#### **Workplace Violence Against Nurses Individual Survey**

This report summarizes the results of the Workplace Violence Against Nurses (WPVAN) Individual Survey collected during spring 2024. The results of prior studies can be found at: https://dshs.texas.gov/chs/cnws/workplace-violence-reports.aspx. The primary purpose of this survey is to assess the types and frequencies of verbal and physical violence nurses have experienced in the preceding year and throughout their careers.

The survey was sent via mail to 6,720 nurses that were selected from the 2023 licensure and re-licensure survey obtained from the Board of Nursing. For this iteration of the survey, vocational nurses, registered nurses, and advanced practice registered nurses across all employment settings were included in the survey population. There were 196 mailings that were returned, meaning that the total survey population was 6,524. There were 711 responses received via mail and electronically making the response rate 10.9%. After removing incomplete responses and any respondents that indicated they worked 0 hours per week providing direct patient care in the past month, there were 558 valid responses for analysis. Table 1a (Appendix A) shows the comparison of demographics and regional distribution between respondents, the survey sample, and the population of nurses in Texas with an active license that are currently working in nursing.

#### **Summary of Highlights**

#### Prevalence of Workplace Violence

- 75.2% of respondents experienced WPV over the past 12 months. 87.9% of respondents experienced at least one type of WPV at any time of their career.
- The most frequent type of WPV experienced over the past 12 months and throughout the course of their career was verbal abuse (72.7% and 84.0%, respectively).
- The nurses with the highest prevalence of WPV over the past 12 months worked in correctional facilities (85.7%) and outpatient hospital facilities (85.4%).
- Nurses working in hospital inpatient units and hospital outpatient units had the the highest prevalence of WPV at any time in their career (93.0% and 91.6%, respectively).
- Patients were the most frequent perpetrators of violence.

### **Factors that Affect Workplace Violence**

The three factors that respondents most frequently ranked as "very impactful" to WPV were lack of respect for healthcare workers (72.7%), insufficient staffing (59.3%), and unrealistic expectations from patients (57.9%).

#### **Most Recent Workplace Violence Event**

59.3% of respondents reported that the most recent WPV event they experienced is best categorized as verbal abuse.

84.6% of respondents that reported ever experiencing WPV stated that they did not miss any days as a result of the most recent WPV event.

■ 26.0% of respondents experienced a change in their workplace situation as a result of the violent event.

Nurses were asked to indicate any feelings or conditions they've developed as a result of the WPV event.

- 41.5% of respondents felt like changing their workplace and 23.1% reported opting for an alternate career.
- 53.7% of nurses reported the most recent WPV event to their organizational-based occurrence or incident reporting system. This shows an increase from the 40.5% of respondents in 2016 that indicated reporting their most recent violent event to their employer.
- 55.1% of nurses that did not report the event to their employer decided to not report it because they did not expect anything to change in the long term.
- The most common type of support offered by employers was peer support via qualified trained peers (21.1%). 43.2% of respondents reported their organization did not offer them support.

#### **Workplace Violence Prevention**

- On average, nurses rated their organization's level of safety to be "somewhat safe" (34.8%).
- Nurses working in Home Health or Hospice (61.1%) were most likely to rate their facility as very or extremely safe.
- The most frequently reported strategy by nurses and by employers was staff training (68.4% and  $77.5\%)^{1}$ .
- The strategy most frequently reported to be very effective by nurses was a multidisciplinary response team (61.6%) and by employers was staff training  $(47.7\%)^1$ .
- Individual nurses reported that the most common type of WPV prevention training offered by employers was WPV awareness training (62.0%).

#### **TCNWS Advisory Committee Recommendations**

#### Recommendation 1: Adopt No Tolerance Policies for Violent Behavior.

75.2% of respondents experienced WPV in the past 12 months and 87.9% experienced WPV at any point of their career. 72.7% of nurses said that lack of respect for healthcare workers is "very impactful" on WPV at their current place of employment. Lack of respect for healthcare workers was also one of the two factors that was most frequently selected (26.2%) as most impactful on WPV. Patients were the most frequently selected perpetrator for all violence types for any violence experienced in the past 12 months (47.4%-78.1%) and throughout the course of their career (38.4%-71.4%). The second most frequent perpetrator was friend or family of patients.

■ Employers should adopt policies that show that their facility does not accept violent behavior from patients or their visitors.

## **Recommendation 2: Promote realistic** expectations among general public regarding the capabilities of healthcare providers.

Over half of respondents said that unrealistic expectations from patients (57.9%) and insufficient staffing (59.3%) are "very impactful" factors on WPV. Unrealistic expectations from patients and insufficient staffing were the two most frequently selected choices (26.2%) as being the most impactful factor on WPV.

Organizations that represent healthcare providers, healthcare organizations, and organizations that represent patients should work together to communicate to patients what they can expect from their healthcare providers when there are healthcare staff shortages.

■ Facilities should consider including nurses in staffing committees to better address and mitigate WPV against nurses.

### Recommendation 3: Ensure that frontline staff are included when creating any policies to prevent or reduce WPV.

53.6% of nurses indicated that "inadequate action on receiving complaints of WPV" was very impactful on WPV. 55.1% of nurses that did not report their most recent event of WPV chose to not report the event because they "did not expect anything to change in the long term". Nurses were asked about the strategies their employers use to prevent or reduce WPV and the effectiveness of each strategy. None of the most commonly used strategies were among those frequently categorized as "very effective". These findings suggest that the methods currently used by nurses employers to address or prevent WPV could better align with the approaches frontline nurses find most effective in addressing or preventing WPV.

Under Senate Bill (SB) 240, facilities are required to adopt, implement, and enforce a written workplace violence prevention policy and plan to protect health care providers and employees from violent behavior and threats of violent behavior occurring at their facility<sup>2</sup>. To ensure compliance with SB 240, facilities should establish an effective action plan that actively includes representation from frontline staff in the creation and review of policies related to preventing and decreasing WPV.

<sup>2</sup>Campbell et al., Texas Legislature Online. Legislative Session 88(R) Senate Bill 240, 2023. https://capitol.texas.gov/billlookup/Text.aspx?Leg-Sess=88R&Bill=SB240



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<sup>&</sup>lt;sup>1</sup>Texas Department of State Health Services, Center for Nursing Workforce Studies. 2024 Employer Nurse Staffing Study, Workplace Violence Against

# Recommendation 4: Use resources that are available, including experiences of other organizations, to inform WPV-related decisions.

While only 4.5% of respondents reported that their organization does not use any strategies to prevent or reduce WPV, some strategies are more successful than others. Employers can look for guidance from multiple sources when creating or making any changes to WPV-related policies and procedures. Some resources that are currently available include reports of previous and current recipients of the Workplace Violence Against Nurses (WPVAN) Prevention Grant (https://www.dshs.texas.gov/center-health-statistics/texas-center-nursing-workforce-studies/workplace-violence-grant-program) and educational resources offered by nursing organizations.

■ In addition to input from frontline staff, employers of nurses should use the experiences of other organizations, including recipients of the WPVAN Prevention Grant, to inform WPV-related decisions.

# Recommendation 5: Increase awareness of WPV among newly licensed nurses and nursing students.

Results suggest that younger, less-experienced nurses have experienced WPV in the past 12 months at greater rates than their older, more experienced colleagues. Nurses aged 27 or younger reported a higher rate of WPV (90.9%) in the past 12 months compared to any other age group (62.5%-78.3%). Nurses with 2 years or less of experience reported higher rates of WPV compared to nurses with more years of experience.

■ Employers and nurse educators should ensure that nursing students and newly licensed nurses are aware of the risk of WPV and resources available to them to prevent or mitigate WPV.

#### **Respondent Characteristics**

#### Age (n=551)

The average age of respondents was 47.6 years and the median age was 48.0. The minimum age was 21 and the maximum age was 80.

### Gender (n=552)

90.4% of respondents were female and 9.6% male.

### Nursing Licensure Level (n=554)

73.8% of respondents were practicing at an RN level. Table 1 shows the number of respondents by license type. Table 1b (Appendix A) shows the distribution of gender and average age by nurse licensure level of respondents.

Table 1. Distribution of respondents' license type (n=554)

License Type	# of Respondents	% of Respondents	
Licensed Vocational Nurse (LVN)	89	16.1%	
Registered Nurse (RN)	409	73.8%	
Advanced Practice Registered Nurse (APRN)	56	10.1%	

#### Years of Experience in Nursing (n=556)

The average years of experience of respondents was 19.1 years. The median years of experience was 17.0 years.

# County Designations of Respondents' Primary Practice County (n=549)

The majority (85.1%) of respondents primarily practice in Metropolitan Non-Border counties. Table 2 shows the distribution of geographic designation of respondents.

