

Texas Center for Nursing Workforce Studies

Department of State Health Services



P.O. Box 149347 • Austin, TX 78714-9347 • Phone: 512-776-2365 • www.dshs.state.tx.us/chs/cnws

Welcome to the 2016 Hospital Nurse Staffing Survey (HNSS)

Purpose: The primary purpose of this survey is to assess the size and effects of the nursing shortage in Texas Hospitals. 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 data you provide will also be instrumental in developing projections for the number of nurses needed in Texas. Your participation in this study is completely voluntary but highly encouraged.

Due Date: Your completed survey is due by **Friday, May 6th, 2016**.

Confidentiality Agreement: Your responses are completely confidential. We will report aggregate findings (statewide and regional results) only.

If you have questions at any time about the survey or the procedures, you may contact Cate Campbell by phone at [512-776-2365](tel:512-776-2365) or by email at TCNWS@dshs.state.tx.us.

For the purpose of this survey, please include data for all hospital services except clinics.

1. Please provide the following information for your individual hospital (NOT hospital system).

Hospital Name:

State License #:

Physical Address:

Mailing Address (if different from above):

City, County, State, Zip Code:

Contact Person:

Contact Title:

Contact Email:

Contact Phone Number:

CNO Name (if different from Contact Person):

CNO Email:

2. Number of beds

| | |
|--------------------------|----------------------|
| Number of Licensed Beds: | <input type="text"/> |
| Number of Staffed Beds: | <input type="text"/> |

3. Please indicate which of the following designations apply to your hospital. Select all that apply.

- Teaching hospital (As verified by the Council on Teaching Hospitals)
- Magnet hospital
- Pathway to Excellence organization (As designate by the American Nurses Credentialing Center)
- Designated trauma center
- Rural hospital

4. What level trauma center corresponds to your hospital?

- Level 1 Trauma Center
- Level 2 Trauma Center
- Level 3 Trauma Center
- Level 4 Trauma Center
- N/A

5. What is the maximum number of hours per week that is considered part-time in your organization?

6. Does your hospital's board have any RN members?

- Yes
- No
- N/A

7. Does that RN board member have full voting privileges?

- Yes
- No
- N/A

Staffing

8. Please indicate the type of change, if any, in the number of budgeted direct patient care RN FTEs on staff in the past two years.

- Increased (Continue to question 9)
- Decreased (Skip to question 10)
- No change (Skip to question 11)

9. What are the reasons your organization has increased budgeted direct patient care RN FTEs on staff in the past two years? Select all that apply and then skip to question 11.

- Patient volume
- Patient acuity
- Decrease in nurse/patient levels
- Addition of new beds
- Addition of new units and services
- Transforming LVN positions to RN positions
- Implementation of electronic medical records
- Staffing committee request/recommendation
- Other (Please specify):

10. What are the reasons your organization has reduced budgeted direct patient care RN FTEs on staff in the past two years? Select all that apply.

- Patient volume
- Patient acuity
- Closing or reducing size of units or departments
- Enhanced efficiency through work redesign
- Change in delivery model
- Net revenue concerns
- Ability to accomplish some "RN tasks" with nurse aides and LVNs
- Inability to fill existing RN positions
- Other (Please specify):

11. Please indicate the average number of days it currently takes your organization to fill direct patient care RN positions in the following specialty areas (from when the job requisition is posted until the job offer is accepted):

| | 1-30 days | 31-60 days | 61-90 days | 91 days or more | N/A |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Adult Medical/Surgical | <input type="checkbox"/> |
| Pediatric Medical/Surgical | <input type="checkbox"/> |
| Adult Intensive Care/Critical Care (include ICU, CCU, SICU) | <input type="checkbox"/> |
| Pediatric Intensive Care/Critical Care (includes ICU, CCU, SICU) | <input type="checkbox"/> |
| Obstetrics/Gynecology/Labor & Delivery | <input type="checkbox"/> |
| Neonatal ICU | <input type="checkbox"/> |
| Operating Room/Recovery Care (including outpatient) | <input type="checkbox"/> |
| Emergency Department | <input type="checkbox"/> |
| Psych/Mental Health/Substance Abuse | <input type="checkbox"/> |
| Other Direct Patient Care RNs | <input type="checkbox"/> |

