnel or law enforcement in incidents	76.8%	40.3%
Nursing procedures being conducted at time of incidents	55.5%	56.9%
Staffing levels at time of incidents	57.9%	51.9%
Emotional injury severity resulting from incidents (e.g. need for counseling or emotional/psychological follow-up)	57.6%	45.0%
Costs associated with incidents (e.g. worker's compensation)	48.2%	35.0%
Characteristics of the perpetrator	36.6%	37.8%
Whether victims completed workplace violence prevention training prior to incidents	32.6%	36.9%
Characteristics of nurse(s) involved in incident(s) (nursing degree, years of experience, etc)	26.8%	33.1%
The number of nurses who leave because of a workplace violence incident	23.5%	29.4%
Other	1.8%	4.1%
Reported incidents are not evaluated	2.4%	9.4%

* Respondents could select more than one option, so totals do not add up to 100%. HHAs were not asked this question.

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

- Hospitals were more likely to offer follow-up support (88.1%).

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



	Hospital	NF	All Respondents
Yes	88.1%	46.9%	67.7%
No	4.3%	15.9%	10.0%
I don't know/I am unsure	6.7%	33.4%	19.9%

* HHAs were not asked this question.

Workplace Violence Prevention Training

Tables 10 and 11 (page 5) show the types of workplace violence prevention training required for clinical nursing staff by hospitals and nursing facilities. Home health agencies were not asked this question.

- Hospitals were more likely to require all types of training except Trauma Informed Care and "other".
- "Other" trainings included active shooter training and training on environmental awareness.

Table 10. Types of Workplace Violence Prevention Training Provided to Clinical Nursing Staff by Hospitals

Training Type	Not required	Only the initial training is required	Initial training and ongoing training are required	No Response
Workplace violence awareness training	3.7%	8.5%	83.2%	4.6%
Training on proper techniques for de-escalation	15.9%	10.1%	68.3%	5.7%
Training on specific evasion techniques	25.9%	9.1%	56.7%	8.3%
Training on proper patient containment measures	24.7%	8.5%	58.8%	8.0%
Training on identifying characteristics associated with aggressive and violent behavior	14.3%	9.1%	70.1%	6.5%
Training on Trauma Informed Care	44.2%	7.6%	32.6%	15.6%
Other	10.1%	1.8%	7.6%	80.5%

Table 11. Types of Workplace Violence Prevention Training Provided to Clinical Nursing Staff by Nursing Facilities

Training Type	Not required	Only the initial training is required	Initial training and ongoing training are required	No Response
Workplace violence awareness training	5.9%	13.4%	71.6%	9.1%
Training on proper techniques for de-escalation	12.5%	12.8%	61.6%	13.1%
Training on specific evasion techniques	20.0%	11.3%	54.1%	14.6%
Training on proper patient containment measures	17.2%	9.7%	57.5%	15.6%
Training on identifying characteristics associated with aggressive and violent behavior	11.9%	10.6%	63.8%	13.7%
Training on Trauma Informed Care	19.4%	10.3%	55.3%	15.0%
Other	11.3%	0.9%	10.3%	77.5%

Tables 12 and 13 show the types of competency evaluation used for required workplace violence prevention training of clinical nursing staff in hospitals and nursing facilities. Home health agencies were not asked this question.

Table 12. Competency Evaluation of Workplace Violence Prevention Training Provided to Clinical Nursing Staff by Hospitals

Training Type	Competency is assessed after initial training only	Competency is assessed after initial training and ongoing trainings	Competency is not assessed
Workplace violence awareness training	8.8%	55.2%	26.8%
Training on proper techniques for de-escalation	9.1%	54.0%	23.2%
Training on specific evasion techniques	8.5%	42.1%	28.7%
Training on proper patient containment measures	8.5%	47.6%	25.6%
Training on identifying characteristics associated with aggressive and violent behavior	8.2%	52.7%	24.1%
Training on Trauma Informed Care	9.1%	26.8%	32.3%
Other	1.2%	7.9%	9.8%

Table 13. Competency Evaluation of Workplace Violence Prevention Training Provided to Clinical Nursing Staff by Nursing Facilities