Table 2. Geographic distribution of respondents (n=549)

Geographic Designation	Number of Respondents	% of Respondents		
Metro Border	19	3.5%		
Metro Non-Border	467	85.1%		
Non-Metro Border	3	0.5%		
Non-Metro Non-Border	60	10.9%		

#### **Workplace Information**

#### Workplace

Participants were asked about the type of facility they work at the majority of the time. Several of the responses in the "Other" option indicated that they worked at more than one facility, but did not select the option "I split my time equally between two or more types of facilities". As a result, the category "Splits time between two or more types of facilities but not equally" was added during analysis. Table 3 shows the frequencies of facility types where respondents work at by nurse type. Among all nurse types, the most frequently reported facilities were Hospital - Inpatient (49.8%), Ambulatory Care (9.2%), and Hospital - Outpatient (7.8%). Some examples of facilities included in the "other" category are schools, infusion centers, and managed care organizations. Respondents were also asked which department, unit, or area they work in most of the time. The most frequently selected units or primary area of work were Medical/ Surgical (14.3%), Other (13.4%), Emergency (10.1%), and Pediatrics (9.1%). During analysis, the categories "Renal" and "Splits time between two or more units but unclear if equally" were added as categories. Occupational Health and Education/Research were added to "Other" due to making up less than 1% of respondents. Table 4 shows the frequencies of different types of units.

Table 3. Response rates by facility and nurse license type. n=548

Facility Type	LVN	RN	APRN	# of Respondents	% of Respondents
Hospital - Inpatient	13	250	11	274	50.0%
Hospital - Outpatient	2	36	4	42	7.7%
Ambulatory Care Setting	9	32	10	51	9.3%
Public Health/Community Health	3	13	6	22	4.0%
Nursing Home/Long-term Care Facility	29	7	0	36	6.6%
Home Health/Hospice	16	18	2	36	6.6%
Correctional Facility	2	4	2	8	1.5%
Private Practice	7	7	10	24	4.4%
Splits time between two or more types of facilities	5	22	8	35	6.4%
Other	1	16	3	20	3.6%
Total	87	405	56	548	-

Table 4. Unit respondents work in most of the time. n=552

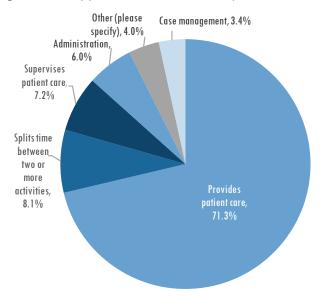
Facility Type	n	%
Medical/Surgical	79	14.3%
Operating/Recovery Room	37	6.7%
Obstetric/Gynecologic	34	6.2%
Psychiatric/Behavioral	28	5.1%
Intensive Care	43	7.8%
Emergency	56	10.1%
Home Care	28	5.1%
Family Practice	35	6.3%
Pediatrics	50	9.1%
Rehabilitation	22	4.0%
Renal	14	2.5%
Splits time between two or more departments/units/areas	51	9.2%
Other (please specify)	75	13.6%

#### **Primary Professional Activity**

Respondents were also asked to indicate their primary professional activity in the past 12 months. The category "Splits time between two or more activities" was added to this variable because several respondents indicated that they split their time between more than one activity but did not indicate if they split their time equally. Primary activities included in the other categories are infection control and navigation. Figure 1 shows the primary professional activity of respondents.

The most frequently selected activities were providing patient care (71.3%), supervising patient care (7.2%), and administration (6.0%).

Figure 1. Primary professional activities of respondents (n=554)



#### Hours Per Week Working in Nursing

Respondents were asked how many hours per week they spent providing direct patient care. The average number of hours worked in direct patient care per week were 36.9 and the median was 36.0 hours. 78.9% of respondents were employed at a full-time capacity. Full-time was defined as working 30 hours per week or more. Table 5 shows the mean and median number of hours worked per week by facility.

Table 5. Mean and median hours per week by facility type (n=552)

Facility Type	n	Mean	Median
Hospital - Inpatient	275	37.4	36.0
Hospital - Outpatient	43	33.5	36.0
Ambulatory Care Setting	51	40.6	40.0
Public Health/Community Health	22	31.1	37.5
Nursing Home/Long-term Care Facility	37	38.7	40.0
Home Health/Hospice	37	35.8	40.0
Correctional Facility	8	32.5	40.0
Private Practice	24	31.8	35.5
Splits time between two or more types of facilities	35	37.2	40.0
Other	20	38.1	40.0

#### **Prevalence of Workplace Violence**

## **Experienced Workplace Violence**

Respondents were asked about the frequency and type, if any, of WPV they have experienced in the past 12 months. WPV was defined as "the use of physical force or emotional abuse, against an employee, resulting in physical or emotional injury and consequences". For the definition of each type of WPV, please see Appendix C. Data on any experiences of WPV in the past 12 months were further filtered to remove any responses that indicated experiencing a specific type of WPV in the past 12 months but did not report experiencing that same type of WPV over the course of their career.

75.2% of respondents reported they experienced WPV over the past 12 months. The most frequently reported types of WPV nurses experienced in the past 12 months were verbal abuse (72.7%), followed by threat (55.0%), and physical assault (34.7%). When divided by age group, those who 27 years of age or younger were more likely to experience violence in the past 12 months (90.9%) than other age groups (62.5%-76.6%). When separated by years of exprience, those that have 2 years of experience

or less have experienced WPV at greater rates than nurses with more years of experience (64.4%-87.0%). Table 6a and 6b in appendix A shows the differences in workplace prevalence in the past 12 months by age group and by years of experience.

- Table 8 (page 6) shows the types of WPV experienced and their frequencies.
- Tables 8a-8e in Appendix A show the frequencies at which nurses in each facility type experienced five types of violence in the past 12 months.

87.9% of respondents reported experiencing at least one type of WPV at any time of their career.

- The most frequently reported types of WPV experienced over the course of respondents' career were verbal abuse (84.0%), threats (72.7%), and physical assault (56.6%).
- Similar to the 2016 Individual WPV survey, the most frequently reported type of WPV was verbal abuse.

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Table 8. WPV prevalence in the past 12 months

Type of Workplace Violence Event	Physical Assault (n=539)	Threat (n=540)	Sexual Harassment (n=534)	Verbal Abuse (n=546)	Use of a Weapon (n=535)
Never (0 times)	65.3%	45.0%	67.0%	27.3%	90.1%
Rarely (1-3 times)	20.8%	24.8%	20.2%	24.5%	9.3%
Occasionally (4-8 times)	10.2%	15.7%	8.4%	19.4%	0.6%
Frequently (9 or more times)	3.7%	14.4%	4.3%	28.8%	0.0%

Table 9. WPV prevalence throughout nurses' career

Type of Workplace Violence Event	Physical Assault (n=549)	Threat (n=545)	Sexual Harassment (n=542)	Verbal Abuse (n=551)	Use of a Weapon (n=539)
Never (0 times per year)	43.4%	27.3%	46.5%	16.0%	78.5%
Rarely (1-3 times per year)	27.5%	27.9%	28.6%	21.1%	18.0%
Occasionally (4-8 time per year)	15.8%	17.2%	12.9%	20.7%	2.2%
Frequently (9 or more times per year)	13.3%	27.5%	12.0%	42.3%	1.3%

- Table 9 shows how frequently respondents experienced an event of WPV throughout the course of their career.
- Tables 9a-9e in Appendix A show the frequencies at which nurses in each facility type experienced five types of WPV over the course of their career.

Table 10 shows the percentage of nurses that have experienced at least one type of WPV event in the past 12 months and at any point of their career.

- Nurses working in a Correctional Facility and nurses working in an Outpatient Hospital had the highest prevalence of WPV in the past 12 months (85.7% and 85.4%, respectively).
- Nurses working in hospital inpatient units and hospital outpatient units had the the highest prevalence of WPV at any time in their career (93.0% and 91.6%, respectively).

Table 10. Workplace violence prevalence by facility type

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Facility Type	n	in past 12 months	n	at any point of their career
Hospital - Inpatient	257	81.7%	275	91.6%
Hospital - Outpatient	41	85.4%	43	93.0%
Ambulatory Care Setting	48	56.3%	51	90.2%
Public Health/Community Health	22	50.0%	22	77.3%
Nursing Home/Long-term Care Facility	32	78.1%	36	86.1%
Home Health/Hospice	34	50.0%	37	70.3%
Correctional Facility	7	85.7%	8	87.5%
Private Practice	24	66.7%	24	83.3%
Splits time between two or more types of facilities	35	80.0%	35	85.7%
Other	20	75.0%	19	78.9%

#### **Perpetrators of Workplace Violence**

Tables 11 and 12 show the groups who committed each type of WPV event in the past 12 months and over the course of the nurses' career. Respondents could select more than one option.

■ For all types of WPV events experienced in the past 12 months, patients were the most frequent perpetrator. Patients were also the most frequently selected perpetrator in the 2016 WPV Individual survey.

Table 11.Perpetrator of violence by type of WPV experienced over the past 12 months

Type of WPV	n	Patient	Family or Friend of a Patient	Supervisor	Physician	Peer	Other
Physical Assault	181	78.1%	14.7%	0.9%	1.3%	4.5%	0.4%
Threat	288	51.9%	33.5%	3.9%	2.8%	6.3%	1.5%
Sexual Harrassment	165	70.0%	15.0%	1.4%	4.3%	7.7%	1.4%
Verbal Abuse	370	47.4%	29.0%	4.8%	8.9%	8.2%	1.7%
Use of a Weapon	46	75.0%	9.6%	1.9%	3.8%	1.9%	7.7%

■ For all types of WPV experienced throughout respondents' careers, the most frequent perpetrator was a patient.

