MDHHS Office of Nursing Safety and Workforce Planning
Workplace Violence Against Nurses

2020 Summary Report

By
MPHI

Project Period: 10/1/2019 to 9/30/2020

Introduction

The rate of workplace violence in health care settings has increased over the past several years. Research has shown that workplace violence in health care settings adversely affects patient outcomes, contributes to the development of poor mental health outcomes among the workforce, and reduces nurses' job satisfaction and retention in the workplace. In the absence of standardized processes or regulatory requirements for workplace violence protections and reporting, there is a dearth of data regarding the scope of the current problem, available training or reporting requirements. [1] An organizational survey was implemented to assess whether health care organizations in Michigan have a workplace violence prevention program or policy in place and what strategies are being used to monitor and address workplace violence. Additionally, questions were added to the 2020 Survey of Michigan Nurses to gather information of nurses' firsthand experience with workplace violence within the past year.

Methods

The Workplace Violence Against Nurses organizational survey was administered in February through early March 2020. The survey was adapted from a 26-question survey developed by the Texas Center for Nursing Workforce Studies.[2] Please see Appendix 1 for the survey tool. Nurse administrators from a variety of different organizations employing nurses were invited to participate.

The 2020 Survey of Michigan Nurses was administered online to all licensed nurses in Michigan during March and April of 2020 and included questions related to personal experiences with workplace violence directed at nurses. There was a total of 40,821 respondents with 36,617 RNs and 4,204 LPNs. Survey respondents were fairly representative of the nursing population in regard to age and residency. The APRN respondents were also representative of the nursing population. The data from the 2020 Survey of Michigan Nurses provides insight into first-hand experiences with workplace violence, while data from the Workplace Violence Survey provides insight into practices, policies, and procedures of organizations employing nurses. The 2020 Survey of Michigan Nurses contained several questions that were designed to obtain highly-specific data delineating the resondents care setting. For inclusion in this report, settings included in the Michigan nursing licensure survey were collapsed into the same care setting categories reported from the Workplace Violence Survey.

A steering committee with representatives from a variety of care settings as well as nursing academia, practice and policy was convened to review the survey tool and help interpret the findings from the survey results.

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[1] American Nursing Association. (2019). *Reporting Incidents of Workplace Violence* (pp. 1–7). Silver Spring, MD. Retrieved from https://www.nursingworld.org/~495349/globalassets/docs/ana/ethics/endabuse-issue-brief-final.pdf

[2] Texas Health and Human Services Department of State Health Services. (2019). *2018 Workplace Violence Against Nurses - Facility Survey* (25–15221). Retrieved from https://www.dshs.texas.gov/chs/cnws/WorkforceReports/2018_WPVAN.pdf

Workplace Violence Survey Results

A total of 103 participants completed or partially completed the survey. A majority of those who participated in the survey were from long-term care settings (40%, n=42) and local public health agencies (29%, n=30). Nurse administrators were asked approximately how many nurses their organization employs. Responses have been summarized across each care setting to produce a total number of nurses employed within that care setting. The highest number of nurses were employed at long-term care organizations and hospital/health systems, with over 17,000 respectively (see Table 1). Some health systems and correctional facility administrators may represent more than one physical site.

Response rates were calculated from the number of unique organizations contacted to complete the emailed surveys. Due to a low number of respondents and response rates from settings other than long-term care and local public health, results for federally qualified health centers (FQHCs)/rural health clinics, home health agencies/hospices, and community mental health agencies will be reported in aggregate as other community-based care settings and hospitals/health systems and corrections facilities will be reported as acute care settings.

Table 1. Organizational settings and nurse workforce (N=103) – Workplace Violence Survey

	% of survey respondents	n	Response Rate	Approximate number of nurses reported employed
Long-term Care/PACE/SNF	40%	42	22%	17,820
Local Public Health Agency	29%	30	70%	636
Hospital/Health System*	8%	8	13%	17,385
FQHC/Rural Health Clinic	8%	8	3%	118
Correctional Facility*	7%	7	29%	2,502
Home Health Agency/Hospice	4%	4	5%	137
Community Mental Health	4%	4	7%	26

* Responses may represent multiple sites.

Organizational zip codes were provided by survey respondents which was then mapped onto Census Tract to determine if they were in an urban or rural location. Of all respondents, a majority were administrators of organizations in urban areas (62%, n=61). The majority of represented long-term care settings, hospitals/health systems, and FQHCs were urban while a large portion of the represented local public health agencies and correctional facilities were located in rural areas (Table 2). For a breakdown of responses by urban and rural characteristics please see Appendix 4.

Table 2. Organizational settings by urban and rural settings – Workplace Violence Survey

	Urban	Rural
TOTAL	62% (n=61)	38% (n=38)
Long-term Care/PACE/SNF	77% (n=30)	23% (n=9)
Local Public Health Agency	38% (n=11)	62% (n=18)
Hospital/Health System	88% (n=7)	13% (n=1)
FQHC/Rural Health Clinic	63% (n=5)	38% (n=3)
Correctional Facility	29% (n=2)	71% (n=5)
Home Health Agency/Hospice	100% (n=4)	--
Community Mental Health	50% (n=2)	50% (n=2)

Of those nurses who reported experiencing workplace violence on the 2020 Survey of Michigan Nurses, there was a fairly even distribution across urban and rural settings (Table 3). In order to analyze the large number of responses, the National Center for Health Statistics (NCHS) categorization of geographic regions was used. Nurses' place of employment zip code reported on the 2020 Survey of Michigan Nurses was used to identify the classification in the urban-rural scheme.

Table 3. Urban-rural classification of those nurses who experienced workplace violence – 2020 Survey of Michigan Nurses

Urban/Rural Categories	RNs & LPNs	
	n	Estimate
Large central metro	7,072	36.2%
Large fringe metro	6,582	32.5%
Medium metro	5,780	37.7%
Small metro	3,038	38.1%
Micropolitan (nonmetropolitan)	2,741	34.8%
Noncore (nonmetropolitan)	1,368	35.5%

Workplace Violence Prevention Policy and Program Elements

A majority of nurse administrators indicated having organizational policies and programs requiring reporting and investigation of incidents, active shooter training/drills, and workplace violence training (Table 4); however, the remainder of their responses differed. All acute care nurse administrators indicated their workplace violence prevention program required reporting and investigation of reported incidents. However, less than half of public health nurse administrators indicated their organizational program or policy included workplace violence training. Additionally, other community-based and acute care setting nurse administrators were more likely to report inclusion of assessment of work areas for risk factors than were long-term care and public health nurse administrators. The majority (80%, n=12) of acute care nurse administrators indicated inclusion of facility security personnel in their organizational program or policy while administrators of other care settings were less likely to report inclusion of them in their program or policy. For a breakdown of workplace violence program or policy elements by urban and rural characteristics please see Appendix 4, Table 32.