12. Where do you currently focus your RN recruitment efforts? Select all that apply.

- Within Texas
- In states outside of Texas
- Internationally
- Other (Please specify):

13. If you focus your RN recruitment efforts outside of Texas, please describe why.

14. Which of these nurse staffing recruitment strategies are used by your hospital? Select all that apply.

| Strategy | Full-time employees | Part-time employees |
|--|--------------------------|--------------------------|
| NONE | <input type="checkbox"/> | <input type="checkbox"/> |
| Health insurance | <input type="checkbox"/> | <input type="checkbox"/> |
| Retirement plan | <input type="checkbox"/> | <input type="checkbox"/> |
| Paid vacation days | <input type="checkbox"/> | <input type="checkbox"/> |
| Employee recognition programs (employee of the month, staff dinners/luncheons, etc.) | <input type="checkbox"/> | <input type="checkbox"/> |
| Reimbursement for workshops/conferences | <input type="checkbox"/> | <input type="checkbox"/> |
| Sign-on bonus | <input type="checkbox"/> | <input type="checkbox"/> |
| Bonus for recruiting nursing staff to the organization | <input type="checkbox"/> | <input type="checkbox"/> |
| Career ladder positions for RNs/LVNs/APRNs | <input type="checkbox"/> | <input type="checkbox"/> |
| Career ladder positions for HHAs/NAs/CNAs | <input type="checkbox"/> | <input type="checkbox"/> |
| Flexible scheduling or job sharing | <input type="checkbox"/> | <input type="checkbox"/> |
| Shift differential | <input type="checkbox"/> | <input type="checkbox"/> |
| Merit bonus | <input type="checkbox"/> | <input type="checkbox"/> |
| Sabbatical | <input type="checkbox"/> | <input type="checkbox"/> |
| Tuition (reimbursement or direct payment for employees/new hires) | <input type="checkbox"/> | <input type="checkbox"/> |
| Financial assistance in receiving certifications or further education | <input type="checkbox"/> | <input type="checkbox"/> |
| Payback for unused sick/vacation time | <input type="checkbox"/> | <input type="checkbox"/> |
| Other, please specify: | <input type="checkbox"/> | <input type="checkbox"/> |

15. Which of these nurse staffing retention strategies are used by your hospital? Select all that apply.

| Strategy | Full-time employees | Part-time employees |
|--|--------------------------|--------------------------|
| NONE | <input type="checkbox"/> | <input type="checkbox"/> |
| Health insurance | <input type="checkbox"/> | <input type="checkbox"/> |
| Retirement plan | <input type="checkbox"/> | <input type="checkbox"/> |
| Paid vacation days | <input type="checkbox"/> | <input type="checkbox"/> |
| Employee recognition programs (employee of the month, staff dinners/luncheons, etc.) | <input type="checkbox"/> | <input type="checkbox"/> |
| Reimbursement for workshops/conferences | <input type="checkbox"/> | <input type="checkbox"/> |
| Bonus for recruiting nursing staff to the organization | <input type="checkbox"/> | <input type="checkbox"/> |
| Career ladder positions for RNs/LVNs/APRNs | <input type="checkbox"/> | <input type="checkbox"/> |
| Career ladder positions for HHAs/NAs/CNAs | <input type="checkbox"/> | <input type="checkbox"/> |
| Flexible scheduling or job sharing | <input type="checkbox"/> | <input type="checkbox"/> |
| Shift differential | <input type="checkbox"/> | <input type="checkbox"/> |
| Merit bonus | <input type="checkbox"/> | <input type="checkbox"/> |
| Sabbatical | <input type="checkbox"/> | <input type="checkbox"/> |
| Tuition (reimbursement or direct payment for employees/new hires) | <input type="checkbox"/> | <input type="checkbox"/> |
| Financial assistance in receiving certifications or further education | <input type="checkbox"/> | <input type="checkbox"/> |
| Payback for unused sick/vacation time | <input type="checkbox"/> | <input type="checkbox"/> |
| Other, please specify: | <input type="checkbox"/> | <input type="checkbox"/> |

16. What consequences has your agency experienced in the past year as a result of an inadequate supply of nursing personnel? Select all that apply.