Table 12. Perpetrator of violence by type of WPV experienced throughout their career

Type of WPV	n	Patient	Family or Friend of a Patient	Supervisor	Physician	Peer	Other
Physical Assault	293	71.4%	19.6%	0.8%	3.8%	3.0%	1.5%
Threat	361	44.4%	32.7%	6.0%	6.9%	9.1%	1.0%
Sexual Harrassment	265	51.2%	16.8%	3.3%	13.7%	12.1%	2.8%
Verbal Abuse	418	38.4%	26.5%	8.2%	14.2%	11.6%	1.0%
Use of a Weapon	99	66.9%	23.4%	0.8%	1.6%	0.8%	6.5%

#### **Factors that Affect Workplace Violence**

Nurses were asked to rank the perceived impact of specific factors on WPV at their current place of employment.

The three factors that were most frequently placed in the "very impactful" category were:

- Lack of respect for healthcare workers (72.7%).
- Insufficient staffing (59.3%).
- Unrealistic expectations from patients (57.9%).

Table 13 shows how frequently each factor was categorized as very, somewhat, or not impactful.

Respondents were then asked to select the factor they think is most impactful. The two top risk factors were insufficient staffing (26.2%) and lack of respect for healthcare workers (26.2%). Tables 13a, 13b, and 13c in Appendix A show the factors most frequently selected as a top risk factor and the most frequently selected risk factor by facility, nurse type, and by age group.

Table 13. Perceived impact of factors on WPV

Factor	n	Very impactful	Somewhat impactful	Not impactful
Lack of respect for healthcare workers	517	72.7%	17.2%	10.1%
Insufficient staffing	519	59.3%	27.6%	13.1%
Unrealistic expectations from patients	508	57.9%	28.5%	13.6%
Inadequate action on receiving complaints of WPV	500	53.6%	29.4%	17.0%
Inadequate security arrangements	509	50.7%	29.9%	19.4%
Overcrowding in the clinical environment	492	45.9%	28.5%	25.6%
Long wait times	499	45.1%	32.9%	22.0%
Negative and inappropriate media reporting	493	45.0%	29.2%	25.8%
Lack of resources (equipment or medications)	502	44.8%	34.5%	20.7%
Inappropriate knowledge about the disease/health condition	500	44.0%	38.0%	18.0%

### **Most Recent Workplace Violence Event**

Figure 2 shows how respondents would categorize their most recent WPV event.

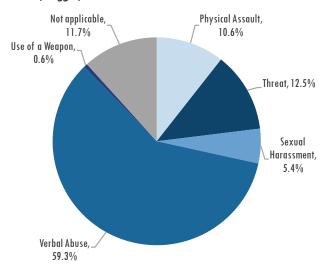
59.3% of respondents reported that the most recent WPV event they experienced is best categorized as verbal abuse.

### **Workplace Violence Outcomes**

Nurses were asked to specify the number of days they missed work due to the most recent incident of WPV they experienced.

- 84.6% of respondents that reported ever experiencing WPV stated that they did not miss any days as a result of the most recent WPV event.
- If the respondent was absent from work due to the violent event, they most frequently reported being absent for 1 day to less than 3 days.
- 1.7% of respondents reported missing a month or longer.

Figure 2. Most Recent Type of WPV Experienced by Nurse (n= 538 )



Respondents in Nursing home/Long-Term care facilities were most likely to miss at least a day of work as a result of the event. See Table 14 in Appendix A.

Nurses were asked to indicate any changes in their work situation resulting from the most recent violent event.

■ 26.0% of respondents experienced a change in their workplace situation as a result of the violent event.

Nurses were asked to indicate any feelings or conditions they've developed as a result of the event.

- 41.5% of respondents felt like changing their workplace and 23.1% reported opting for an alternate career.
- 27.8% of respondents that experienced a recent WPV event reported that the event did not affect them at all.

Nurses were asked if they reported their most recent WPV event through an organizational-based occurrence or incident reporting system.

- 53.7% of nurses reported the most recent event, which is higher than the 40.5% of respondents to the 2016 survey that indicated reporting their most recent violent event.
- Nurses that split their time between two or more facilities and those who work in private practice had the highest percentage of respondents that did not report their most recent WPV event (69.2% and 63.2%, respectively). In the 2016 survey, Hospital and Freestanding Emergency Care nurses were least likely to report their most recent WPV event.
- Nurses that split their time between two or more facilities but did not indicate if equally had the highest percent of respondents that reported their most recent WPV event (64.7%).

Nurses who did not report the event were asked to select reasons for not reporting, respondents could select more than one option.

- The most selected reason was that they did not expect anything to change in the long term (55.1%). This was also the most selected by respondents in the 2016 survey. See Table 15 (Appendix A) for the frequencies of all reasons. This is a 37.7% increase from the percent of participants that chose this reason in the 2016 survey.
- The reason most frequently selected by nurses who split their time between two or more facilities was that they did not expect anything to change in the long-term.
- The reason most frequently selected by nurses working in private practice was that WPV is an accepted/expected part of the job.

Nurses were asked what type of support was offered by their employers following this event and what was utilized. Respondents could select more than one type of support.

- The most selected type of support that was offered by employers was peer support via qualified trained peers (21.1%).
- 43.2% of respondents reported their organization did not offer them support.
- The most selected types of support that were utilized by nurses was peer support via qualified peers (12.2%) and counseling through the employee assistance program (3.8%).

#### **Workplace Violence Prevention**

Nurses were asked about their current workplace's level of safety and effectiveness at preventing workplace violence. Table 16 shows the level of safety reported by facility type.

- 42.6% of nurses said their facility was "very or extremely safe" and 38.4% said their organization is "very or extremely effective" at preventing workplace violence.
- Nurses working in Home Health or Hospice (61.1%) were most likely to rate their facility as "very or extremely safe".
- 50.0% of nurses working at Correctional Facilities rated their organization as "not at all or slightly safe."
- Nurses working in "Other" facility types (60.0%) and nurses working in Home Health or Hospice (58.3%) were most likely to rate their facility as very or extremely effective at preventing and managing workplace violence.

Table 16. Organization's level of safety and effectiveness at preventing and managing WPV by facility type

		Safety (n=549)				Effectiveness at preventing & managing WPV (n=550)			
Facility Type	n	Not at all or slightly safe	Somewhat Safe	Very or Extremely Safe	n	Not at all or slightly effective	Somewhat effective	Very or Extremely effective	
Hospital - Inpatient	273	25.6%	39.6%	34.8%	274	33.6%	32.8%	33.6%	
Hospital - Outpatient	43	14.0%	41.9%	44.2%	43	20.9%	37.2%	41.9%	
Ambulatory Care Setting	51	13.7%	27.5%	58.8%	51	23.5%	31.4%	45.1%	
Public Health/Community Health	22	18.2%	27.3%	54.5%	22	22.7%	31.8%	45.5%	
Nursing Home/Long-term Care Facility	37	37.8%	24.3%	37.8%	37	40.5%	29.7%	29.7%	
Home Health/Hospice	36	5.6%	33.3%	61.1%	36	16.7%	25.0%	58.3%	
Correctional Facility	8	50.0%	25.0%	25.0%	8	50.0%	25.0%	25.0%	
Private Practice	24	4.2%	41.7%	54.2%	24	16.7%	45.8%	37.5%	
Splits time between two or more types of facilities	35	31.4%	25.7%	42.9%	35	37.1%	25.7%	37.1%	
Other	20	15.0%	25.0%	60.0%	20	15.0%	25.0%	60.0%	
All facilities	549	22.2%	35.2%	42.6%	550	29.6%	32.0%	38.4%	

# Comparing Reported Effectiveness of Workplace Violence Prevention Strategies

Nurses and employers were asked about the strategies their organization has implemented to prevent or reduce workplace violence and their effectiveness.

- The strategies that were most frequently reported by nurses were:
  - Staff training (68.4%).
  - Alarms (49.8%).
  - Restricted access (46.4%).
- The strategies that were most reported to be very effective by nurses were:
  - A multidisciplinary response team (61.6%)
  - Chaperones (57.9%)
  - Availability of restraints and policies for use (56.5%)
- The strategies that were reported to be most effective by employers were¹:
  - Staff training (47.7%)
  - Addressing physical security and safety (8.2%)
  - System for responding to and investigating violent incidents (4.1%)

#### **Workplace Violence Prevention Training**

Nurses were asked to indicate the types of workplace violence prevention training they took in the past 12 months.

- The most common workplace violence prevention trainings offered were:
  - Workplace Violence awareness training (62.0%).
  - Training on techniques for de-escalation (57.0%).
  - Training on assessing potential risk for violent behavior (40.7%).
- 15.2% of respondents reported that their employer does not offer workplace violence training.

Respondents were also asked what type of workplace violence prevention trainings they've taken.

