**Work Place Violence Program - Employee Survey**

**Survey Design**

**Text in dark blue text indicates the violence prevention topic for a specific section of the survey – these titles are not typically shown on the survey**

**Suggestions for analyzing survey data and other tips are in lighter blue text**

***Added on to the Post Implementation Program Evaluation Survey***

**A box indicates information that the WSI hospitals added to employee surveys when evaluating the program after implementation**

**ABC Hospital Violence Prevention Survey 2016**

**Introduction**

This survey is designed to help evaluate and enhance the violence prevention program at ABC Hospital

***Added on to the Post Implementation Program Evaluation Survey***

Your feedback will help the Work Place Violence Prevention Committee evaluate the impact of violence prevention processes implemented during the past year and determine how to enhance the program**.**

Please take a few minutes to answer the following questions about your experience related to work place violence and violence prevention activities at this facility

Thank you for participating in our survey. Your feedback is important. All responses are confidential.

***What is workplace violence*?**

OSHA defines workplace violence is any act or threat of physical violence, harassment, intimidation, or other threatening disruptive behavior that occurs at the work site. It ranges from threats and verbal abuse to physical assaults and even homicide.

For more information please contact: **Joe Smithy, Safety Officer at smithy@abc-hospital.com**

**Survey Content**

**Date**  \_\_\_\_/\_\_\_\_\_/**2016**  - Generated by survey software

***Added on to the Post Implementation Program Evaluation Survey***

**Did you complete the last work place violence prevention survey conducted in March 2016? Yes No Don’t remember**

***Demographics***

1. **Unit/Dept.** **Drop down list of all units and departments included in the survey**
2. **Shift: Days; Evenings/Swing; Nights; Other – please specify Drop down with list with all shift types**
3. **Job type: Please check your job category Customized per facility and include all employee titles for departments/units included in the survey**

***Example of job categories:***

|  |  |
| --- | --- |
| * Registered Nurse
* Licensed Practical Nurse
* Certified Nursing Assistant, Medical Assistant, Health Aide, Orderly
* Home health aide
* Physician, Physician's Assistant, Nurse Practitioner
* Technician, technologist
* Pharmacist
* Social worker
 | * Security (if this is your primary job at this facility)
* Physical therapist, occupational therapist, speech therapist, respiratory therapist
* Receptionist, Clerical
* Housekeeping
* Transporter
* Facilities maintenance
* Manager, Supervisor
* Other (please define
 |

1. **How long have you worked at this facility?**
* Less than 1 year
* 1-5 years
* 5-10 years
* Over 10 years

**Employees overall experience related to WPV at the facility**

1. **What does the term ‘Workplace Violence’ mean to you?** *OPEN COMMENT*
2. **Have incidents of workplace violence increased or decreased during the time you have worked at this organization?**

*Response choice:* Increased / Decreased / No Change/ I don’t know

*Suggestion – It can be useful to also review this question by unit/shift and length of employment*

**Types of violence employees have experienced and their perception of cause**

1. **In the last year, have you been directly involved in an incident(s) of workplace violence within this organization?**

*Response choice* Yes/No If No Skip to Question 10

1. **If yes, did that incident(s) include any of the following? Check all that apply.**
* Physical assault – e.g. kicking, punching, spitting, biting, pushing, pulling, cutting, stabbing
* Emotional assault -- e.g. bullying, manipulation, intimidation
* Sexual assault -- e.g. harassment, stalking,
* Verbal assault -- e.g. threats, blaming, name-calling unwanted contact
* Other – please describe
1. **If yes, please provide examples of incident(s).** *OPEN COMMENT*

*Suggestion for analysis and report– It can be useful to also review questions 8 and 9 by unit/shift and type of violence reported*

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

*Response choice:* '1' is the most frequent contributing factor and '7' is the least contributing factor

* Mental illness
* Drugs and Alcohol
* Other patient related factors/conditions e.g., having to deal with pain, traumatic event or news related to their hospital stay
* Family stress related to their relative's medical issues, and required treatment
* Employee/coworker
* Organizational Issues/Design of Health Care Services e.g. financial/billing issues, wait times, poor or misunderstood communication by providers/staff
* 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
* 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
* Other (please specify)

The WSI project hospitals offered this question as ‘open comment’ when conducting the survey during program planning. Comments from employees in 4 hospitals were so consistent that the response choices listed above were developed.