- NONE - We had an adequate supply of nursing personnel.
- Increased workloads
- Low nursing staff morale
- Declined referrals
- Inability to expand services
- Increase in voluntary overtime
- Delayed admissions
- Wage increases
- Increased nursing staff turnover
- Increased use of temporary/agency nurses
- Delays in providing care
- Increased patient/family complaints
- Increased absenteeism
- Increased number of incident reports
- Difficulty completing required documentation on time
- Use of nurse managers/administrators to provide direct care
- Other (Please specify): _____

17. On a scale from 1 to 4, where 1=most important, please rank in order of importance when hiring RNs, the weight you assign the following attributes. Use each number only once.

- ___ Past relevant (hospital or specialty) nursing experience
- ___ Past nursing experience in a non-hospital setting
- ___ Bilingual
- ___ Bachelor's in nursing or higher education

18. Please state any other key attributes you look for when hiring RN staff.

19. In your opinion, how important is a bachelor's in nursing education for RN staff at your agency?

- Unimportant
- Of little importance
- Moderately important
- Important
- Very Important

20. Please provide the following information regarding nursing informaticists within your hospital during the week of January 18 – January 24, 2016. Enter "0" as applicable.

| | |
|--|--|
| Number of nursing informaticists employed during the week of January 18-January 24, 2016 | |
| Number of vacant nursing informaticists positions during the week of January 18-January 24, 2016 | |

In questions 21-25, please provide staffing numbers for all RNs, just first-year RNs, LVNs, and NAs. Staffing questions about APRNs start on Question 26.

21. ONLY include direct patient care staff. Do not include agency, contract, or traveling nurses in this section. Please enter "N/A" if your hospital does not employ the particular type of nurse. Please note that you are to report FTEs (full-time equivalents) in this question.

| | Total number of FTE positions occupied during the week of 01/18/2016 -01/24/2016 | Total number of vacant FTEs being recruited during the week of 01/18/2016 -01/24/2016 | Total number of vacant FTEs on hold/frozen during the week of 01/18/2016 -01/24/2016 | Additional number of FTEs your organization expects to budget next fiscal year |
|-----------------------------------|--|---|--|--|
| All Registered Nurses (RNs) | | | | |
| First-year RNs | | | | |
| Licensed Vocational Nurses (LVNs) | | | | |
| Nurse Aides (NAs) | | | | |

22. ONLY include direct patient care staff. Do not include agency, contract, or traveling nurses in this section. Please enter "N/A" if your hospital does not employ the particular type of nurse. Please note that you are to report a head count in this question.

| | Number of full-time workers employed 01/01/15 | Number of full-time workers employed 12/31/15 | Number of part-time workers employed 01/01/15 | Number of part-time workers employed 12/31/15 | Number of per diem workers employed 01/01/15 | Number of per diem workers employed 12/31/15 |
|-----------------------------------|---|---|---|---|--|--|
| All Registered Nurses (RNs) | | | | | | |
| First-year RNs | | | | | | |
| Licensed Vocational Nurses (LVNs) | | | | | | |
| Nurse Aides (NAs) | | | | | | |

23. Please provide the number of nurses employed during the week of 01/18/2016-01/24/2016 by age category.

| | <25 years old | 25-29 years old | 30-39 years old | 40-49 years old | 50-61 years old | 62 and older |
|-------------------------|---------------|-----------------|-----------------|-----------------|-----------------|--------------|
| Registered Nurses (RNs) | | | | | | |

24. ONLY include direct patient care staff. Do not include agency, contract, or traveling nurses in this section. Please enter "N/A" if your hospital does not employ the particular type of nurse. Please note that you are to report a head count in this question.

| | Total number of separations during 01/01/2015 - 12/31/2015 |
|-----------------------------------|--|
| All Registered Nurses (RNs) | |
| First-year RNs | |
| Licensed Vocational Nurses (LVNs) | |
| Nurse Aides (NAs) | |