Training Type	Competency is not assessed	Competency is assessed after initial training only	Competency is assessed after initial training and ongoing trainings	No Response
Workplace violence awareness training	20.9%	7.2%	51.9%	20.0%
Training on proper techniques for de-escalation	19.7%	8.1%	48.4%	23.8%
Training on specific evasion techniques	23.4%	6.3%	42.5%	27.8%
Training on proper patient containment measures	22.8%	5.9%	45.0%	26.3%
Training on identifying characteristics associated with aggressive and violent behavior	19.7%	5.9%	50.0%	24.4%
Training on Trauma Informed Care	22.8%	6.6%	44.4%	26.2%
Other	12.8%	1.3%	10.0%	75.9%

Hospitals 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 14). Hospitals could choose from four options: training required in all departments/units, training required in specialty areas, voluntary training only, or training unavailable. Most hospitals required training in all departments/units.

- 2022 showed an increase in workplace violence prevention training programs required in all departments/units for both clinical and non-clinical setting (68.6% and 67.1% in 2018, respectively).
- Hospitals also indicated whether their program or policy addresses training of non-nursing staff (Appendix A, Table 15).

Table 14. Nursing 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	79.7%	15.6%	1.9%	2.9%
	Non-Clinical	74.8%	9.2%	11.6%	4.4%

Prevention Strategies

Table 16 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.
- The next most popular strategies were involving law enforcement and use of emergency codes.
- Other strategies listed included use of security cameras and walkie talkies.
- The COVID-19 pandemic increased restricted access which limited visitors and, anecdotally, caused frustration among family members of patients. However, based on this survey data, it is difficult to know how workplace violence against nurses was impacted.

Table 16. Workplace Violence Prevention Strategies Used by Facilities*

Strategy	Hospital		NF
	2018	2022	2022
Staff training	80.1%	88.1%	76.3%
Involving law enforcement	62.3%	73.8%	40.3%
Use of emergency codes	72.8%	74.7%	35.9%
Restricted access	72.8%	71.6%	28.1%
Exit strategies	50.3%	57.9%	33.8%
Alarms and monitors (including panic buttons)	67.0%	73.5%	4.4%
A multi-disciplinary response team	36.1%	53.0%	20.6%
Use of screening tool for patients at risk for violence	29.8%	42.1%	28.1%
Static or rounding security personnel	45.0%	65.2%	3.4%
Restricted, reduced, or limited visitors	-	55.5%	12.8%
Availability of restraints and policies for use	50.8%	62.5%	2.2%
Personal protective equipment	34.0%	37.8%	25.0%
Emergency response team	40.8%	43.9%	17.5%
Signage placed throughout facility describing rules, responsibilities, and behavioral expectations	-	40.5%	20.0%
Availability of escorts	33.0%	48.5%	11.6%
Use of a flagging system to alert staff of high-risk patients based on previous incidents	-	38.4%	13.8%
Reducing crowding in clinical environment	26.7%	37.5%	12.5%
Chaperones (visiting in pairs)	13.1%	24.7%	9.1%
Personal alarms	-	27.4%	2.2%
Metal detectors	8.4%	11.9%	0.9%
Other (please specify)	3.7%	4.6%	6.6%

* Respondents could select more than one option, so totals do not add up to 100%. HHAs were not asked this question.

Facilities also selected the strategies they implemented that have been most successful in preventing workplace violence against nurses (Table 17).

- Among hospitals and nursing facilities, the most successful strategy was staff training.
- Strategies listed in the "other" category included cameras and restraining orders.
- The percent of hospitals reporting "staff training" as a successful prevention strategy increased from 2018 while those reporting "restricted access" and "involving law enforcement" decreased.