**The perpetrators of WPV**

1. **In your experience indicate the individuals who most often commit the act of violence in the workplace violence incident:**
* Patient
* Patient's family member
* Visitor (non-family member)
* Employee/coworker
* Other *(please explain)*

**Frequency of exposure to violence**

1. **How often do you see or experience violence at your workplace?**
* At least once a day
* Weekly
* Monthly
* A few times a year
* Once a year or less
* Never
* Other *(please explain)*

*Suggestion for analysis and report* – It can be useful to also review this question by unit/shift

1. **What daily work activities, if any, expose you to the greatest risk of violence?** *OPEN COMMENT or*
* Direct care tasks
* Working alone
* During a code grey
* Handling cash
* Other *OPEN COMMENT*

WSI project hospitals offered this question as ‘open comment’ during program planning. Response/themes from employees in 4 hospitals were so consistent that the responses choices listed above were developed.

**Management support and employee awareness of WPV program efforts**

1. **Does management communicate information to employees about incidents of workplace violence prevention efforts at the hospital?**

*Response choice:* Yes/No /Not Sure Comment

1. **Is there a written violence prevention policy at ABC hospital?**

*Response choice:* Yes/No/Not Sure Comment

1. **Are there clearly established procedures and expectations for violence prevention at ABC hospital?**

*Response choice:* Yes/No/Not Sure Comment

*Alternative question:* Do you think employees are aware of the workplace violence prevention efforts at the hospital?

***Added on to the Post Implementation Program Evaluation Survey for ‘Program Efforts’***

**Customize questions for any program change or intervention made e.g. hiring security personnel; changing violence responses processes etc., or use them when evaluating a current WPV program as appropriate.**

**Examples:**

* **Are you aware of the recent changes (in 2017) to the hospital's Code Gray policy?**

*Response choice:* Yes/No Comment

* **Are you aware that ABC Hospital has dedicated contract security personnel on duty during weekday eves/night and 24/7 during the weekends?**

*Response choice:* Yes/No Comment

* **If ‘Yes’ to question above, how has having security personnel at ABC Hospital affected your work environment?**
* **Are you aware that ABC Hospital has an Employee Assistance Program (EAP)?**

**Risk assessment**

1. **Are you aware of the physical controls and safety procedures implemented in the work place to protect you from work place violence?**

Yes/No/Not Sure Comment

**Education and training (Skip logic question)**

1. **Have you participated in workplace violence prevention training or education at your workplace?**

*Response choice:* Yes/No/Not Sure If ‘No’ or ‘Not Sure’ skip to Question 22

*Alternative question (Choose period of time as appropriate):* In the past 2 years have you participated in workplace violence prevention training or education at your workplace?

*Suggestion for analysis and report – this question can also be reported out by unit/shift*

1. **If yes, what training did you participate in?** Open Comment
2. **If yes, do you feel that this training was adequate to enable you to:**

*Response choice:* Yes/No/Not Sure *for each of the following*

* Know what constitutes work place violence
* Know the factors that can contribute to violence in my work place.
* Recognize and handle threatening, aggressive, or violent behavior.
* Ask for assistance if confronted with a violent or aggressive person
* Use verbal de-escalation techniques
* Use self-defense/restraint procedures
* Report and document incidents of violence and aggression (physical, verbal etc.)
* Know the requirements of Oregon’s Work Place Violence Prevention Law ORS 654.412 to 654.423: Safety of Health Care Employees
* Know what resources are available to employees for coping with threats and assaults
1. **Can you recommend any changes or additions to the workplace violence prevention training you received?**