Table 4. Elements included in organizations workplace violence prevention program or policies – Workplace Violence Survey

Element[†]	TOTAL (N=99)	Long-term Care (n=40)	Public Health (n=28)	Other Community -Based Care (n=16)	Acute Care (n=15)
Required reporting of incidents	86% (n=85)	88% (n=35)	79% (n=22)	81% (n=13)	100% (n=15)
Investigation of reported incidents	82% (n=81)	85% (n=34)	64% (n=18)	88% (n=14)	100% (n=15)
Active shooter training/drills	73% (n=72)	78% (n=31)	68% (n=19)	69% (n=11)	73% (n=11)
Workplace violence training	72% (n=71)	88% (n=35)	46% (n=13)	75% (n=12)	73% (n=11)
Assessment of work areas for risk factors	48% (n=48)	45% (n=18)	25% (n=7)	75% (n=12)	60% (n=9)
A multi-disciplinary incident response team	31% (n=31)	31% (n=13)	11% (n=3)	38% (n=6)	60% (n=9)
Screening individuals for risk of violence	26% (n=26)	20% (n=8)	14% (n=4)	31% (n=5)	60% (n=9)
Facility limited entry/screening (i.e. metal detectors, bag search)	21% (n=21)	8% (n=3)	25% (n=7)	13% (n=2)	60% (n=9)
Facility security personnel	20% (n=20)	8% (n=3)	11% (n=3)	13% (n=2)	80% (n=12)
No workplace violence prevention program or policy	11% (n=11)	8% (n=3)	25% (n=7)	--	7% (n=1)
Other (please specify)	5% (n=5)	3% (n=1)	7% (n=2)	6% (n=1)	7% (n=1)

Other Responses:
- *Front desk asks for name and place of business within the health department before individual can enter. This is not cross checked by staff or clinic schedules, so basically anyone can enter. We have posted on doors, firearms not allowed*

Element†	TOTAL (N=99)	Long-term Care (n=40)	Public Health (n=28)	Other Community -Based Care (n=16)	Acute Care (n=15)
• *In-services and education* • *Paramedics in our emergency department serve as security while on duty* • *Safety buttons to police offices, cameras* • *Trauma informed practices*					

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

Overall, more than half of all respondents (54%) reported having three to five of the possible elements included in their workplace violence prevention program/policy. More than half (53%) of acute care nurse administrators reported eight or more elements included in their organizations' program/policy (Figure A).

Figure A. Number of elements included in workplace violence prevention program/policy by organization setting – Workplace Violence Survey
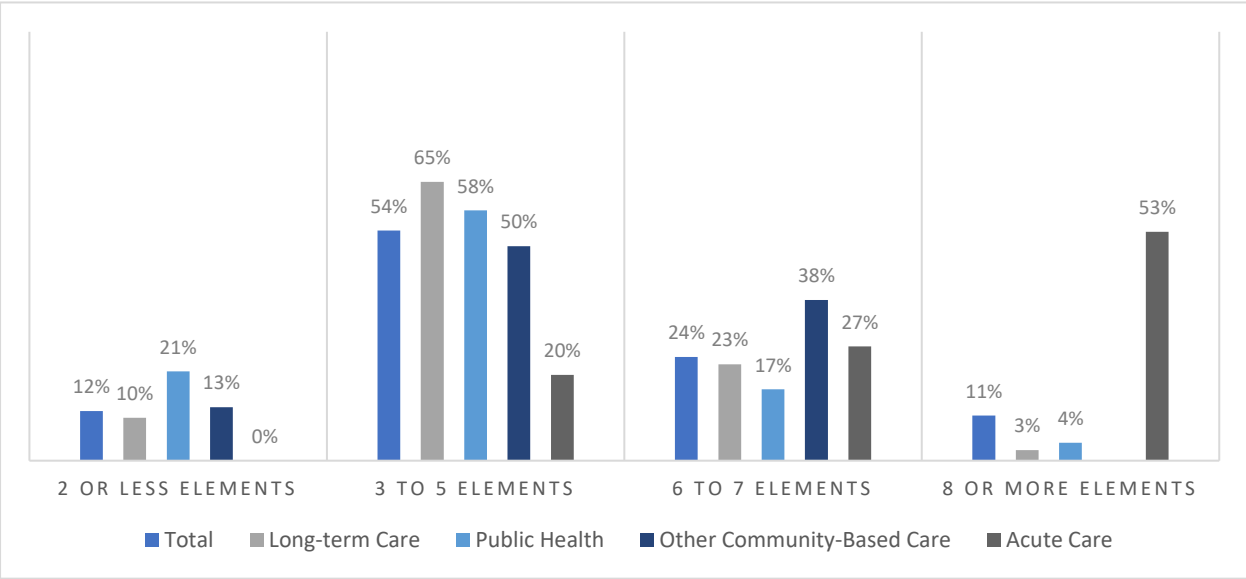
The most commonly evaluated elements of workplace violence prevention programs and policies were consistent with those most frequently implemented. Additionally, responding local public health, other community-based and acute care setting nurse administrators commonly reported evaluation of the organizational assessment of work areas for risk factors (Table 5). For a breakdown of workplace violence evaluation elements by urban and rural characteristics please see Appendix 4, Table 33.

Table 5. Elements of workplace violence programs that organizations evaluate – Workplace Violence Survey

Program or Policy Element[†]	TOTAL (N=48)	Long-term Care (n=20)	Public Health (n=8)	Other Community-Based Care (n=12)	Acute Care (n=8)
Required reporting of incidents	83% (n=40)	90% (n=18)	75% (n=6)	83% (n=10)	75% (n=6)
Investigation of reported incidents	81% (n=39)	90% (n=18)	63% (n=5)	75% (n=9)	88% (n=7)
Workplace violence training	77% (n=37)	75% (n=15)	88% (n=7)	67% (n=8)	88% (n=7)
Active shooter training/drills	69% (n=33)	65% (n=13)	75% (n=6)	50% (n=6)	100% (n=8)
Assessment of work areas for risk factors	63% (n=30)	40% (n=8)	88% (n=7)	75% (n=6)	75% (n=6)
Screening individuals for risk of violence	40% (n=19)	30% (n=6)	38% (n=3)	33% (n=4)	75% (n=6)
A multi-disciplinary incident response team	38% (n=18)	35% (n=7)	--	42% (n=5)	75% (n=6)
Facility security personnel	23% (n=11)	10% (n=2)	--	17% (n=2)	88% (n=7)
Facility limited entry/screening	19% (n=9)	10% (n=2)	13% (n=1)	8% (n=1)	63% (n=5)
Other (please specify)	6% (n=3)	5% (n=1)	--	8% (n=1)	13% (n=1)

Other Responses:
- *In-service and education done annually*
- *Some of these items are not available at our facility due to size*
- *Trauma informed practices*

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

The majority of respondents (54%) reported organizational evaluation of at least three to five workplace violence program/policy elements, likely because most organizations were reported to have implemented at least that many elements in their workplace violence prevention program/policy (Figures A and B).