Table 17. Most Successful Workplace Violence Prevention Strategies Used by Facilities

Strategy	Hospital		NF
	2018	2022	2022
Staff training	29.7%	41.1%	45.3%
Restricted access	13.7%	6.4%	5.6%
Static or rounding security personnel	9.3%	10.1%	0.3%
Involving law enforcement	12.6%	5.2%	4.1%
Restricted, reduced, or limited visitors	-	4.9%	1.9%
Use of emergency codes	9.9%	4.0%	2.5%
Use of screening tool for patients at risk for violence	1.1%	0.6%	5.0%
Other (please specify)	-	2.4%	2.5%
A multi-disciplinary response team	7.1%	3.1%	1.9%
Use of a flagging system to alert staff of high-risk patients based on previous incidents	-	3.4%	1.3%
Emergency response team	2.2%	3.7%	0.3%
Alarms and monitors (including panic buttons)	7.1%	3.4%	0.3%
Signage placed throughout facility describing rules, responsibilities, and behavioral expectations	-	0.6%	1.3%
Chaperones (visiting in pairs)	1.1%	0.0%	1.6%
Reducing crowding in clinical environment	0.5%	1.2%	0.0%
Exit strategies	2.7%	0.0%	1.3%
Availability of escorts	-	0.0%	0.9%
Availability of restraints and policies for use	1.6%	0.6%	0.0%
Personal protective equipment	1.6%	0.0%	0.3%
Personal alarms	-	0.3%	0.0%

* Respondents could select more than one option, so totals do not add up to 100%. HHAs were not asked this question.

Facilities with staffing committees[1] were asked if those committees consider incidents of workplace violence in developing and evaluating nurse staffing plans (Table 18).

- Hospitals were more likely to respond that their facilities had nurse staffing committees, but 31.8% of those committees did not consider incidents of workplace violence in the development of staffing plans.
- Less than half of responding NFs do not have a nurse staffing committee.

Table 18. 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	53.0%	31.8%	10.0%	5.3%
NF	30.2%	13.0%	9.1%	47.7%

* HHAs were not asked this question.

Facilities were asked how their organization's experience of workplace violence had changed in the past year (Table 19).

- Hospitals were more likely than NFs and HHAs to report an increase in incidents and incident reporting.

Table 19. How Has Organization's Experience of Workplace Violence Changed in the Past Year

Facility Type	Type of Experience	Increased	Decreased	Stayed the Same
Hospital	Incidents	41.6%	14.0%	44.4%
	Incident Reporting	54.7%	5.0%	40.3%
NF	Incidents	5.4%	16.6%	78.0%
	Incident Reporting	8.0%	13.8%	78.3%
HHA	Incidents	5.5%	5.5%	89.0%
	Incident Reporting	5.5%	4.1%	90.4%

[1] Per Chapter 257 of the health and safety code, only hospitals are required to have a nurse staffing committee. https://statutes.capitol.texas.gov/Docs/HS/htm/HS.257.htm)

Limitations

The 2022 Texas Workplace Violence Against Nurses Employer survey was included in the employer survey, rather than distributed as a separate survey as it was in 2018. Response rates for the 2022 facility survey varied by employer type. The 2016, 2018, and 2022 versions of the survey include different facility types. In the 2018 surveys, nursing facilities and home health agencies did not have high enough response rates to be reported on. The 2022 survey did not include freestanding emergency medical care facilities. For these reasons, trends and comparisons over time are not included in the 2022 report. Questions about the cost associated with workplace violence and personal workplace violence experience of the person submitting the survey were not included in the 2022 Texas Workplace Violence Against Nurses survey as it was in the previous iteration.

Conclusions

In total, 49.9% of hospitals, 26.6% of nursing facilities, and 30.9% of home health agencies responded to the 2022 Texas Workplace Violence Against Nurses Facility Survey. Approximately 85% of responding facilities have implemented a workplace violence prevention program or policy, an increase from approximately 70% in 2018. The vast majority of workplace violence prevention programs or policies include required reporting of incidents, investigation of reported incidents, and prevention training.

Workplace violence awareness training was the most common type of training provided by hospitals and NFs. 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 NFs 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 (2022)

Based on the findings of the 2022 and 2018 Texas Workplace Violence Against Nurses Survey Employer Survey, as well as the 2016 Texas 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 Texas 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, 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 90.0% of responding hospitals indicated that their organization had implemented a workplace violence prevention policy in 2022, 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 53.0% of hospitals reported that their staffing committees consider workplace violence in nurse staffing plans.

