

# In the know: Workforce Violence Survey

1. In the last 2 years, have you been directly involved (the primary target of the violent act, or a participant in the response team to de-escalate or control the perpetrator) in an incident(s) of workplace violence within your organization?
  - a. Yes
  - b. No

## TYPES OF INCIDENTS (If YES to Q1)

2. Did that incident(s) include any of the following? **Check all that apply**
  - a. Physical assault – kicking, punching, spitting, biting, pushing, pulling, cutting, stabbing
  - b. Emotional assault -- bullying, manipulation, intimidation
  - c. Sexual assault – inappropriate sexual contact, harassment, stalking
  - d. Verbal assault -- threats, blaming, name-calling unwanted contact
  - e. Other: \_\_\_\_\_
3. What were you doing at the time of the incident(s)? **Check all that apply**
  - a. Admitting a patient
  - b. Transporting a patient
  - c. Discharging a patient
  - d. Other direct care tasks
  - e. Providing an update on patient's condition to the patient
  - f. Providing an update on patient's condition to family or significant others
  - g. Explaining/enforcing an organizational policy (examples: mask requirements, visiting hours)
  - h. Participating in a code grey/Dr. Strong/incident response
  - i. Handling cash
  - j. Other: \_\_\_\_\_
4. Please provide examples of incident(s):
5. What category/categories of healthcare workplace violence have you been the victim of?  
**Check all that apply**
  - a. Type 1: Criminal intent (violent act committed in the commission of another crime in a healthcare setting or to a healthcare worker while traveling from a care site including home care)
  - b. Type 2: Customer/Client/Patient (perpetrator was a patient/client/family member or visitor of a patient)
  - c. Type 3: Worker-on-worker (perpetrator was a coworker at any level of the provider hierarchy)

- d. Type 4: Personal relationship (the perpetrator has a personal relationship with the victim and the act of violence spills into the workplace)
- 6. What daily work activities, if any, expose you to the greatest risk of violence?**
- a. Direct care tasks
  - b. Working alone
  - c. During a code grey/Dr. Strong/incident response
  - d. Handling cash
  - e. Other: \_\_\_\_\_

**INJURY SUSTAINED (If YES to Q1)**

- 7. Have you sustained an injury because of healthcare workplace violence in the past 2 years?**
- a. Yes
  - b. No
- 8. If yes, what was the severity of your physical or emotional injury(ies)?**
- a. Minor (requiring less than one full shift off work)
  - b. Moderate (requiring a full shift to one week off work)
  - c. Severe (requiring more than one week off work)
  - d. Debilitating (causing permanent inability to perform previous job duties and/or permanent disability)

**THE PERPETRATOR (If YES to Q1)**

- 9. What was the approximate age of the perpetrator in your most recent direct experience with workplace violence?**
- a. <18
  - b. 19-35
  - c. 36-45
  - d. 46-55
  - e. 56-65
  - f. 66-75
  - g. 76+
- 10. What was the gender of the person who committed the violent act?**
- a. Male
  - b. Female
  - c. Non-binary
  - d. Other:
- 11. Was the perpetrator noticeably or confirmed to be under the influence of drugs or alcohol?**
- a. Yes
  - b. No
  - c. I don't know
- 12. Was the perpetrator reported to the police?**
- a. Yes
  - b. No
  - c. I don't know

**13. Was law enforcement responsive when called?**

- a. Yes
- b. No
- c. I don't know

**HOW OFTEN DO YOU SEE OR EXPERIENCE EACH TYPE OF VIOLENCE AT YOUR WORKPLACE?** [1 = At least once daily, 2 = Weekly, 3 = Monthly, 4 = A few times a year, 5 = Once a year or less, 6 = Never]

**14. Violence of a patient/family/significant other or guest towards an employee**

**15. Violence of a patient/family/significant other or guest towards another patient/family/significant other or guest**

**16. Violence of a staff member toward a patient**

**17. Violence of a staff member toward a guest/family member or significant other of a patient**

**18. Rank the top three factors you think contribute to the problem or threat of violence, or aggression in your work area?**