Figure B. Number of elements of workplace violence prevention program/policy that are evaluated by organization setting – Workplace Violence Survey
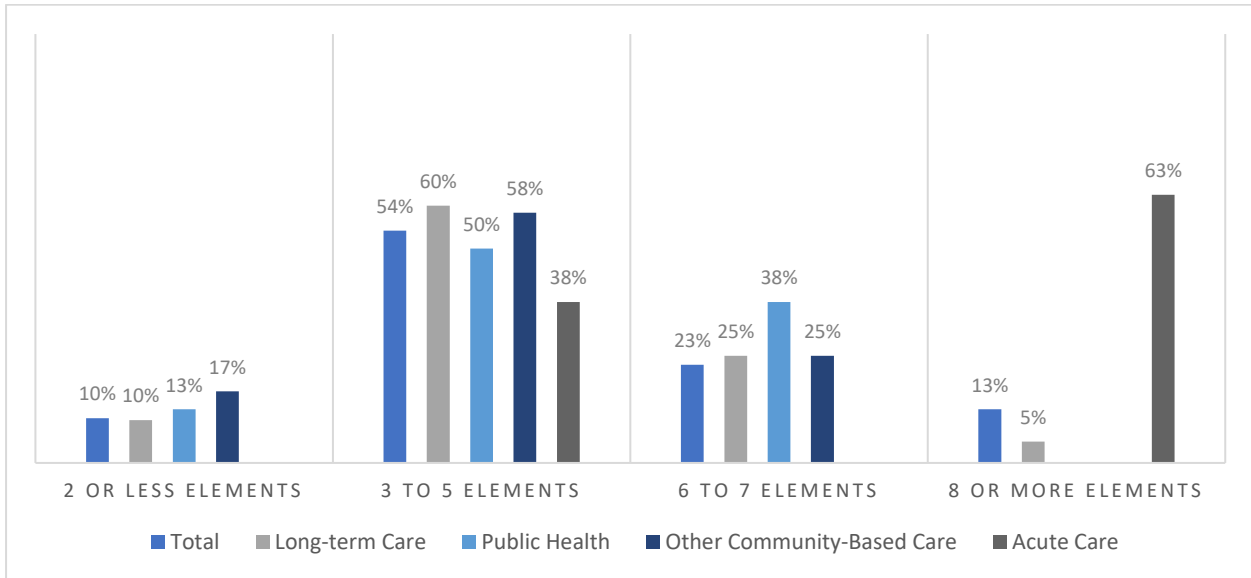
Most nurse administrators reported annual organizational evaluation of the effectiveness of their workplace violence prevention program or policy. However, in contrast to respondents from other settings, nearly a quarter (24%, n=5) of public health nurse administrators reported their organization did not evaluate their program or policy, and just under a quarter of them reported annual organizational evaluation of their policy (Table 6). For a breakdown of frequency of workplace violence program or policy evaluations by urban and rural characteristics please see Appendix 4, Table 34.

Table 6. How often organization evaluates effectiveness or impact of workplace violence program or policy – Workplace Violence Survey

Frequency of Evaluation	TOTAL (N=88)	Long-term Care (n=37)	Public Health (n=21)	Other Community-Based Care (n=16)	Acute Care (n=14)
Every year	45% (n=40)	57% (n=21)	24% (n=5)	50% (n=8)	43% (n=6)
I don't know/I am unsure	26% (n=23)	22% (n=8)	38% (n=8)	13% (n=2)	36% (n=5)
Does not evaluate	14% (n=12)	16% (n=6)	24% (n=5)	6% (n=1)	--
Other (please specify)	7% (n=6)	3% (n=1)	5% (n=1)	13% (n=2)	14% (n=2)
Every 2 years	5% (n=4)	--	5% (n=1)	19% (n=3)	--
After an incident occurs	3% (n=3)	3% (n=1)	5% (n=1)	--	7% (n=1)

Frequency of Evaluation	TOTAL (N=88)	Long-term Care (n=37)	Public Health (n=21)	Other Community-Based Care (n=16)	Acute Care (n=14)

Other Responses:
- *Have not had an incident but continue to in-service and educate about how to respond. Workplace violence in-services done annually*
- *Our president has taken an active stance that no employee should be abused while working and incidents should be reported and will be investigated. It is difficult to change the culture of older nurses that it is just part of the job. Support employees to report and will follow up and support with any help or treatment that is needed*
- *Panic button in place and are tested twice per year*
- *This is new*
- *We participate at the system level*

Reporting and Tracking

Overall, most nurse administrators indicated their organization required reporting of all types of violent incidents against nurses. However, across settings, programs and policies were less likely to require reporting of verbal abuse than other types of violence. Additionally, fewer acute care nurse administrators noted a requirement for reporting verbal abuse from staff or healthcare providers than physical assault from providers (Table 7). Verbal abuse perpetrated by a patient or visitor was the least likely form of workplace violence reporting to be required across all settings despite being one of the most frequently experienced types of violence reported by nurses responding to the 2020 Survey of Michigan Nurses (Figure C). For a breakdown of required reporting by urban and rural characteristics please see Appendix 4, Table 35. A breakdown of violence experienced by nurses, by perpetrator type, in specific settings, as reported in responses to the 2020 Survey of Michigan Nurses, can be found in Appendix 2, Figures J-M.

Table 7. Types of violent incidents nurses are required to report – Workplace Violence Survey

Type of Incident[†]	TOTAL (N=75)	Long-term Care (n=30)	Public Health (n=20)	Other Community-Based Care (n=14)	Acute Care (n=11)
Physical assault from staff or healthcare provider	93% (n=70)	97% (n=29)	85% (n=17)	100% (n=14)	91% (n=10)
Physical assault from patient or visitor (family members, former staff, etc.)	92% (n=69)	93% (n=28)	85% (n=17)	100% (n=14)	91% (n=10)
Sexual harassment from staff or healthcare provider	92% (n=69)	97% (n=29)	80% (n=16)	100% (n=14)	91% (n=10)
Threat from patient or visitor	89% (n=67)	93% (n=28)	80% (n=16)	100% (n=14)	82% (n=9)
Verbal abuse from staff or healthcare provider	88% (n=66)	93% (n=28)	80% (n=16)	100% (n=14)	73% (n=8)

Type of Incident[†]	TOTAL (N=75)	Long-term Care (n=30)	Public Health (n=20)	Other Community-Based Care (n=14)	Acute Care (n=11)
Sexual harassment from patient or visitor	87% (n=65)	93% (n=28)	70% (n=14)	100% (n=14)	82% (n=9)
Threat from staff or healthcare provider	85% (n=64)	87% (n=26)	75% (n=15)	93% (n=13)	91% (n=10)
Verbal abuse from patient or visitor	80% (n=60)	83% (n=25)	70% (n=14)	93% (n=13)	73% (n=8)
I don't know/I am unsure	5% (n=4)	3% (n=1)	15% (n=3)	--	--
Not required	1% (n=1)	--	--	--	9% (n=1)