- All employers of nurses should implement nurse staffing committees. These committees should consider workplace violence in nurse staffing plans.
- 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 Texas 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.
- Rather than focusing solely on the violent incident itself, organizations should evaluate precursor events to determine if the appropriate steps were taken to manage and deescalate the situation before the violence occurred. This can inform practices that prevent future incidents.

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. 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 Hospitals

Characteristics	% Respondents (n=328, 49.9%)	% Non-Respondents (n=329, 50.1%)	χ^2	p
Staffed Beds			24.50	<0.01
<50	40.2%	57.4%		
50-99	18.3%	18.2%		
100-299	25.3%	15.8%		
300-499	9.1%	6.1%		
500+	7.0%	2.4%		
Public Health Region			20.21	<0.01
Panhandle	6.7%	5.8%		
Rio Grande Valley	4.9%	9.7%		
North Texas	32.9%	24.9%		
East Texas	9.5%	4.9%		
Gulf Coast	19.8%	20.4%		
Central Texas	9.8%	14.3%		
South Texas	8.2%	12.8%		
West Texas	8.2%	7.3%		
Metropolitan Status			2.98	0.08
Metropolitan	75.6%	81.2%		
Non-Metropolitan	24.4%	18.8%		
Border Status			3.44	0.06
Border	7.3%	11.6%		
Non-Border	92.7%	88.4%		

Table 3. Characteristics of Responding and Non-Responding Nursing Facilities

Characteristics	% Respondents (n=320, 26.6%)	% Non-Respondents (n=881, 73.4%)	χ^2	p
Patient Beds			8.29	0.04
<50	4.4%	3.1%		
50-99	32.8%	25.9%		
100-149	52.5%	57.4%		
150+	10.3%	13.6%		
Public Health Region			11.49	0.12
Panhandle	7.8%	5.0%		
Rio Grande Valley	5.6%	6.6%		
North Texas	30.6%	29.4%		
East Texas	15.0%	10.4%		
Gulf Coast	15.6%	16.8%		
Central Texas	11.6%	14.2%		
South Texas	9.4%	12.5%		
West Texas	4.4%	5.1%		
Metropolitan Status			6.65	0.01
Metropolitan	32.8%	25.3%		
Non-Metropolitan	67.2%	74.7%		
Border Status			0.30	0.59
Border	93.8%	92.8%		
Non-Border	6.3%	7.2%		

Table 4. Characteristics of Responding and Non-Responding Home Health Agencies

Characteristics	% Respondents (n=77, 28.6%)	% Non-Respondents (n=192, 71.4%)	χ^2	p
Client Census			6.89	0.08
250-500	72.7%	67.7%		
501-1000	13.0%	24.5%		
1001-2000	11.7%	5.2%		
2001+	2.6%	2.6%		
Public Health Region			16.12	0.02
Panhandle	3.9%	4.2%		
Rio Grande Valley	18.2%	25.0%		
North Texas	20.8%	27.1%		
East Texas	6.5%	5.7%		
Gulf Coast	22.1%	17.2%		
Central Texas	9.1%	9.9%		
South Texas	5.2%	8.3%		
West Texas	14.3%	2.6%		
Metropolitan Status			2.06	0.15
Metropolitan	93.5%	87.5%		
Non-Metropolitan	6.5%	12.5%		
Border Status			1.24	0.27
Border	26.0%	19.8%		
Non-Border	74.0%	80.2%		

Table 15. 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	64.8%	13.1%	16.6%	5.5%
	Non-Clinical	74.1%	8.2%	10.9%	6.8%

Workplace Violence Against Nurses Survey

The following questions relate to your organization's practices and strategies to prevent workplace violence against nurses. For the purpose of this section, 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. Workplace violence can be perpetrated by anyone including patients, visitors, peers, and other healthcare providers or staff.

1. **Has your organization implemented a program or policy that includes prevention of workplace violence against nurses?**
   - ○ Yes [continue to question 2]
   - ○ No [skip to question 6]

2. **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
   - ☐ Use of personal alarms
   - ☐ Signage placed throughout facility describing rules, responsibilities, and behavioral expectations
   - ☐ Tracking of incidents and analysis of data
   - ☐ Other (please specify):

3. **Please indicate the elements of the workplace violence prevention program or policy that have been revised as a result of an evaluation of internal data. 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
   - ☐ Use of personal alarms
   - ☐ Signage placed throughout facility describing rules, responsibilities, and behavioral expectations
   - ☐ Tracking of incidents and analysis of data
   - ☐ Other (please specify):

4. **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

5. **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.