25. ONLY include direct patient care staff. Please enter "N/A" if your hospital does not employ the particular type of nurse. Please note that you are to report FTEs (full-time equivalents) in this question.

| | Contract, agency, and traveling staff FTEs employed during 01/18/2016 -01/24/2016 |
|-----------------------------------|---|
| All Registered Nurses (RNs) | |
| Licensed Vocational Nurses (LVNs) | |
| Nurse Aides (NAs) | |

26. Please indicate whether your hospital directly employs the following APRN types or whether the hospital contracts APRN services through another entity.

| | My hospital directly employs this type of RN. | My hospital contracts this APRN service through another entity. | I am unsure whether my hospital directly employs or contracts this type of APRN. | My hospital does not employ this type of RN. |
|--|---|---|--|--|
| Nurse Practitioners (NP) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Clinical Nurse Specialists (CNS) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Certified Registered Nurse Anesthetists (CRNA) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Certified Nurse Midwives (CNM) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Questions 27-29 only pertain to hospitals that directly employ APRNs. If your hospital contracts APRNs, please proceed to question 30. If you are unsure whether your hospital employs or contracts APRNs or your hospital does not employ APRNs, please proceed to question 31.

27. ONLY include direct patient care staff. Do not include agency, contract, or traveling nurses in this section. Please enter "N/A" if your hospital does not use the particular type of nurse. Please note that you are to report FTEs (full-time equivalents) in this question.

| | Total number of FTE positions occupied during the week of 01/18/2016 -01/24/2016 | Total number of vacant FTEs being recruited during the week of 01/18/2016 -01/24/2016 | Total number of vacant FTEs on hold/frozen during the week of 01/18/2016 -01/24/2016 | Additional number of FTEs your organization expects to budget next fiscal year |
|--|--|---|--|--|
| Nurse Practitioners (NP) | | | | |
| Clinical Nurse Specialists (CNS) | | | | |
| Certified Registered Nurse Anesthetists (CRNA) | | | | |
| Certified Nurse Midwives (CNM) | | | | |

28. ONLY include direct patient care staff. Do not include agency, contract, or traveling nurses in this section. Please enter "N/A" if your hospital does not use the particular type of nurse. Please note that you are to report a head count in this question.

| | Number of full-time workers employed 01/01/15 | Number of full-time workers employed 12/31/15 | Number of part-time workers employed 01/01/15 | Number of part-time workers employed 12/31/15 | Number of per diem workers employed 01/01/15 | Number of per diem workers employed 12/31/15 |
|------|---|---|---|---|--|--|
| NP | | | | | | |
| CNS | | | | | | |
| CRNA | | | | | | |
| CNM | | | | | | |

29. ONLY include direct patient care staff. Do not include agency, contract, or traveling nurses in this section. Please enter "N/A" if your hospital does not use the particular type of nurse. Please note that you are to report a head count in this question.

| | Total number of separations during 01/01/2015 - 12/31/2015 |
|------|--|
| NP | |
| CNS | |
| CRNA | |
| CNM | |

30. ONLY include direct patient care staff. Please enter "N/A" if your hospital does not use the particular type of nurse. Please note that you are to report FTEs (full-time equivalents) in this question.

| | Contract, agency, and traveling staff FTEs employed during 01/18/2016 -01/24/2016 |
|------|---|
| NP | |
| CNS | |
| CRNA | |
| CNM | |

Methods and Costs of Interim Staffing

31. Please indicate the methods of interim staffing employed in your hospital. Select all that apply.

- Voluntary overtime
- In-house staffing pool
- Contract/traveling nurses
- Per diem nurses
- Temporary staffing agencies
- Use of managerial staff
- Other interim staffing methods (Please specify):

32. Please indicate the hours and costs of interim staffing methods used in your hospital from 1/1/2015 through 12/31/2015 for all direct patient care licensed nursing staff. This information can be obtained from your organization's Chief Financial Officer.

| | Hours | Cost |
|--------------------------------|-------|------|
| Voluntary overtime | | |
| In-house staffing pool | | |
| Contract/traveling nurses | | |
| Per diem nurses | | |
| Temporary staffing agencies | | |
| Use of managerial staff | | |
| Other interim staffing methods | | |

Hiring of Newly Licensed RN Graduates

33. How has the current economic climate affected your nurse staffing and hiring practices in regard to newly licensed RNs? Please indicate no effect if appropriate.