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

Figure C. Types of violence by perpetrator experienced by nurses – 2020 Survey of Michigan Nurses
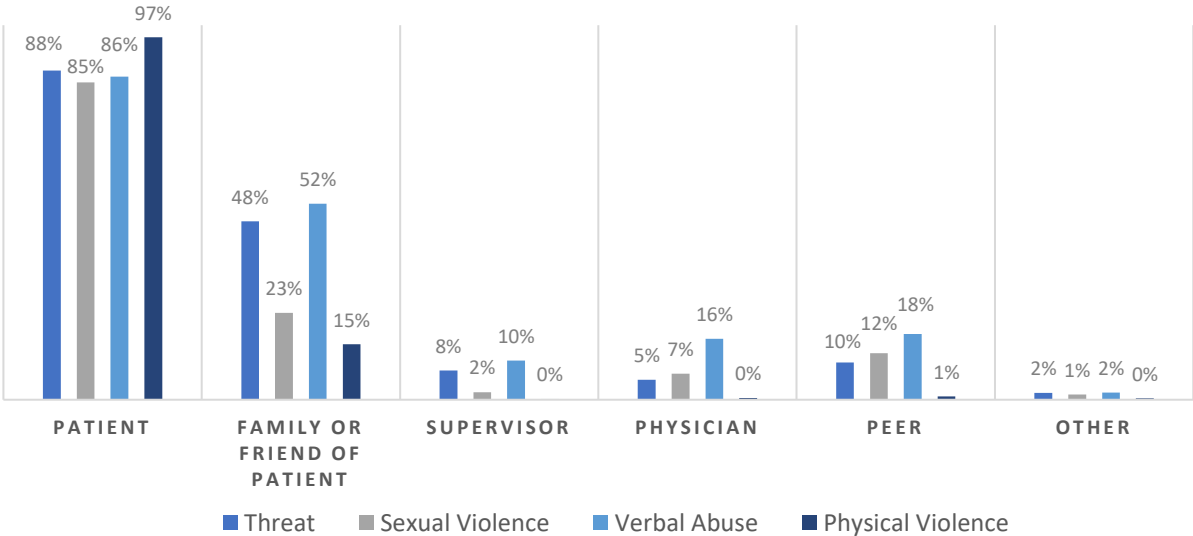
A majority of responding organizations required all eight types of incidents to be reported internally. Only about half (55%) of local public health nurse administrators reported requirements for reporting all the types of listed incidents (Figure D). Overall, 86 percent of nurses responding to workplace violence questions in the 2020 Survey of Michigan Nurses reported having organizational requirements for reporting workplace violence. Compared to all other settings, nurses in long-term care settings were slightly less likely to have reported requirements for all types of workplace violence reporting compared to other settings (Figure E). For a breakdown of the percent of nurses who were aware of organizational requirements for reporting workplace violence by urban and rural characteristics see Appendix 4, Table 39.

Figure D. Number of types of incidents nurses are required to report internally by organization setting – Workplace Violence Survey
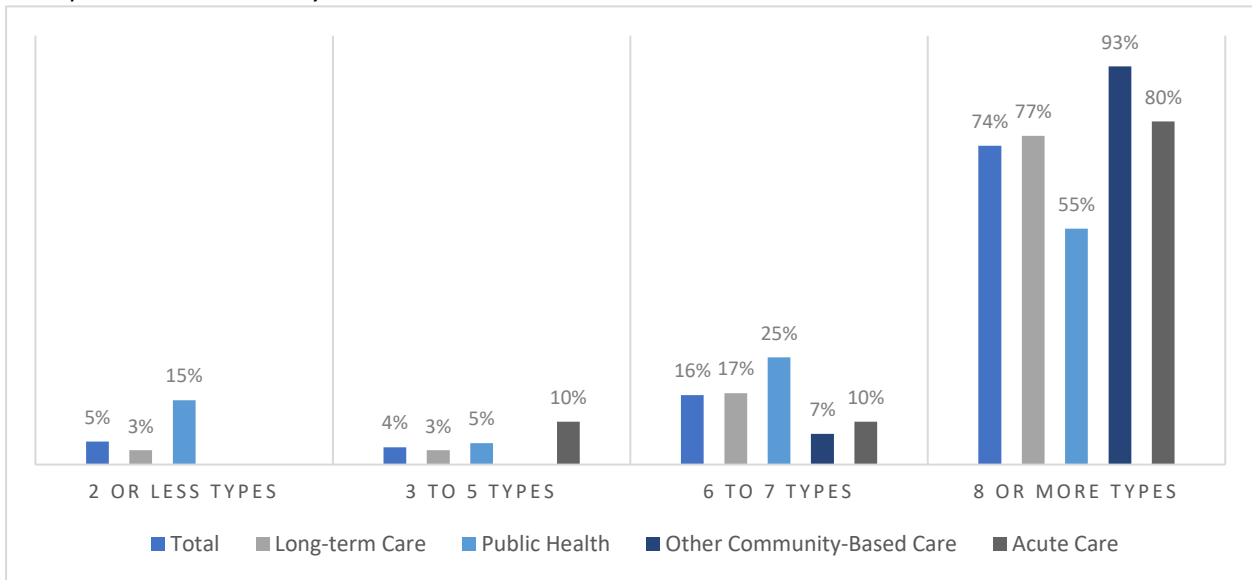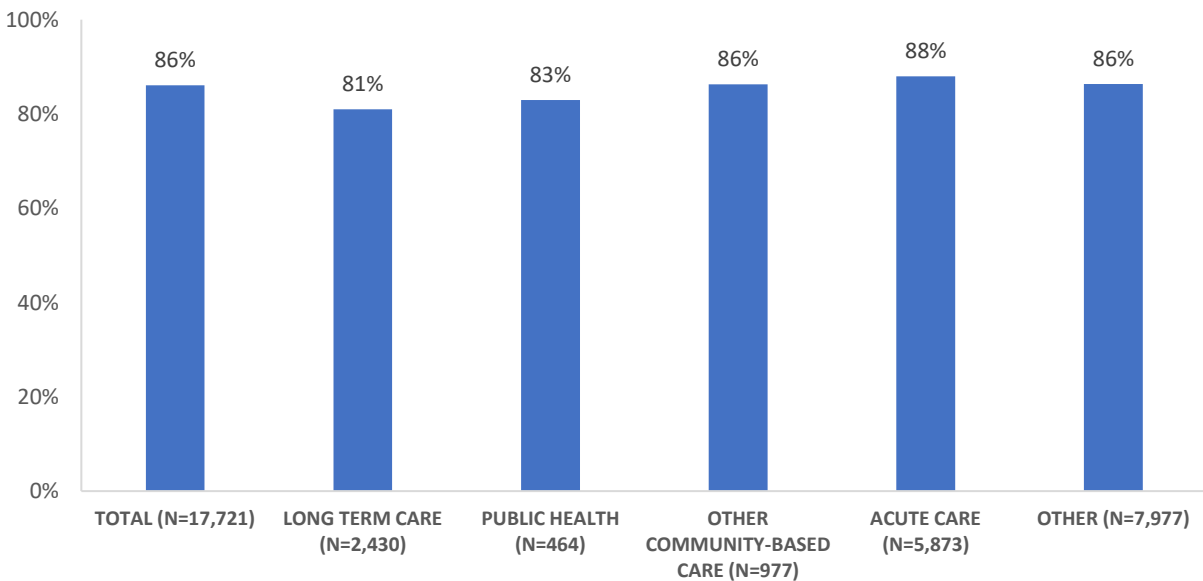

Figure E. Process for workplace violence reporting by organization setting – 2020 Survey of Michigan Nurses

Nurse administrators were also asked how their organizational workplace violence programs or policies address reporting of physical assaults to law enforcement. According to respondents, more than half of long-term care organizations (53%, n=16) required it. In contrast only 30 percent of local public health, 29 percent of other community-based care, and 27 percent of acute care organizations also required it (Table 8). Despite these stated requirements, in the 2020 Survey of Michigan Nurses, only 10 percent of responding nurses who had experienced workplace violence across all settings indicated they had reported workplace violence to police. Nurses in long-term care settings were the least likely to file a

police report for workplace violence (Table 9). For a breakdown of law enforcement reporting by urban and rural characteristics please see Appendix 4, Table 36.