- a. Mental illness
- b. Drugs and Alcohol
- c. Other patient related factors/conditions e.g., having to deal with pain, traumatic event or news related to their organization stay
- d. Targeting by perpetrators related to race/ethnicity, age, gender, sexual orientation, or disability
- e. Targeting of perpetrators related to healthcare facilities' policies and protocols, i.e., masking policies or visitation rules
- f. Targeting of perpetrators related to perceived political beliefs
- g. Family stress related to their relative's medical issues, and required treatment
- h. Employee/coworker
- i. Organizational Issues/Design of Health Care Services e.g. financial/billing issues, wait times, poor or misunderstood communication by providers/staff
- j. Organizational Issues/Work Practices & Policy e.g. staff not knowing how to identify and address violence; poor communication between staff; fatigue related to work load, staffing, lack of staff training
- k. Organizational - Physical Design/Engineering Controls e.g. lack of barriers in patient check in areas; non-controlled access to the facility; lack of surveillance systems and panic alarms; lack of easy egress from work area
- l. Other:

## **ORGANIZATIONAL POLICY, TRAINING AND RISK**

**19. Have incidents of workplace violence increased or decreased during the time you have worked at this organization?**

- a. Increased
- b. Decreased
- c. No Change
- d. I don't know

**20. Which of the following are you aware of at your organization for managing workplace violence? Check all that apply**

- a. A written violence prevention policy
  - b. Clearly established procedures and expectations for violence prevention
  - c. De-escalation training
  - d. A formal way to report acts of workplace violence internal to your organization
- 21. Does management communicate information received from the reporting system back to employees?**
- a. Yes
  - b. No
  - c. Not Sure
  - d. Not applicable
- 22. Does management communicate information to employees about incidents of workplace violence prevention efforts at the organization?**
- a. Yes
  - b. No
  - c. Not Sure
- 23. Does your hospital have a policy on if and how an assault committed by a patient on another patient or on a staff member is reported to the police?**
- a. Yes – staff report assaults to supervisors/security who report assaults to the police
  - b. Yes – any witness is encouraged to report an assault to the police
  - c. Yes – staff report assaults internally, but assaults are usually not reported to the police
  - d. No – the organization has no policy on reporting assaults committed by patients/guest to the police
  - e. No – the organization actively prohibits the reporting of assaults to the police
  - f. I don't know
- 24. What is your perception of law enforcement responsiveness when an incident is reported to police?**
- a. Very responsive
  - b. Somewhat responsive
  - c. Responsive
  - d. Less responsive
  - e. Not responsive

## DEMOGRAPHIC INFORMATION

- 25. What department or unit(s) do you work in?**
- a. Behavioral Health
  - b. Cardiac Cath Lab/Interventional Radiology
  - c. Coronary Care Unit
  - d. ED
  - e. ICU
  - f. Inpatient Medical Units (MedSurg, Cardiac, Step-down)
  - g. Medical Office
  - h. NICU
  - i. Non-clinical area (e.g., cafeteria, parking, garage, loading dock, etc.)
  - j. OB/Labor & Delivery
  - k. OR

- l. Outpatient Medical Unit
- m. PACU (Post-acute care unit)
- n. Other:

**26. Shift:**

- a. Days
- b. Evenings/Swing
- c. Nights
- d. Other:

**27. Please check your job category:**

- a. Licensed bedside nurse (RN, LPN, LVN, RNLP)
- b. Patient care technician, medical assistant, orderly, health aide
- c. Physician (non-resident)
- d. Physician (resident)
- e. Licensed Independent Practitioner (PA or NP)
- f. Learner (unlicensed student of any kind)
- g. Technician, technologist
- h. Pharmacist
- i. Social worker
- j. Security (if this is your primary job at this facility)
- k. Physical therapist, occupational therapist, speech therapist, respiratory therapist
- l. Receptionist, Clerical
- m. Housekeeping
- n. Transporter
- o. Facilities maintenance
- p. Manager, Supervisor, non-bedside leader
- q. Clergy
- r. Other: \_\_\_\_\_

**28. How long have you worked at this facility?**

- a. Less than 1 year
- b. 1-5 years
- c. 5-10 years
- d. Over 10 years

**29. What is your age group?**

- a. <35
- b. 35-45
- c. 46-55
- d. 56-65
- e. 66-75
- f. 76+

**30. Race/ethnicity?**

- a. Prefer not to answer
- b. Asian
- c. Pacific Islander
- d. Black or African American
- e. Native American or Alaskan Native
- f. White or Caucasian

- g. Hispanic
- h. Multiracial or Biracial
- i. Other: \_\_\_\_\_

**31. Gender**

- a. Prefer not to answer
- b. Female
- c. Male
- d. Transgender Female
- e. Transgender Male
- f. Gender Variant/Non-conforming
- g. Not listed
- h. Other: \_\_\_\_\_