- The most common workplace violence prevention trainings taken were:
  - Workplace violence awareness trainings (57.9%).
  - Trainings on techniques for de-escalation (51.6%).
  - Training on assessing potential risk for violent behavior (37.3%).
- Nurses working in Correctional Facilities were the most likely to have received workplace violence prevention training in the past 12 months with 100% reporting at least one type of training.
- Nurses working at a Nursing Home/Long Term Care Facility and nurses working in Home Health/ Hospice Agency were the least likely to have had any workplace violence prevention training offered to them in the past 12 months (56.8% and 56.8%, respectively).

Table 17 (Appendix A) shows the percent of nurses that have been offered at least one type of training by their employers and the percent of nurses that have taken at least one type of training by facility.

Table 1a. Comparison of demographics of respondents, sample, and nurses in Texas with an active license and employed in nurses.

	Variables	2024 Workplace Violence Against Nurses Individual Survey Respondents (n=558)	2024 Workplace Violence Against Nurses Individual Survey Sample (n=6,524)	Nurses with an Active License and Actively Employed in Texas from the 2023 Board of Nursing Licensure File (n=327,284)
	Panhandle	5.1%	4.0%	3.8%
	North Texas	36.8%	29.2%	30.6%
	East Texas	8.6%	8.2%	5.9%
Doniona	Gulf Coast	21.7%	25.4%	25.7%
Regions	Central Texas	9.5%	11.5%	11.4%
	South Texas	10.2%	11.3%	11.6%
	Rio Grande Valley	3.6%	4.6%	4.7%
	West Texas	4.6%	5.9%	6.3%
Age	Mean years	47.6	45.1	45.0
Condon	Female	90.4%	97.9%	98.0%
Gender	Male	9.6%	2.1%	2.0%
	LVN	16.1%	17.8%	18.1%
License Type	RN	73.8%	71.1%	70.9%
	APRN	10.1%	11.0%	10.9%

Table 1b. Gender by License Type (n=551)

		License Type	
Demographic	LVN n=406	RN n=407	APRN n=55
Age	51.6	46.9	46.5
Female	92.1%	90.4%	87.3%
Male	7.9%	9.6%	12.7%

Table 6a. WPV prevalence in the past 12 months by age group (n=520)

Age Group	n	% that has experienced WPV in the past 12 months
≤27 years old	22	90.9%
28-44 years old	180	78.3%
45-59 years old	214	76.6%
60 years or older	104	62.5%

Table 6b. WPV prevalence in the past 12 months by years of experience (n=517)

Years of Experience	n	% that has experienced WPV in the past 12 months
2 years or less	15	100.0%
3 to 5 years	49	71.4%
6 to 10 years	77	87.0%
11 to 20 years	162	73.9%
21 to 30 years	128	74.2%
More than 30 years	88	64.4%

Table 8a. Frequency of Physical Assault in the past 12 months by Facility Type. n= 534

	"Never (0 times)"	"Rarely (1-3 times)"	"Occasionally (4-8 times)"	"Frequently (9 or more times)"
Hospital - Inpatient	51.7%	30.1%	13.4%	4.8%
Hospital - Outpatient	73.8%	14.3%	9.5%	2.4%
Ambulatory Care	95.7%	4.3%	0.0%	0.0%
Public Health/Community Health	81.8%	13.6%	4.5%	0.0%
Nursing Home/Long-term Care Facility	51.6%	19.4%	19.4%	9.7%
Home Health/Hospice	88.9%	2.8%	5.6%	2.8%
Correctional Facility	75.0%	25.0%	0.0%	0.0%
Private Practice	95.8%	4.2%	0.0%	0.0%
Splits time between two or more types of facilities	71.4%	14.3%	8.6%	5.7%
Other	80.0%	10.0%	10.0%	0.0%

Table 8b. Frequency of Threat in the past 12 months by Facility Type. n= 534

	"Never (O times)"	"Rarely (1-3 times)"	"Occasionally (4-8 times)"	"Frequently (9 or more times)"
Hospital - Inpatient	33.8%	28.3%	20.4%	17.5%
Hospital - Outpatient	38.1%	31.0%	14.3%	16.7%
Ambulatory Care Setting	68.1%	14.9%	12.8%	4.3%
Public Health/Community Health	76.2%	14.3%	9.5%	0.0%
Nursing Home/Long-term Care Facility	41.2%	17.6%	17.6%	23.5%
Home Health/Hospice	80.6%	11.1%	5.6%	2.8%
Correctional Facility	14.3%	14.3%	14.3%	57.1%
Private Practice	66.7%	33.3%	0.0%	0.0%
Splits time between two or more types of facilities	42.9%	34.3%	14.3%	8.6%
Other	60.0%	20.0%	5.0%	15.0%

Table 8c. Frequency of Sexual Harassment in the past 12 months by Facility Type. n= 534

11- 534	"Never (0 times)"	"Rarely (1-3 times)"	"Occasionally (4-8 times)"	"Frequently (9 or more times)"
Hospital - Inpatient	59.8%	24.6%	11.0%	4.5%
Hospital - Outpatient	59.5%	31.0%	2.4%	7.1%
Ambulatory Care Setting	78.7%	14.9%	2.1%	4.3%
Public Health/Community Health	95.2%	0.0%	4.8%	0.0%
Nursing Home/Long-term Care Facility	66.7%	15.2%	15.2%	3.0%
Home Health/Hospice	88.9%	8.3%	2.8%	0.0%
Correctional Facility	62.5%	12.5%	0.0%	25.0%
Private Practice	79.2%	20.8%	0.0%	0.0%
Splits time between two or more types of facilities	58.8%	20.6%	11.8%	8.8%
Other	80.0%	10.0%	10.0%	0.0%

Table 8d. Frequency of Verbal Abuse in the past 12 months by Facility Type. n= 52

	"Never (0 times)"	"Rarely (1-3 times)"	"Occasionally (4-8 times)"	"Frequently (9 or more times)"
Hospital - Inpatient	21.0%	22.4%	22.1%	34.6%
Hospital - Outpatient	19.0%	26.2%	19.0%	35.7%
Ambulatory Care Setting	43.1%	27.5%	17.6%	11.8%
Public Health/Community Health	54.5%	22.7%	9.1%	13.6%
Nursing Home/Long-term Care Facility	23.5%	20.6%	8.8%	47.1%
Home Health/Hospice	55.9%	26.5%	8.8%	8.8%
Correctional Facility	12.5%	12.5%	25.0%	50.0%
Private Practice	37.5%	37.5%	20.8%	4.2%
Splits time between two or more types of facilities	22.9%	25.7%	28.6%	22.9%
Other	25.0%	35.0%	20.0%	20.0%

Table 8e. Frequency of Use of a Weapon in the past 12 months by Facility Type. n= 529

<u>3=</u> 3	"Never (0 times)"	"Rarely (1-3 times)"	"Occasionally (4-8 times)"	"Frequently (9 or more times)"
Hospital - Inpatient	87.9%	11.4%	0.8%	0.0%
Hospital - Outpatient	92.7%	7.3%	0.0%	0.0%
Ambulatory Care Setting	95.8%	4.2%	0.0%	0.0%
Public Health/Community Health	100.0%	0.0%	0.0%	0.0%
Nursing Home/Long-term Care Facility	76.5%	23.5%	0.0%	0.0%
Home Health/Hospice	100.0%	0.0%	0.0%	0.0%
Correctional Facility	100.0%	0.0%	0.0%	0.0%
Private Practice	100.0%	0.0%	0.0%	0.0%
Splits time between two or more types of facilities	88.6%	11.4%	0.0%	0.0%
Other	90.0%	5.0%	5.0%	0.0%

Table 9a. Frequency of Physical Assault throughout Career. n= 544

	"Never (0 times)"	"Rarely (1-3 times)"	"Occasionally (4-8 times)"	"Frequently (9 or more times)"
Hospital - Inpatient	32.2%	29.3%	20.5%	17.9%
Hospital - Outpatient	45.2%	35.7%	11.9%	7.1%
Ambulatory Care Setting	57.1%	26.5%	14.3%	2.0%
Public Health/Community Health	54.5%	31.8%	9.1%	4.5%
Nursing Home/Long-term Care Facility	40.0%	17.1%	20.0%	22.9%
Home Health/Hospice	67.6%	16.2%	13.5%	2.7%
Correctional Facility	37.5%	25.0%	25.0%	12.5%
Private Practice	70.8%	25.0%	4.2%	0.0%
Splits time between two or more types of facilities	51.4%	34.3%	2.9%	11.4%
Other	68.4%	10.5%	0.0%	21.1%

Table 9b. Frequency of Threats throughout Career. n= 540

	"Never (0 times)"	"Rarely (1-3 times)"	"Occasionally (4-8 times)"	"Frequently (9 or more times)"
Hospital - Inpatient	19.2%	28.8%	18.8%	33.2%
Hospital - Outpatient	26.2%	31.0%	11.9%	31.0%
Ambulatory Care Setting	38.8%	24.5%	18.4%	18.4%
Public Health/Community Health	42.9%	38.1%	14.3%	4.8%
Nursing Home/Long-term Care Facility	20.0%	28.6%	17.1%	34.3%
Home Health/Hospice	61.1%	19.4%	16.7%	2.8%
Correctional Facility	25.0%	12.5%	12.5%	50.0%
Private Practice	41.7%	25.0%	20.8%	12.5%
Splits time between two or more types of facilities	25.7%	34.3%	22.9%	17.1%
Other	36.8%	26.3%	0.0%	36.8%