34. Please indicate the number of newly licensed RNs, by degree, that were hired by your organization during your organization's last fiscal year.

| | Number of newly licensed RN applicants hired |
|---------------------|---|
| Diploma | |
| ADN | |
| BSN | |
| MSN Alternate Entry | |

35. Please provide the following information on the transition to practice programs your organization uses.

| | Please select all of the types of transition to practice programs used by your hospital. | Please indicate whether your transition to practice program is an employment or non-employment model. | | Length of program in <u>weeks</u> | Number of new nursing graduates that participated in program during last fiscal year |
|---------------------------------------|--|---|-----------------------|-----------------------------------|--|
| | | Employment Model | Non-employment Model | | |
| Residency/Internship/Fellowship | <input type="checkbox"/> | <input type="radio"/> | <input type="radio"/> | | |
| Orientation for new nursing graduates | <input type="checkbox"/> | <input type="radio"/> | <input type="radio"/> | | |
| Mentoring or Preceptor Program | <input type="checkbox"/> | <input type="radio"/> | <input type="radio"/> | | |
| Other (Please specify): | <input type="checkbox"/> | <input type="radio"/> | <input type="radio"/> | | |

36. Please select up to 3 main outcomes that have resulted in your organization as a result of your transition into practice program.

- | | |
|---|--|
| <ul style="list-style-type: none"> <input type="checkbox"/> Increased number of new graduates applying for RN positions in your organization. <input type="checkbox"/> Decreased turnover of newly licensed RNs in the first year of employment. <input type="checkbox"/> Improved clinical decision making abilities among first year nurses. <input type="checkbox"/> Improved clinical competence in patient care among first year nurses. | <ul style="list-style-type: none"> <input type="checkbox"/> Improved communication skills among first year nurses with physicians, other health professionals, staff, patients, and families. <input type="checkbox"/> Improved organization and prioritizing skills in clinical practice among first year nurses. <input type="checkbox"/> Improved ability to incorporate research-based evidence in clinical practice among first year nurses. <input type="checkbox"/> Other (Please specify): |
|---|--|

Additional Comments and Suggestions

Please use this space to make any comments or suggestions regarding any section of this survey.

You have reached the end of the 2016 Hospital Nurse Staffing Survey! Thank you for your participation. If you have any questions or concerns, contact Cate Campbell by phone at [512-776-2365](tel:512-776-2365) or by email at TCNWS@dshs.state.tx.us.

2016 Addendum on Workplace Violence Against Nurses

Purpose: The primary purpose of this section 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.

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

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.

- 37. 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 9]
- 38. 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
- 39. 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.
- 40. Does your organization periodically evaluate the effectiveness or impact of this workplace violence program or policy?**
- Yes [continue to question 5]
 - No [skip to question 6]
 - I don't know/I am unsure [skip to question 6]
- 41. If you answered "Yes" to question 4, 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):

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.

42. Has your organization changed its program or policy based on these evaluations?

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

43. 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):

44. 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 | <input type="radio"/> | <input type="radio"/> |
| Required in specialty areas (e.g. ED, psych) only | <input type="radio"/> | <input type="radio"/> |
| Voluntary training only | <input type="radio"/> | <input type="radio"/> |
| Training unavailable | <input type="radio"/> | <input type="radio"/> |

45. 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):

46. 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 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Training on proper techniques for de-escalation | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Training on specific evasion techniques | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Training on proper patient containment measures | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Training on identifying characteristics associated with aggressive and violent behavior | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

47. 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

48. 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

49. 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

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.

50. Please describe how your organization evaluates tracked data related to incidents of violence against nurses as indicated in question 13.

51. 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)

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

53. 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.

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

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

55. 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.

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.

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