*Response choice:* Yes/No

If Yes – please describe changes or additions to the training you received

1. **If No or are unsure (to Question 18 above), do you feel that you should attend workplace violence prevention training?**

*Response choice:* Yes/No

1. **Would you prefer to complete WPV prevention training at ABC Hospital (Check 1)?**
* Via computer with self-paced training modules
* In a classroom setting that includes real world case studies and problem solving
* Computer and classroom
* Other (please specify)
1. **How long do you think a classroom based training session on violence prevention be?**
* 1 hour
* 2 hours
* 4 hours
* 8 hours
* Other (please specify)

**Incident response**

1. **Do you know what to do when you witness or are involved in a work place violence incident?**

Yes/No/Unsure

1. **Please explain why you don't know what to do or are unsure when you witness or are involved in a work place violence incident** Open Comment
2. **If you are involved in a work place violence incident and request assistance, will it be provided to you?**

 *Response choice:* Yes/No/Unsure Comment

*Suggestion for analysis and report – Questions 25-27 can also be reported out by unit/shift*

**Knowledge about how to report and respond to WPV**

1. **What factors impact whether or not you would report a violent incident, assault, or threatening behavior at work? *Check all that apply.***
* The severity of the incident
* Which supervisor is on shift
* Whether or not co-workers are supportive
* The condition of the patient (if involved)
* The reporting procedure is unclear
* The purpose of reporting is unclear
* Fear of retaliation
* Someone else reported the incident
* Other: Please explain

**Response post incident (Skip logic)**

1. **If you have experienced and reported a violent incident, assault, or threatening behavior at work did was the incident(s) you reported investigated by staff such as, your supervisor, manager or safety personnel?**

*Response choice:* Yes/No/Unsure N/A If no skip to Question 35

1. **If the incident was investigated:** *Response choice for each:* Yes/No/N/A
* Were you present at the investigation?
* Offered debriefing and ongoing support as needed
* Offered immediate evaluation by medical employees
* Offered support if you choose the right to file a police report after a violent incident/threat of violence occurs

Comments

1. **If yes, was corrective action taken to prevent a similar incident?**

 *Response choice:* Yes/No /Not Sure

1. **Were you made aware of any assistance such as counseling available to help you if you were directly or indirectly affected by workplace violence?**

*Response choice:* Yes/No Comment If no skip to Question 35

1. **If ‘Yes’ to Question 32, did you access the assistance offered?** *Response choice:* Yes/No If no skip to Question 35
2. **If “No’ to Question 33, please explain why.**

**WPV prevention**

Customize Questions 35-37 to your WPV program elements

1. **What current processes to prevent workplace violence are working well (i.e. pre-code grays, code grays, WPV training, safety huddles, patient risk for violence assessment tool**)? Open Comment
2. **How would you rate the effectiveness of Code Gray teams to address workplace violence?**

*Response choice:* '1' is the most effective and '5' is least effective

1. **Are there changes that could be made to the physical work environment at ABC Hospital that you feel would make it a safer place to work? Open comment**
2. **How do you think you could contribute to decreasing the risk of violence in the workplace?** Open Comment
3. **Is there anything you'd like to add? Any other experiences? Reflections on the issue of violence against health care workers? Ideas for solutions: how to prevent assault or protect health care workers from assault?** Open Comment

|  |
| --- |
| ***Additional questions for Home Health Employees if applicable*** **For Home Health staff only:**  |
| 1. **Are you aware of the requirements of ORS 654.421 related to:**
2. **Refusal to treat certain patients by home health care employee?** *Response choice:* Yes/No
3. **Use of physical force by home health care employee in self-defense against assault?** *Response choice:* Yes/No
 |

1. **In relation to preventing workplace violence please list suggestions/ideas that you feel would make your job safer.**  Open Comment