Table 9c. Frequency of Sexual Harassment throughout Career. n= 537

rable ge. recipiency of sexour raras.	"Never (0 times)"	"Rarely (1-3 times)"	"Occasionally (4-8 times)"	"Frequently (9 or more times)"
Hospital - Inpatient	40.8%	31.3%	13.6%	14.3%
Hospital - Outpatient	39.5%	37.2%	9.3%	14.0%
Ambulatory Care Setting	60.4%	20.8%	12.5%	6.3%
Public Health/Community Health	70.0%	20.0%	5.0%	5.0%
Nursing Home/Long-term Care Facility	53.1%	18.8%	18.8%	9.4%
Home Health/Hospice	72.2%	13.9%	11.1%	2.8%
Correctional Facility	37.5%	12.5%	25.0%	25.0%
Private Practice	37.5%	41.7%	8.3%	12.5%
Splits time between two or more types of facilities	40.0%	34.3%	14.3%	11.4%
Other	52.6%	21.1%	10.5%	15.8%

Table 9d. Frequency of Verbal Abuse throughout Career. n= 546

	"Never (0 times)"	"Rarely (1-3 times)"	"Occasionally (4-8 times)"	"Frequently (9 or more times)"
Hospital - Inpatient	11.0%	19.1%	19.5%	50.4%
Hospital - Outpatient	14.0%	25.6%	14.0%	46.5%
Ambulatory Care Setting	17.6%	27.5%	29.4%	25.5%
Public Health/Community Health	31.8%	27.3%	13.6%	27.3%
Nursing Home/Long-term Care Facility	16.7%	25.0%	13.9%	44.4%
Home Health/Hospice	41.7%	19.4%	19.4%	19.4%
Correctional Facility	12.5%	12.5%	25.0%	50.0%
Private Practice	16.7%	25.0%	29.2%	29.2%
Splits time between two or more types of facilities	14.3%	20.0%	31.4%	34.3%
Other	21.1%	15.8%	21.1%	42.1%

Table 9e. Frequency of Use of a Weapon throughout Career. n= 534

. ,	3			
	"Never (0 times)"	"Rarely (1-3 times)"	"Occasionally (4-8 times)"	"Frequently (9 or more times)"
Hospital - Inpatient	73.1%	22.0%	3.4%	1.5%
Hospital - Outpatient	79.1%	16.3%	2.3%	2.3%
Ambulatory Care Setting	91.5%	8.5%	0.0%	0.0%
Public Health/Community Health	100.0%	0.0%	0.0%	0.0%
Nursing Home/Long-term Care Facility	67.6%	32.4%	0.0%	0.0%
Home Health/Hospice	94.3%	5.7%	0.0%	0.0%
Correctional Facility	75.0%	25.0%	0.0%	0.0%
Private Practice	95.8%	4.2%	0.0%	0.0%
Splits time between two or more types of facilities	74.3%	22.9%	2.9%	0.0%
Other	78.9%	10.5%	0.0%	10.5%

Table 13a. Factors selected as most impactful. n=474

Factor	% of respondents that selected this factor as most impactful
Insufficient staffing	26.2%
Lack of respect for healthcare workers	26.2%
Unrealistic expectations from patients	22.8%
Inadequate action on receiving complaints of WPV	8.6%
Inadequate security arrangements	7.2%
Long wait times	3.2%
Overcrowding in the clinical environment	1.9%
Inappropriate knowledge about the disease/ health condition	1.9%
Lack of resources (equipment or medications)	1.3%
Negative and inappropriate media reporting	0.8%



Table 13b. Most impactful risk factor by facility. n=469

Factor	Hospital - Inpatient	Hospital - Outpatient	Ambulatory Care Setting	Public Health/ Community Health	Nursing Home/ Long-term Care Facility	Home Health/ Hospice	Correctional Facility	Private Practice	Splits time between two or more types of facilities	Other
Insufficient staffing	27.9%	13.5%	9.1%	27.8%	37.9%	32.1%	12.5%	31.6%	32.0%	35.7%
Lack of resources (equipment or medications)	0.8%	0.0%	0.0%	0.0%	6.9%	3.6%	0.0%	5.3%	0.0%	0.0%
Overcrowding in the clinical environment	2.0%	5.4%	0.0%	0.0%	0.0%	3.6%	0.0%	0.0%	0.0%	0.0%
Long wait times	0.8%	8.1%	11.4%	5.6%	0.0%	7.1%	0.0%	10.5%	0.0%	0.0%
Inadequate security arrangements	8.1%	2.7%	6.8%	11.1%	6.9%	3.6%	37.5%	0.0%	8.0%	0.0%
Inadequate action on receiving complaints of workplace violence	8.9%	10.8%	15.9%	16.7%	3.4%	3.6%	12.5%	0.0%	8.0%	0.0%
Unrealistic expectations from patients	23.1%	29.7%	29.5%	11.1%	17.2%	14.3%	0.0%	21.1%	24.0%	35.7%
Inappropriate knowledge about the disease/health condition	2.0%	0.0%	2.3%	5.6%	0.0%	3.6%	0.0%	0.0%	0.0%	7.1%
Lack of respect for healthcare workers	25.5%	29.7%	25.0%	22.2%	24.1%	28.6%	25.0%	31.6%	28.0%	21.4%
Negative and inappropriate media reporting	0.8%	0.0%	0.0%	0.0%	3.4%	0.0%	12.5%	0.0%	0.0%	0.0%

Table 13c. Most impactful risk factor by age group. n=467

Factor	Age group							
racioi	≤ 27	28-44	45-59	60+				
Insufficient staffing	24.0%	26.0%	25.7%	27.0%				
Lack of resources (equipment or medications)	0.0%	1.7%	1.1%	0.0%				
Overcrowding in the clinical environment	8.0%	0.6%	2.1%	2.7%				
Long wait times	0.0%	1.1%	3.7%	8.1%				
Inadequate security arrangements	4.0%	8.3%	6.4%	6.8%				
Inadequate action on receiving complaints of workplace violence	12.0%	9.4%	8.0%	8.1%				
Unrealistic expectations from patients	12.0%	24.3%	21.4%	27.0%				
Inappropriate knowledge about the disease/health condition	8.0%	0.0%	3.7%	0.0%				
Lack of respect for healthcare workers	32.0%	28.2%	26.7%	18.9%				
Negative and inappropriate media reporting	0.0%	0.6%	1.1%	1.4%				

Table 13d. Most impactful risk factor by license type. n=470

Factor	LVN (n=62)	RN (n=361)	APRN (n=47)
Insufficient staffing	27.4%	26.3%	25.5%
Lack of resources (equipment or medications)	3.2%	1.1%	0.0%
Overcrowding in the clinical environment	1.6%	2.2%	0.0%
Long wait times	4.8%	1.9%	6.4%
Inadequate security arrangements	6.5%	7.2%	8.5%
Inadequate action on receiving complaints of workplace violence	6.5%	9.4%	6.4%
Unrealistic expectations from patients	19.4%	23.3%	25.5%
Inappropriate knowledge about the disease/health condition	0.0%	1.9%	2.1%
Lack of respect for healthcare workers	29.0%	25.8%	25.5%
Negative and inappropriate media reporting	1.6%	0.8%	0.00%

Table 14. Number of days absent by facility type. n=486

			Number of day	s absent as a re	esult of most re	cent WPV event		
Type of Facility	None	Less than 1 day	1 day to less than 3 days	3 days to less than 7 days	7 days to less than 14 days	14 days to less than 1 month	1 month to less than 3 months	3 months or more
Hospital - Inpatient	85.6%	1.2%	8.0%	1.6%	0.4%	1.2%	0.8%	1.2%
Hospital - Outpatient	83.3%	9.5%	7.1%	0.0%	0.0%	0.0%	0.0%	0.0%
Ambulatory Care Setting	84.8%	6.5%	2.2%	2.2%	4.3%	0.0%	0.0%	0.0%
Public Health/Community Health	90.0%	5.0%	0.0%	0.0%	0.0%	0.0%	0.0%	5.0%
Nursing Home/Long-term Care Facility	67.7%	6.5%	12.9%	6.5%	3.2%	3.2%	0.0%	0.0%
Home Health/Hospice	72.0%	4.0%	12.0%	0.0%	4.0%	4.0%	0.0%	4.0%
Correctional Facility	71.4%	0.0%	14.3%	0.0%	0.0%	0.0%	0.0%	14.3%
Private Practice	84.2%	0.0%	5.3%	5.3%	5.3%	0.0%	0.0%	0.0%
Splits time between two or more types of facilities	90.0%	0.0%	6.7%	3.3%	0.0%	0.0%	0.0%	0.0%
Other	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

Table 15. Reasons for not reporting the most recent WPV event. n=267

Reason for not reporting	n	%
My organization has no incident reporting system	9	3.4%
Not sure how to report	20	7.5%
Process too complicated	28	10.5%
Fear of being blamed for the episode	39	14.6%
Fear of retaliation from employer	49	18.4%
Fear of lack of support from colleagues	29	10.9%
Do not expect anything to change in the long-term	147	55.1%
Too many episodes/too busy to report	67	25.1%
It is an accepted/expected part of the job	97	36.3%
Lack of follow up/response from management	53	19.9%
Feel I can manage episode(s) effectively	67	25.1%
Time constraints	31	11.6%
Feel patient was not responsible for their actions or had a diminished responsibility	69	25.8%
Other	8	3.0%



Table 16a . Organizational safety and effectiveness by age group.