Table 8. How workplace violence programs or policies address reporting of physical assaults to law enforcement – Workplace Violence Survey

	TOTAL (N=75)	Long-term Care (n=30)	Public Health (n=20)	Other Community-Based Care (n=14)	Acute Care (n=11)
Required	39% (n=29)	53% (n=16)	30% (n=6)	29% (n=4)	27% (n=3)
Encouraged	25% (n=19)	17% (n=5)	20% (n=4)	29% (n=4)	55% (n=6)
I don't know/I am unsure	24% (n=18)	17% (n=5)	40% (n=8)	29% (n=4)	9% (n=1)
Not addressed in the policy	12% (n=9)	13% (n=4)	10% (n=2)	14% (n=2)	9% (n=1)

Table 9. Method of reporting for workplace violence by organization setting – 2020 Survey of Michigan Nurses

Method of Reporting	TOTAL (N=15,254)	Long-term Care (n=1,968)	Public Health (n=385)	Other Community-Based Care (n=843)	Acute Care (n=5,168)	Other (n=6,890)
Organizational-based occurrence or incident reporting system	76%	70%	74%	81%	78%	76%
Police report	10%	8%	12%	12%	11%	10%
Supervisor	5%	8%	6%	4%	4%	5%
Human resources	1%	2%	2%	1%	1%	1%
Chart notes	1%	2%	1%	1%	1%	1%
Did not report	5%	5%	5%	3%	5%	5%
Don't know	11%	13%	12%	9%	11%	11%
Other (please specify)	3%	4%	4%	4%	2%	3%

Most respondents indicated that their organization tracked physical assaults and sexual harassment against nurses. In contrast, only in long-term and acute care settings did most nurse administrators report organizational tracking of instances of verbal abuse and threat. The number of nurse administrators indicating their organization tracked reports of violence were lower than the number

indicating a requirement for nurses to report incidences of workplace violence. Local public health and other community-based setting administrators were less likely to report tracking of incidence data than nurse administrators from other settings. Only half of local public health nurse administrators and less than sixty percent of other community-based care nurse administrators reported tracking types of violence against nurses. Organizational programs and policies were less likely to include tracking incidents resulting in prosecution of the perpetrator and physical assaults reported to law enforcement (Table 10). Incidents of verbal abuse was less likely to be tracked than physical assault, sexual harassment, and threat across all settings despite being the most reported type of incident in the organizations overall. This was consistent with the data collected from the 2020 Survey of Michigan Nurses, where verbal abuse was the most common form of workplace violence reported as having been experienced by nurses in the past year (Table 11 and 12). For a breakdown of workplace violence tracking by urban and rural characteristics please see Appendix 4, Table 37.

Table 10. Types of violence against nurses tracked by organizations – Workplace Violence Survey

Type of Incident[†]	TOTAL (N=85)	Long-term Care (n=33)	Public Health (n=26)	Other Community-Based Care (n=14)	Acute Care (n=12)
All incidents of physical assault	65% (n=55)	73% (n=24)	50% (n=13)	57% (n=8)	83% (n=10)
Incidents of sexual harassment	60% (n=51)	61% (n=20)	54% (n=14)	50% (n=7)	83% (n=10)
Incidents of threat	51% (n=43)	52% (n=17)	46% (n=12)	43% (n=6)	67% (n=8)
Incidents of verbal abuse	47% (n=40)	55% (n=18)	35% (n=9)	43% (n=6)	58% (n=7)
Exit interviews/exit statements citing violence as reason for resignation	34% (n=29)	36% (n=12)	23% (n=6)	29% (n=4)	58% (n=7)
Incidents resulting in prosecution of the perpetrator	29% (n=25)	27% (n=9)	35% (n=9)	21% (n=3)	33% (n=4)
I don't know/I am unsure	26% (n=22)	18% (n=6)	39% (n=10)	29% (n=4)	17% (n=2)
Only incidents of physical assault reported to law enforcement	12% (n=10)	18% (n=6)	12% (n=3)	--	8% (n=1)
No tracking	12% (n=10)	9% (n=3)	8% (n=2)	36% (n=5)	--

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

About a quarter of all respondents tracked six to seven types of violent incidents against nurses internally. However, half of responding local public health nurse administrators reported that their agency only tracked two or less types of incidents and 75 percent of acute care settings were reported to track three to five types of violent incidents against nurses (Figure F).

Figure F. Number of types of incidents tracked internally by organization setting – Workplace Violence Survey
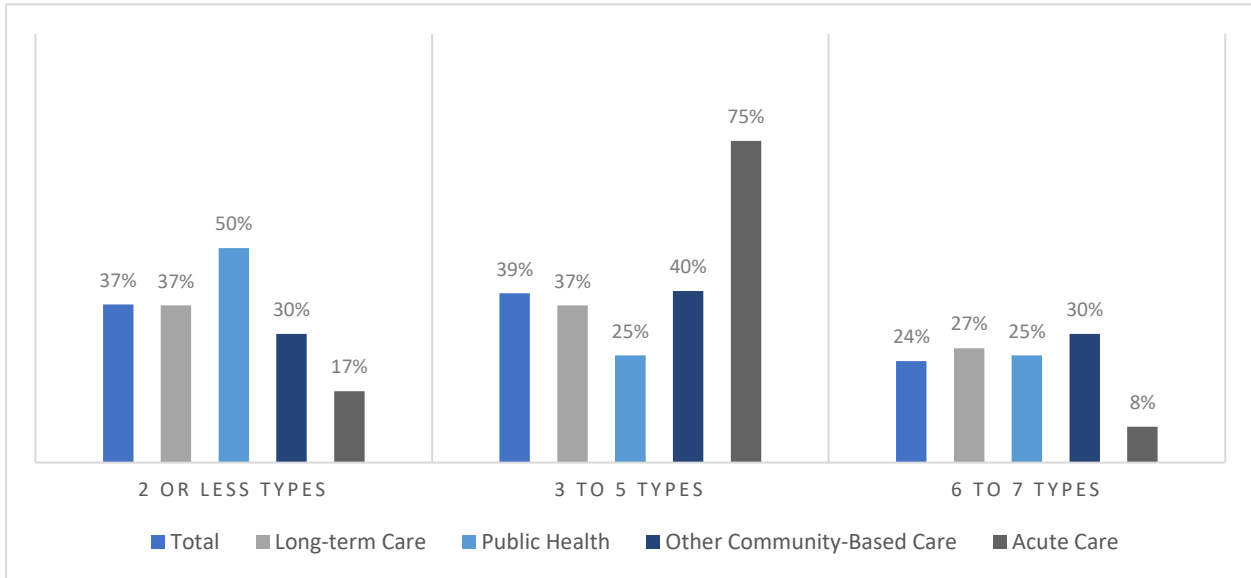

Respondents were asked to estimate the number violent incidents in the past 12 months. Verbal abuse was the most frequent type of incident reported followed by all incidents of physical assault. While no instances of physical assault were reported to have occurred in public health settings, they were the most frequent type of workplace violence reported by nurse administrators from other community-based care settings (Table 11).