6. **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

7. 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
- ☐ Characteristics of the perpetrator
- ☐ Characteristics of nurse(s) involved in incident(s) (nursing degree, years of experience, etc)
- ☐ 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
- ☐ The number of nurses who leave because of a workplace violence incident
- ☐ Other (please specify):

8. 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	☐	☐	☐	☐
Required in specialty areas only (e.g. ED, psych)	☐	☐	☐	☐
Voluntary training only	☐	☐	☐	☐
Training unavailable	☐	☐	☐	☐

9. 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	Frequency of required training	Competency Evaluation
Workplace violence awareness training	☐	○ Only the initial training is required ○ Initial training and ongoing training are required	○ Competency is assessed after initial training only ○ Competency is assessed after initial training and ongoing trainings ○ Competency is not assessed
Training on proper techniques for de-escalation	☐	○ Only the initial training is required ○ Initial training and ongoing training are required	○ Competency is assessed after initial training only ○ Competency is assessed after initial training and ongoing trainings ○ Competency is not assessed
Training on specific evasion techniques	☐	○ Only the initial training is required ○ Initial training and ongoing training are required	○ Competency is assessed after initial training only ○ Competency is assessed after initial training and ongoing trainings ○ Competency is not assessed
Training on proper patient containment measures	☐	○ Only the initial training is required ○ Initial training and ongoing training are required	○ Competency is assessed after initial training only ○ Competency is assessed after initial training and ongoing trainings ○ Competency is not assessed
Training on identifying characteristics associated with aggressive and violent behavior	☐	○ Only the initial training is required ○ Initial training and ongoing training are required	○ Competency is assessed after initial training only ○ Competency is assessed after initial training and ongoing trainings ○ Competency is not assessed
Training on Trauma Informed Care	☐	○ Only the initial training is required ○ Initial training and ongoing training are required	○ Competency is assessed after initial training only ○ Competency is assessed after initial training and ongoing trainings ○ Competency is not assessed
Other (Please specify):	☐	○ Only the initial training is required ○ Initial training and ongoing training are required	○ Competency is assessed after initial training only ○ Competency is assessed after initial training and ongoing trainings ○ Competency is not assessed

10. 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

11. 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

12. If you answered "Yes" to question 11, please describe the types of support made available.

13. What strategies has your organization implemented to prevent or reduce workplace violence against nurses? Select all that apply.

- ☐ Alarms and monitors (including panic buttons)
- ☐ Personal alarms
- ☐ Staff training
- ☐ Restricted access
- ☐ Restricted, reduced, or limited visitors
- ☐ Emergency response team
- ☐ Static or rounding security personnel
- ☐ Availability of escorts
- ☐ Chaperones (visiting in pairs)
- ☐ Personal protective equipment
- ☐ Availability of restraints and policies for use
- ☐ Reduced 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
- ☐ Signage placed throughout facility describing rules, responsibilities, and behavioral expectations
- ☐ Use of a flagging system to alert staff of high-risk patients based on previous incidents
- ☐ Other (Please specify):

14. 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)
- ☐ Personal alarms
- ☐ Staff training
- ☐ Restricted access
- ☐ Restricted, reduced, or limited visitors
- ☐ Emergency response team
- ☐ Static or rounding security personnel
- ☐ Availability of escorts
- ☐ Chaperones (visiting in pairs)
- ☐ Personal protective equipment
- ☐ Availability of restraints and policies for use
- ☐ Reduced 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
- ☐ Signage placed throughout facility describing rules, responsibilities, and behavioral expectations
- ☐ Use of a flagging system to alert staff of high-risk patients based on previous incidents
- ☐ Other (Please specify):

15. In the past year, how has your organization's experience of workplace violence changed?

	Increased	Decreased	Stayed the same
Incidents:	○	○	○
Incident Reporting:	○	○	○

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