	Safety (n=548)				Effectiveness at preventing & managing WPV (n=549)				
Age Group	n	Not at all or slightly safe	April 1 Somewhat Safe		n	Not at all or slightly effective	Somewhat effective	Very or Extremely effective	
≤27	25	28.0%	40.0%	32.0%	25	40.0%	36.0%	24.0%	
28-44	194	25.8%	33.0%	41.2%	195	33.8%	29.2%	36.9%	
45-59	224	24.6%	36.2%	39.3%	224	32.6%	33.9%	33.5%	
60+	105	8.6%	33.3%	58.1%	105	13.3%	29.5%	57.1%	

Table 17. Percent of participants that have been offered at least one type of WPV training by their empolyers and percent of respondents that have taken WPV training in the past 12 months. (n=552)

		. 33 .	
Facility Type	n	% of respondents that have been offered at least one type of WPV training by their employers in the past 12 months	% of respondents that have taken at least one type of WPV training in the past 12 months
Hospital - Inpatient	275	84.7%	79.3%
Hospital - Outpatient	43	93.0%	93.0%
Ambulatory Care Setting	51	84.3%	82.4%
Public Health/Community Health	22	72.7%	63.6%
Nursing Home/Long-term Care Facility	37	56.8%	51.4%
Home Health/Hospice	37	56.8%	51.4%
Correctional Facility	8	100.0%	100.0%
Private Practice	24	58.3%	58.3%
Splits time b/t two or more types of facilities	35	85.7%	82.9%
Other	20	70.0%	65.0%

#### **Appendix B: Individual Nurse Survey Instrument**



**2024 Workplace Violence Against Nurses Survey** 



Texas Department of State Health Services

For the purpose of this survey, workplace violence is defined as the use of physical force or emotional abuse, against an employee, resulting in physical or emotional injury and consequences. This includes physical assault, threat, sexual harassment, verbal abuse, and use of a weapon which are defined as follows:

- Physical assault when you are hit, slapped, kicked, pushed, strangulated, grabbed, sexually assaulted, or otherwise subjected to physical contact intended to injure or harm you.
- Threat the use of words, gestures, or actions with the intent of intimidating, frightening, or harming (physically or otherwise).
- Sexual harassment any type of unwelcome sexual behavior (words or actions) that creates a hostile work environment
- Verbal abuse when another person yells or swears at you, calls you names, or uses other words intended to control or hurt you.
- Use of a weapon an incident involving the use of a firearm or other dangerous weapon, regardless of whether the individual is injured by the weapon.

#### **SECTION 1: Demographics**

1. Please indicate your age:								
2. Please indicate your gender (Check one):								
○ Female	○ Male	O Prefer not to answer						
3. Please indicate	e the level of nur	sing you are currently practicing (Check one):						
○ LVN	○ RN	○ APRN						
4. How many years of nursing experience do you have? Yrs								
5. In which Texas county do you primarily practice nursing?								
6. On average, how many hours per week did you spend providing direct patient care in the last month?								
Hrs,	/wk							

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For assistance, contact the TCNWS by email at <u>TCNWS@dshs.texas.gov.</u>

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7. <b>In</b>	the past 12 months, which type of facili	ty d	id you work in most of the tin	ne? (	Check one.		
$\bigcirc$	Hospital - Inpatient		O Home Health				
$\bigcirc$	Hospital - Outpatient		Correctional Facility				
$\bigcirc$	Ambulatory Care Setting		<ul> <li>Freestanding Emergency N</li> </ul>	∕ledi	cal Facility		
$\bigcirc$	Public Health/Community Health						
$\bigcirc$	Nursing Home/Long-term Care Facility		Private Practice				
$\bigcirc$	I split my time equally between two or n	nore	types of facilities				
Oth	er (please specify):						
8. <b>I</b> ı	n the past 12 months, which department	t/un	it/area did you work in most	of th	e time? Check one.		
$\circ$	Medical/Surgical	$\bigcirc$	Intensive Care	$\bigcirc$	Occupational Health		
$\bigcirc$	Operating/Recovery Room	$\bigcirc$	Emergency	$\bigcirc$	Education/Research		
$\bigcirc$	Obstetric/Gynecologic	$\bigcirc$	Home Care	$\bigcirc$	Pediatrics		
$\bigcirc$	Psychiatric/Behavioral	$\bigcirc$	Family Practice	$\bigcirc$	Rehabilitation		
$\bigcirc$	I split my time equally between two or n	nore	e departments/units/areas				
Oth	er (please specify):						
9. <b>In</b>	the past 12 months, what was your prin	nary	professional activity? Check of	one.			
$\circ$	Provided patient care		O Insurance/Utiliza	tion i	review		
$\bigcirc$	Administration		Case managemer	nt			
$\circ$	Supervised patient care		<ul><li>Teaching</li></ul>				
$\bigcirc$	Research		<ul> <li>Telephone triage,</li> </ul>	/heal	th information		
$\bigcirc$	I split my time equally between two or r	more	e activities				
Oth	er (please specify):						

Workplace Violence Against Nurses Survey page 2 of 8 For assistance, contact the TNWS by email at ICNWS@dshs.texas.gov.

#### SECTION 2: Workplace violence experienced over the past 12 months

10. In the past 12 months, how frequently did you experience these types of workplace violence? Check one for each type of workplace violence.

Tunes of Workshop Violence	Never	Rarely	Occasionally	Frequently
Types of Workplace Violence	0 times	1-3 times	4-8 times	9 or more times
Physical Assault	0	0	0	0
Threat	0	0	0	0
Sexual Harassment	0	0	0	0
Verbal Abuse	0	0	0	0
Use of a Weapon	0	0	0	0

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

Types of Workplace Violence	Patient	Family or Friend of Patient	Supervisor	Physician	Peer	Other	Not experienced
Physical Assault							
Threat							
Sexual Harassment							
Verbal Abuse							
Use of a Weapon							

#### SECTION 3: Workplace violence experienced over the course of your career

12. Over the course of your career, how frequently did you experience these types of workplace violence? Check one for each type of workplace violence.

Towns of Washington Walance	Never	Rarely	Occasionally	Frequently
Types of Workplace Violence	0 times per year	1-3 times per year	4-8 times per year	9 or more times per year
Physical Assault	0	0	0	0
Threat	0	0	0	0
Sexual Harassment	0	0	0	0
Verbal Abuse	0	0	0	0
Use of a Weapon	0	0	0	0

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

Types of Workplace Violence	Patient	Family or Friend of Patient	Supervisor	Physician	Peer	Other	Not experienced
Physical Assault							
Threat							
Sexual Harassment							
Verbal Abuse							
Use of a Weapon							

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## SECTION 4: The most recent workplace violence event perpetrated against you in the workplace regardless of how long ago it occurred

14. Regardless of how long ago it workplace violence event perp	-	e category that most closely reflects the most recent ne.
O Physical Assault	O Sexual Harassment	O Use of a Weapon
○ Threat	O Verbal Abuse	<ul> <li>Not applicable – I have not experienced violence in the workplace (Skip to Question 21 page #5)</li> </ul>
15. As a result of this event, pleas	se indicate the number of da	ys you were absent from work. Check one.
○ None	3 days to less than 7 c	lays 1 month to less than 3 months
O Less than 1 day	7 days to less than 14	days 3 months or more
1 day to less than 3 days	O 14 days to less than 1	month
16. As a result of this event, pleas	se indicate any changes in yo	ur work situation that occurred. Check all that apply.
□ No changes □ Involu	untary transfer to another loc	ation   Restriction/modification of work activities
☐ Quit your job ☐ Volur	tary transfer to another loca	tion   Leave of absence
Other (please specify):		
17. As a result of this event, pleas	se indicate any feelings/cond	itions that you developed. Check all that apply.
☐ Did not/doesn't affect me at a	II □ I feel	/felt that motivation/efficiency reduced at my work
☐ I feel/felt like not working at a	II □ I feel	/felt like changing my workplace
☐ I have/had PTSD	□ I feel	/felt like opting for an alternate career
☐ I have/had self-harm/suicidal	ideations	
18. Did you report the event thro	ugh your organizational-base	ed occurrence or incident reporting system?
○ Yes (Skip to Question 20, pg	#5) O No	

Workplace Violence Against Nurses Survey page 4 of 8 For assistance, contact the TCNWS by email at <a href="mailto:TCNWS@dshs.texas.gov">TCNWS@dshs.texas.gov</a>.