Table 11. Total estimated number of violent incidents reported by organizations in the past 12 months – Workplace Violence Survey

	TOTAL (N=41)	Long-term Care (n=20)	Public Health (n=11)	Other Community-Based Care (n=5)	Acute Care (n=5)
Incidents of verbal abuse	589	65	24	15	485
All incidents of physical assault	214	78	0	72	64
Incidents of threat	77	23	8	16	30
Exit interviews/exit statements citing violence as reason for resignation	54	0	0	0	54
Incidents of sexual harassment	47	5	0	5	37
Incidents resulting in prosecution of the perpetrator	3	2	1	0	0

From 2020 Survey of Michigan Nurses data, an average of 40 percent of nurses across all organization settings reported experiencing workplace violence in the past year. Nurses in other community-based care settings (51%) were more likely to report workplace violence than nurses in all other settings (Figure G). Nurses who reported experiencing workplace violence in the past year were most likely to experience verbal abuse (97%) followed by incidents of threat (87%). Nurses in public health settings were least likely to experience physical violence (Table 11).   For a breakdown of nurses who experienced workplace violence by urban and rural characteristics and care setting please see Appendix 4, Table 38. Additionally, nurses reported that they were more likely to experience threats than physical violence. In comparison, nurse administrators estimated more reported incidents of physical assault than incidents of threat (Table 11 and 12). There were no statistically significant differences in types of violence nurses experienced across the urban to rural categorizations, according to the nurse licensure survey data (see Appendix 4, Table 40).

Figure G. Nurses who experienced workplace violence within the past year by organization setting – 2020 Survey of Michigan Nurses
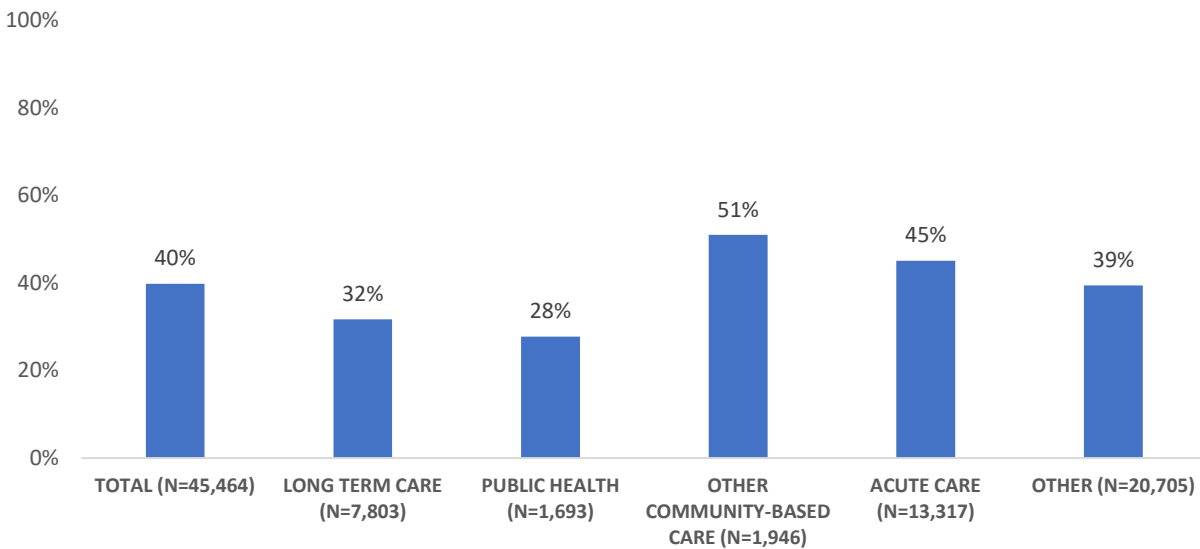
Table 12. Type of violence experienced by nurses who reported workplace incidents in the past 12 months – 2020 Survey of Michigan Nurses

	Total (N=17,519)	Long-term Care (n=2,393)	Public Health (n=450)	Other Community-Based Care (n=969)	Acute Care (n=5,821)	Other (n=7,886)
Verbal abuse	97%	96%	94%	98%	98%	97%
Physical violence	70%	70%	46%	69%	72%	70%
Threat	87%	85%	82%	91%	87%	87%
Sexual harassment	53%	52%	51%	58%	53%	52%

Additional analyses were conducted from the nurse licensure survey to understand workplace violence in specific settings. The inpatient care setting for nurses who indicated they had experienced workplace

violence in the past year was analyzed for all respondents to the 2020 Survey of Michigan Nurses (Table 13). Nurses in behavioral health facilities (57%), correctional systems (56%), and hospitals (45%) experienced the most workplace violence, while nurses in home health care had the lowest (26%).

Table 13. Nurses who experienced workplace violence in inpatient care settings – 2020 Survey of Michigan Nurses

Inpatient Care Setting	RNs & LPNs	
	n	Estimate
Assisted living facility	512	27%
Behavioral health facility/psychiatric	795	57%
Correctional system	142	56%
Home health care	124	26%
Hospice	370	41%
Hospital (acute care & acute rehabilitation)	13,416	45%
Nursing home/long-term care facility	2,699	33%
Traveling/staffing agency	497	45%
Other nursing employment setting (please specify)	558	30%

Among nurses providing direct, acute care in their employment and who reported experiencing workplace violence (N = 2,998), these are the other most common direct care settings nurses also worked in[3]:

- Psychiatric/mental health (63%)
- Emergency/urgent care (63%)
- Internal medicine (62%)

The community-based care setting for nurses who indicated they had experienced workplace violence in the past year was analyzed for all respondents to the 2020 Survey of Michigan Nurses (Table 14). Nurses in traveling or staffing agencies (46%) and correctional systems (44%) experienced the most workplace violence, while nurses at insurance companies had the lowest (13%).

Table 14. Nurses who experienced workplace violence in community-based care settings – 2020 Survey of Michigan Nurses

Community-Based Care Setting	RNs & LPNs	
	n	Estimate
Ambulatory care	1,017	28%
Assisted living facility	376	27%
College health center	43	14%
Community health/public health/coaching/wellness	597	21%
Correctional system	90	44%
K-12 school health	295	23%
Federally qualified health center	232	36%

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[3] Nurses working in direct care services as their primary nursing position were asked to select any care settings in which they worked, therefore total percentages do not add up 100%.

Community-Based Care Setting	RNs & LPNs	
	n	Estimate
Home health care	1,366	19.2%
Hospice	671	21.8%
Insurance company/health plan/benefits	231	13.2%
Specialty office/clinic	744	26.9%
Nurse managed clinic	85	30.5%
Long-term home care	373	23.5%
Nursing training/continuing education	134	23.5%
Primary care/clinic	808	26.9%
Private practice	352	20.6%
Public/community health	723	28.8%
Retail clinic	18	33.7%
Rural health clinic	165	33.5%
Surgical center	260	21.6%
Traveling/staffing agency	57	45.9%
Other (please specify)	479	29.7%

In response to reported incidents, most nurse administrators across all settings reported organizational evaluation of workplace violence data through investigation or follow up on reported incidents; periodic review of incident reports, logs or tracking systems; and development of action plans in response to reported incidents. All nurse administrators in other community-based care settings as well as the majority of administrators of long-term and acute care settings reported organizational evaluation of workplace violence data through investigation or follow up on reported and periodic review of reported incidents; although, only half reported development of organizational action plans in response to reported incidents. In contrast with the other types of care settings, fewer than half of local public health nurse administrators reported agency use of any of the listed evaluation methods (Table 15).