19. If you responded no to question 18, please indicate why you decided not to report this event. Check all that apply.						
$\ \square$ My organization has no incident reporting system $\ \square$ Do not ex	pect anything	to change in th	e long-term			
$\ \square$ Not sure how to report $\ \square$ Too many	episodes/too	busy to report				
$\ \square$ Process too complicated $\ \square$ It is an acc	cepted/expec	ted part of the j	ob			
$\ \square$ Fear of being blamed for the episode $\ \square$ Lack of fo	llow up/respo	onse from mana	gement			
☐ Fear of retaliation from employer ☐ Feel I can	manage episo	ode(s) effectivel	у			
☐ Fear of lack of support from colleagues ☐ Time cons	straints					
☐ Feel patient was not responsible for their actions or had a diminished substance abuse, mental health issues, emotional distress)	ed responsibil	ity (e.g. cognitiv	ely impaired,			
Other (please specify):						
20. <b>Following this event, please indicate types of support offered from your employer and you utilized.</b> Check <u>all</u> types of support offered, then indicate whether you did or did not utilize this support.						
Types of Support	Offered	I utilized this support	I did not utilize this support			
Types of Support  My organization did not offer me support  *Check the box for "offered" and skip to question 21	Offered					
My organization did not offer me support						
My organization did not offer me support  *Check the box for "offered" and skip to question 21		support -	this support			
My organization did not offer me support  *Check the box for "offered" and skip to question 21  Peer support - qualified trained peers		support -	this support			
My organization did not offer me support  *Check the box for "offered" and skip to question 21  Peer support - qualified trained peers  Counseling through Employee Assistance Program		support -	this support  -			
My organization did not offer me support  *Check the box for "offered" and skip to question 21  Peer support - qualified trained peers  Counseling through Employee Assistance Program  Critical Incident Stress Management Intervention		support  -  O  O	this support  -  O  O			
My organization did not offer me support  *Check the box for "offered" and skip to question 21  Peer support - qualified trained peers  Counseling through Employee Assistance Program  Critical Incident Stress Management Intervention  Other (please specify):	current pla	support  -  -  -  -  -  -  -  -  -  -  -  -  -	this support  -  O  O  O  nent			
My organization did not offer me support  *Check the box for "offered" and skip to question 21  Peer support - qualified trained peers  Counseling through Employee Assistance Program  Critical Incident Stress Management Intervention  Other (please specify):  SECTION 5: Workplace violence prevention at your	current pla	support	this support  -  O  O  O  nent			
My organization did not offer me support  *Check the box for "offered" and skip to question 21  Peer support - qualified trained peers  Counseling through Employee Assistance Program  Critical Incident Stress Management Intervention  Other (please specify):  SECTION 5: Workplace violence prevention at your 21. As it relates to workplace violence prevention, how would you rate	current place your organia	support	this support			

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23. Please indicate what strategies your organization has implemented to prevent or reduce workplace violence. Additionally, please indicate how effective you deem each strategy to be at preventing workplace violence. Check <u>all</u> strategies implemented, then check <u>one</u> response identifying your perceived effectiveness to that strategy.

	Check if any of the following are	Perce	Perceived effectiveness			
	implemented by your organization	Very effective	Somewhat effective	Not effective		
Alarms and monitors (including panic buttons)		0	0	0		
Personal alarms		0	0	0		
Staff training		0	0	0		
Restricted access		0	0	0		
Restricted, reduced, or limited visitors		0	0	0		
Behavioral emergency response team		0	0	0		
Static or rounding security personnel		0	0	0		
Availability of escorts		0	0	0		
Chaperones (visiting in pairs)		0	0	0		
Personal protective equipment		0	0	0		
Availability of restraints and policies for use		0	0	0		
Reduced crowding in clinical environment		0	0	0		
Exit strategies		0	0	0		
Metal detectors		0	0	0		
Use of screening tool for patients at risk for violence		0	0	0		
Involving law enforcement		0	0	0		
Use of emergency codes		0	0	0		
A multi-disciplinary response team		0	0	0		
Signage placed throughout facility describing rules, responsibilities, and behavioral expectations		0	0	0		
Use of a flagging system to alert staff of high-risk patients based on previous incidents		0	0	0		
Patient-caregiver education		0	0	0		
Formal behavioral warning notification letter		0	0	0		
Virtual sitters		0	0	0		
My organization does not implement any of these strategies *Check the box for "implemented" and skip to question 24		-	-	-		

Workplace Violence Against Nurses Survey page 6 of 8 For assistance, contact the TCNWS by email at <a href="mailto:ICNWS@dshs.texas.gov">ICNWS@dshs.texas.gov</a>.

24. Please indicate how impactful you find each of the following as factors that contribute to workplace violence at your current place of employment. Check the perceived level of impact for <u>each</u> factor, then check the <u>one</u> most impactful factor.

	Р	erceived impa	act	Check the one factor
	Very impactful	Somewhat impactful	Not impactful	you think is the most impactful factor
Insufficient staffing	0	0	0	0
Lack of resources (equipment or medications)	0	0	0	0
Overcrowding in the clinical environment	0	0	0	0
Long wait times	0	0	0	0
Inadequate security arrangements	0	0	0	0
Inadequate action on receiving complaints of workplace violence	0	0	0	0
Unrealistic expectations from patients	0	0	0	0
Inappropriate knowledge about the disease/health condition	0	0	0	0
Lack of respect for healthcare workers	0	0	0	0
Negative and inappropriate media reporting	0	0	0	0

25. Please indicate the types of workplace violence prevention training your employer offered and you took in the past 12 months. Check <u>all</u> trainings that were offered, then indicate if you took the training for those that were offered.

Types of Training	Offered	I took this training	I did not take this training
My employer does not offer workplace violence training  *Check the box for "offered" and skip to "Additional Comments"		-	-
Workplace violence awareness training		0	0
Training on techniques for de-escalation		0	0
Training on specific evasion techniques		0	0
Training on patient containment measures		0	0
Training on assessing potential risk for violent behavior		0	0
Other (please specify):		0	0

PROCEED TO THE BACK OF THIS PAGE FOR A SPACE FOR ADDITIONAL COMMENTS

Workplace Violence Against Nurses page 7 of 8 For assistance, contact the TCNWS by email at <a href="mailto:ICNWS@dshs.texas.gov">ICNWS@dshs.texas.gov</a>.



#### **ADDITIONAL COMMENTS**

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

You have reached the end of the 2024 Workplace Violence Against Nurses Survey. Thank you for your participation.

Please return this survey in the enclosed, self-addressed envelope.

Workplace Violence Against Nurses Survey page 8 of 8 For assistance, contact the TCNWS by email at <a href="mailto:TCNWS@dshs.texas.gov">TCNWS@dshs.texas.gov</a>.



#### **Appendix C: Employer Survey Instrument**

#### **Workplace Violence**

The following questions relate to your organization's practices and strategies to prevent workplace 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, verbal abuse, and use of a weapon. Workplace violence can be perpetrated by anyone including patients, visitors, peers, and other healthcare providers or staff.

<u>Please note that data from this survey is reported in aggregate and responses by individual facilities will not be reported.</u>

\*\*During the 88th Texas Legislative Session, Senate Bill (SB) 240 (<u>Texas Health and Safety Code</u>, <u>Title 4</u>, <u>Subtitle H, Chapter 331 - Workplace Violence Prevention</u>) was signed into law and requires Texas healthcare facilities to "adopt, implement, and enforce a written workplace violence prevention policy" and a "written workplace violence prevention plan." Facilities must comply with SB 240's provisions by September 1, 2024. Each facility must establish a workplace violence prevention committee or authorize an existing facility committee to develop the workplace violence prevention plan. Facilities are defined as:

• Home and community support services agencies that are licensed or licensed and certified to provide home health services and that employ at least two registered nurses

of SR 240?

2. Is your facility already meeting the requirements

- Licensed hospitals and hospitals maintained or operated by a Texas state agency that are exempt from licensing
- · Licensed nursing facilities that employ at least two registered nurses
- · Licensed ambulatory surgical centers
- Freestanding emergency medical care facilities; and

1. Before receiving this survey, were you aware of

Licensed mental hospitals

the passing of SR 240?

		. pussing 01 55 2 10.	0.	3D 2 10.
	$\circ$	Yes	0	Yes, our facility already meets the requirements.
	0	No	0	No, but our facility is working on implementing the different requirements.
			0	No, our facility needs assistance or resources in order to implement the requirements.
3.		ase select what aspects of the Texas Health and Safety eds assistance or resources in order to implement. Sele		
		No assistance or resources needed, my facility is working towa	rd ir	nplementing these requirements.
		Workplace violence prevention committee		
		Workplace violence prevention policy		
		Workplace violence prevention plan - adopting a workplace violence	olen	ce definition
		Workplace violence prevention plan - workplace violence prev	enti	on training
		Workplace violence prevention plan - system for responding to	an	d investigating violent incidents
		Workplace violence prevention plan - addressing physical secu	rity	and safety
		Workplace violence prevention plan - soliciting information from and implementing the workplace violence prevention plan	om	health care providers and employees when developing
		Workplace violence prevention plan - allowing health care problence through existing occurrence reporting systems	rov	iders and employees to report incidents of workplace
		Workplace violence prevention plan - adjusting patient care a of the facility from treating or providing services to a patient	_	
		provider or employee		

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4.	pre	What strategies has your facility implemented to prevent or reduce workplace violence? Select all that apply.			Which of the strategies implemented at you facility has been most successful in preventin workplace violence? Select only <u>one</u> option.		
	_			_			
		Having a workplace violence definition		0	Having a workplace violence definition Staff training		
		Staff training		0	System for responding to and investing violent		
	Ш	System for responding to and investing violent incidents		0	incidents		
		Addressing physical security and safety		0	Addressing physical security and safety		
		Soliciting information from health care providers and employees when developing and implementing the workplace violence prevention plan		0	Soliciting information from health care providers and employees when developing and implementing the workplace violence prevention plan		
		Allowing health care providers and employees to report incidents of workplace violence through existing occurrence reporting systems		0	Allowing health care providers and employees to report incidents of workplace violence through existing occurrence reporting systems		
		Adjusting patient care assignments to prevent a health care provider or employee of the facility from treating or providing services to a patient who has intentionally physically abused or threatened the provider or employee		0	Adjusting patient care assignments to prevent a health care provider or employee of the facility from treating or providing services to a patient who has intentionally physically abused or threatened the provider or employee		
		Alarms and monitors (including panic buttons)		0	Alarms and monitors (including panic buttons)		
		Assessment of work areas for risk factors		0	Assessment of work areas for risk factors		
		Screening patients for risk of violence		0	Screening patients for risk of violence		
		Investigation of reported incidents		0	Investigation of reported incidents		
		Personal alarms		0	Personal alarms		
		Restricted access		0	Restricted access		
		Restricted, reduced, or limited visitors		0	Restricted, reduced, or limited visitors		
		Emergency response team		0	Emergency response team		
		Static or rounding security personnel		0	Static or rounding security personnel		
		Availability of escorts		0	Availability of escorts		
		Chaperones (visiting in pairs)		0	Chaperones (visiting in pairs)		
		Personal protective equipment		0	Personal protective equipment		
		Availability of restraints and policies for use		0	Availability of restraints and policies for use		
		Reduced crowding in clinical environment		0	Reduced crowding in clinical environment		
		Exit strategies		0	Exit strategies		
		Metal detectors		0	Metal detectors		
		Use of screening tool for patients at risk for violence		0	Use of screening tool for patients at risk for violence		
		Involving law enforcement		0	Involving law enforcement		
		Use of emergency codes		0	Use of emergency codes		
		A multi-disciplinary response team		_	A multi-disciplinary response team		
		Signage placed throughout facility describing rules, responsibilities, and behavioral expectations		0	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		0	Use of a flagging system to alert staff of high-risk patients based on previous incidents		
		Tracking of incidents and analysis of data by role		0	Tracking of incidents and analysis of data by role		
		Use of virtual sitters		$\circ$	Use of virtual sitters		
		Advanced weapons detection system		$\circ$	Advanced weapons detection system		
		Other (Please specify):		$\sim$	Other (Please specify):		

5. Which of the strategies implemented at your

Hospital Nurse Staffing Survey page 2 of  $4\,$ For assistance, contact the TCNWS by email at <a href="mailto:TCNWS@dshs.texas.gov">TCNWS@dshs.texas.gov</a>.

6.	If your organization has a nurse staffing committee, does it consider incidents of workplace violence in developing and evaluating nurse staffing plans?	repo	orting	of physical a	ssaults to law	ty addresses enforcement.  enforcement is	
	O Yes		encoura				
	O No				assaults to law	enforcement is	
	O I don't know/I am unsure		required				
	<ul> <li>Not applicable - My organization does not have a nurse staffing committee</li> </ul>		-	ng of physical ressed in the p		enforcement is	
7.	What does your facility use to track incidents of workplace violence?		<ol> <li>Please indicate the elements of reported incidents that are evaluated. Select all that apply.</li> </ol>				
	O My facility doesn't currently track incidents of	□ F	Reporte	d incidents ar	e not evaluated		
	workplace violence		Number	of violent inc	idents reported		
	O An incident reporting system/software				vith incidents	(e.g. worker's	
	O A spreadsheet		compen				
	Other (please specify):					m incidents (e.g.	
					eceived emerge	from incidents	
						al/psychological	
8.	Please indicate whether your facility tracks any of		follow-u			۲-7 3	
	the following <u>types</u> of violence against employees		_ocatior	or unit in wh	ich incidents oc	curred	
	or providers. Select all that apply.	□ T	Time at	which inciden	ts occurred		
	☐ All incidents of physical assault			eristics of the			
	$\hfill\square$ Only incidents of physical assault reported to law					ee(s) involved in	
	enforcement				ears of experience ducted at time of		
	☐ Incidents of threat			levels at time		or incidents	
	☐ Incidents of sexual harassment ☐ Incidents of verbal abuse		_			kplace violence	
					rior to incidents	cpiace violence	
	<ul><li>☐ Use of a weapon</li><li>☐ My organization does not currently track incidents of</li></ul>					law enforcement	
	workplace violence		n incide				
•	·					yees who leave	
9.	Please indicate the types of incidents employees or providers are <u>required</u> to report. Select all that	because of a workplace violence incident					
	apply.		Other (please specify):				
	☐ Workplace violence incidents are not required to report						
	☐ Physical assault from patient or visitor		-		•	organization's	
	☐ Physical assault from staff or health care provider	expe	erience	of workpla	ce violence ch	anged?	
	☐ Threat from patient or visitor		Т	lu avan and	Degraped	Ctourd the	
	☐ Threat from staff or health care provider			Increased	Decreased	Stayed the same	
	☐ Sexual harassment from patient or visitor	Incida	tc.	0	0		
	☐ Sexual harassment from staff or health care provider	Inciden	ıs:	<u> </u>		0	
	☐ Verbal abuse from patient or visitor	Inciden	t	0	0	0	
	☐ Verbal abuse from staff or health care provider	Reporti	ng:				
	☐ Use of a weapon from patient or visitor		- 1		,		
	☐ Use of a weapon from staff or health care provider						

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<ul><li>No [Skip to question]</li><li>I don't know/I am un</li></ul>	15] sure [Skip to question 15]	<ul> <li>□ Counseling through Employee Assistance Program</li> <li>□ Critical Incident Stress Management Intervention</li> <li>□ Other (please specify):</li> </ul>
15. Please fill out the tab requires at the time o		orkplace violence prevention training your facili
	Frequency of required training	Competency Evaluation
Workplace violence awareness training	<ul> <li>Not required</li> <li>Only the initial training is required</li> <li>Initial training and ongoing training are required</li> </ul>	<ul> <li>Competency is assessed after initial training only</li> <li>Competency is assessed after initial training and ongoing trainings</li> <li>Competency is not assessed</li> </ul>
Training on proper techniques for de- escalation	<ul> <li>Not required</li> <li>Only the initial training is required</li> <li>Initial training and ongoing training are required</li> </ul>	<ul> <li>Competency is assessed after initial training only</li> <li>Competency is assessed after initial training and ongoing trainings</li> <li>Competency is not assessed</li> </ul>
Training on specific evasion techniques	<ul> <li>Not required</li> <li>Only the initial training is required</li> <li>Initial training and ongoing training are required</li> </ul>	<ul> <li>Competency is assessed after initial training only</li> <li>Competency is assessed after initial training and ongoing trainings</li> <li>Competency is not assessed</li> </ul>
Training on proper patient containment measures	<ul> <li>Not required</li> <li>Only the initial training is required</li> <li>Initial training and ongoing</li> </ul>	<ul> <li>Competency is assessed after initial training only</li> <li>Competency is assessed after initial training and ongoing trainings</li> </ul>
Training on identifying characteristics associated with aggressive and violent behavior	<ul> <li>training are required</li> <li>Not required</li> <li>Only the initial training is required</li> <li>Initial training and ongoing training are required</li> </ul>	<ul> <li>Competency is not assessed</li> <li>Competency is assessed after initial training only</li> <li>Competency is assessed after initial training and ongoing trainings</li> <li>Competency is not assessed</li> </ul>
Training on Trauma Informed Care	<ul> <li>Not required</li> <li>Only the initial training is required</li> <li>Initial training and ongoing training are required</li> </ul>	<ul> <li>Competency is assessed after initial training only</li> <li>Competency is assessed after initial training and ongoing trainings</li> <li>Competency is not assessed</li> </ul>
Other (Please specify):	<ul> <li>Not required</li> <li>Only the initial training is required</li> <li>Initial training and ongoing training are required</li> </ul>	<ul> <li>Competency is assessed after initial training only</li> <li>Competency is assessed after initial training and ongoing trainings</li> <li>Competency is not assessed</li> </ul>
16. Please use the space I	pelow to make any comments relate	· · · · · · · · · · · · · · · · · · ·

13. Is follow-up support, such as counseling, made available to providers or employees at your facility

who are subjected to workplace violence?

O Yes

14. If you answered "Yes" to question 13, please select

☐ Peer support - qualified trained peers

that apply.

the types of support made available. Select all