Table 15. How organizations evaluate tracked workplace violence data – Workplace Violence Survey

Evaluation methods[†]	TOTAL (N=51)	Long-term Care (n=23)	Public Health (n=13)	Other Community-Based Care (n=6)	Acute Care (n=9)
Investigation or follow up on reported incidents	75% (n=38)	83% (n=19)	46% (n=6)	100% (n=6)	78% (n=7)
Incident reports, logs or tracking systems are reviewed or analyzed on a periodic basis (quarterly, annually, etc.)	67% (n=34)	70% (n=16)	46% (n=6)	100% (n=6)	67% (n=6)
Development of plans of actions in response to reported incidents	67% (n=34)	83% (n=18)	46% (n=6)	50% (n=3)	78% (n=7)
It is the duty of a designated individual, committee, or	47% (n=24)	35% (n=8)	46% (n=6)	67% (n=4)	67% (n=6)

Evaluation methods[†]	TOTAL (N=51)	Long-term Care (n=23)	Public Health (n=13)	Other Community-Based Care (n=6)	Acute Care (n=9)
department to evaluate data related to incidents of violence against nurses					
Exit interview/exit statements reviewed on a periodic basis (quarterly, annually, etc.)	39% (n=20)	35% (n=8)	23% (n=3)	67% (n=4)	56% (n=5)
I don't know/I am unsure	12% (n=6)	9% (n=2)	23% (n=3)	--	11% (n=1)
Other (please specify)	6% (n=3)	--	15% (n=2)	17% (n=1)	--
Other responses: • *There are no documented incidents* • *Trauma informed practices survey* • *We submit our incident reports to personnel office. I am not sure if they review the incident reports on a periodical basis*					

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

Commonly evaluated elements of reported incidents identified by nurse administrators included physical injury severity, location or unit in which incidents occurred, number of violent incidents reported, time at which incident occurred, and nursing procedures conducted at time of incidents. Local public health administrators were less likely than other respondents to report organizational evaluation of each element of reported incidents. Additionally, nurse administrators of acute care settings were more likely to report organizational evaluation of the costs associated with incidents than their counterparts in other settings (Table 16). The percentage of nurse administrators who were unaware or unsure if reported incidents were evaluated was similar to the percentage of nurse administrators that reported not having a workplace violence prevention program or policy.

Table 16. Elements of reported incidents that are evaluated – Workplace Violence Survey

Element[†]	TOTAL (N=51)	Long-term Care (n=23)	Public Health (n=13)	Other Community-Based Care (n=6)	Acute Care (n=9)
Physical injury severity resulting from incidents	71% (n=36)	83% (n=19)	31% (n=4)	83% (n=5)	89% (n=8)
Location or unit in which incidents occurred	71% (n=36)	74% (n=17)	46% (n=6)	83% (n=5)	89% (n=8)
Number of violent incidents reported	59% (n=30)	61% (n=14)	39% (n=5)	83% (n=5)	67% (n=6)
Time at which incident occurred	59% (n=30)	61% (n=14)	46% (n=6)	67% (n=4)	67% (n=6)
Nursing procedures being conducted at time of incidents	59% (n=30)	70% (n=16)	46% (n=6)	50% (n=3)	56% (n=5)

Element[†]	TOTAL (N=51)	Long-term Care (n=23)	Public Health (n=13)	Other Community-Based Care (n=6)	Acute Care (n=9)
Emotional injury severity resulting from incidents	53% (n=27)	61% (n=14)	31% (n=4)	67% (n=4)	56% (n=5)
Staffing levels at time of incident	45% (n=23)	48% (n=11)	31% (n=4)	50% (n=3)	56% (n=5)
Involvement of security personnel or law enforcement in incidents	31% (n=16)	30% (n=7)	8% (n=1)	17% (n=1)	78% (n=7)
Perpetrator characteristics	27% (n=14)	26% (n=6)	23% (n=3)	17% (n=1)	44% (n=4)
Whether victims completed workplace violence prevention training prior to incidents	27% (n=14)	44% (n=10)	15% (n=2)	--	22% (n=2)
Level of turnover associated with workplace violence	27% (n=14)	30% (n=7)	23% (n=3)	17% (n=1)	33% (n=3)
Incidents resulting in prosecution of the perpetrator	25% (n=13)	30% (n=7)	23% (n=3)	33% (n=2)	22% (n=2)
Costs associated with incidents	25% (n=13)	26% (n=6)	8% (n=1)	--	67% (n=6)
I don't know/I am unsure	15% (n=8)	9% (n=2)	31% (n=4)	--	11% (n=1)
Other (please specify)	6% (n=3)	--	15% (n=2)	--	--
None	2% (n=1)	--	--	--	11% (n=1)

Other responses:
- *All incidents are reviewed with administrative team monthly, staff or other*
- *Reports go to personnel office who may or may not be tracking the reports. Workplace violence reports for our facility are few and far between*

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

Most respondents reported evaluating at least four to six elements of a workplace violence incident. However, approximately 40 percent of responding local public health nurse administrators indicated that their organization evaluated three or less elements of a workplace violence incident (See Figure H).

Figure H. Number of elements of workplace violence incident that are evaluated by organization setting – Workplace Violence Survey
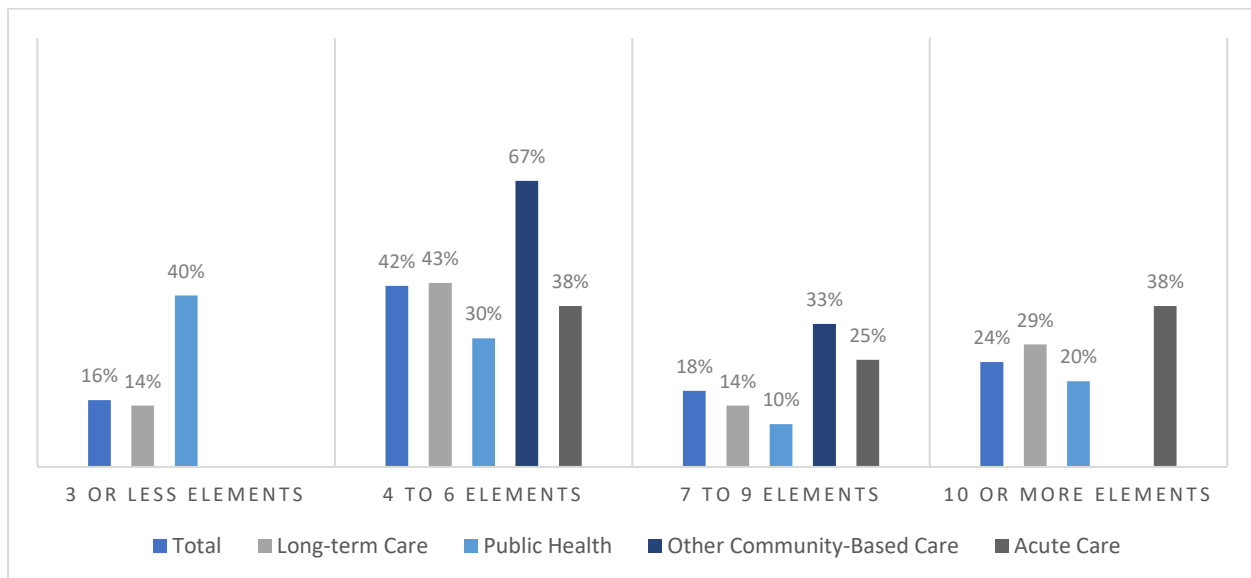
Most respondents were unsure whether their organization tracked workplace violence costs. The most frequently tracked organizational costs reported by long-term and acute care nurse administrators were costs related to workers' compensation and absenteeism, accident, or injury related leave. Additionally, responding acute care nurse administrators were more likely to report organizational tracking of training and prevention, legal, and increasing staffing costs than were nurse administrators of other settings. About 43 percent (n=6) of nurse administrators of other community-based care settings indicated that their organization did not track costs related to workplace violence against nurses (Table 17).

Table 17. Workplace violence costs tracked by organizations – Workplace Violence Survey

Cost†	TOTAL (N=80)	Long-term Care (n=31)	Public Health (n=25)	Other Community-Based Care (n=14)	Acute Care (n=10)
I don't know/I am unsure	43% (n=34)	32% (n=10)	56% (n=14)	43% (n=6)	40% (n=4)
Workers' compensation	34% (n=27)	48% (n=15)	16% (n=4)	21% (n=3)	50% (n=5)
Absenteeism, accident, or injury-related leave	26% (n=21)	32% (n=10)	12% (n=3)	14% (n=2)	60% (n=6)
No cost tracking	23% (n=18)	16% (n=5)	24% (n=6)	43% (n=6)	10% (n=1)
Training or prevention costs	21% (n=17)	26% (n=8)	16% (n=4)	7% (n=1)	40% (n=4)
Legal costs	16% (n=13)	26% (n=8)	4% (n=1)	--	40% (n=4)
Costs of increasing nursing staff numbers	13% (n=10)	19% (n=6)	4% (n=1)	--	30% (n=3)

Cost[†]	TOTAL (N=80)	Long-term Care (n=31)	Public Health (n=25)	Other Community-Based Care (n=14)	Acute Care (n=10)
Temporary replacement for violence related leave	10% (n=8)	16% (n=5)	4% (n=1)	14% (n=2)	--
Property damage	9% (n=7)	16% (n=5)	4% (n=1)	--	10% (n=1)
Costs of hiring additional security personnel	9% (n=7)	10% (n=3)	4% (n=1)	--	30% (n=3)
Other (please specify)	4% (n=3)	3% (n=1)	4% (n=1)	7% (n=1)	--

Other responses:
- *Security precautions*
- *Very infrequent occurrence*
- *We don't have anything like this to track*

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

Workplace Violence Prevention Training

Nurse administrators were asked what training was available for clinical nursing staff within their organization. The majority (65%) of respondents reported having organizational requirements for workplace violence training for clinical nursing staff in all units and departments. However, only a third (33%) of acute care respondents reported global requirements for clinical nursing staff trainings. Two of the represented acute care organizations employed more than 500 nurses. Acute care nurse administrators that reported training was only voluntary or not available represented organizations employing less than fifty nurses. About a quarter of responding local public health nurse administrators were unsure if workplace violence prevention training was available for their staff (Table 18). For a breakdown of what is required for other types of health care staff see Appendix 3 Table 27.

Table 18. Clinical nursing staff workplace violence prevention training requirements by organization setting – Workplace Violence Survey

	TOTAL (N=78)	Long-term Care (n=30)	Public Health (n=25)	Other Community-Based Care (n=14)	Acute Care (n=9)
Required in all depts/units	65% (n=52)	84% (n=25)	52% (n=13)	71% (n=10)	33% (n=3)
Required only in specialty areas	5% (n=4)	--	--	--	44% (n=4)
Voluntary training only	8% (n=6)	3% (n=1)	8% (n=2)	14% (n=2)	11% (n=1)
Training unavailable	8% (n=6)	3% (n=1)	16% (n=4)	--	11% (n=1)
I don't know/I am unsure	14% (n=11)	10% (n=3)	24% (n=6)	14% (n=2)	--

Commonly offered trainings included workplace violence awareness, procedures for calling for assistance and techniques for de-escalation. Responding local public health nurse administrators were least likely to report availability of organizational training on patient containment measures and legal rights of workers. Less than half (45%) of long-term care nurse administrators reported availability of training on specific evasion techniques and legal rights of workers. Acute care nurse administrators reported offering a variety of workplace violence prevention training topics (Table 19). Due to the small number of respondents, it is not feasible to assess what types of acute care settings such as large health systems or community hospitals are offering these trainings.

Table 19. Types of workplace violence prevention training provided to nurses by organizations – Workplace Violence Survey

Type of Training[†]	TOTAL (N=55)	Long-term Care (n=22)	Public Health (n=13)	Other Community-Based Care (n=12)	Acute Care (n=8)
Workplace violence awareness training	96% (n=53)	96% (n=21)	92% (n=12)	100% (n=12)	100% (n=8)
Training on procedures for calling for assistance	85% (n=47)	77% (n=17)	85% (n=11)	92% (n=11)	100% (n=8)
Training on techniques for de-escalation	80% (n=44)	68% (n=15)	77% (n=10)	92% (n=11)	100% (n=8)
Training on identifying characteristics associated with aggressive and violent behavior	69% (n=38)	59% (n=13)	69% (n=9)	67% (n=8)	100% (n=8)
Training on specific evasion techniques	60% (n=33)	45% (n=10)	77% (n=10)	58% (n=7)	75% (n=6)
Training on patient containment measures	47% (n=26)	50% (n=11)	31% (n=4)	42% (n=5)	75% (n=6)
Training on legal rights of workers	45% (n=25)	41% (n=9)	23% (n=3)	67% (n=8)	63% (n=5)
Other (Please specify):	11% (n=6)	9% (n=2)	--	8% (n=1)	38% (n=3)
Other responses: • *Active shooter* • *ALICE Training® - active shooter response training* • *Associate to associate violence prevention* • *Training is minimal* • *Trauma informed practices*					

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

Most initial workplace violence prevention trainings, regardless of type were reported to be less than four hours long (Table 20). For a more detailed breakdown of each training topic by care setting, see Appendix 3 Table 28.

Table 20. Length of initial workplace violence training – Workplace Violence Survey

Type of training	Less than 4 hours	4 to 8 hours	More than 8 hours	I don't know/I am unsure
Workplace violence awareness (N=52)	88% (n=46)	8% (n=4)	2% (n=1)	2% (n=1)
Techniques for de-escalation (N=44)	82% (n=36)	11% (n=5)	2% (n=1)	5% (n=2)
Specific evasion techniques (N=33)	85% (n=28)	6% (n=2)	3% (n=1)	6% (n=2)
Patient containment measures (N=26)	81% (n=21)	15% (n=4)	4% (n=1)	--
Identifying characteristics associated with aggressive and violent behavior (N=38)	84% (n=32)	11% (n=4)	3% (n=1)	3% (n=1)
Procedures for calling for assistance (N=45)	91% (n=41)	4% (n=2)	2% (n=1)	2% (n=1)
Legal rights of workers (N=25)	92% (n=23)	4% (n=1)	4% (n=1)	--

Initial trainings were frequently reported to occur at time of hire or at periodic intervals as needed (Table 21). Responding local public health nurse administrators were more likely to report organizational availability of trainings at periodic intervals as needed than other respondents (Appendix 3 Table 29). For a more detailed breakdown of each training topic by care setting, see Appendix 3 Table 29.

Table 21. When is the initial training offered – Workplace Violence Survey

Type of training	At time of hire	At periodic intervals as needed	I don't know/I am unsure
Workplace violence awareness (N=52)	58% (n=30)	40% (n=21)	2% (n=1)
Techniques for de-escalation (N=44)	43% (n=19)	50% (n=22)	7% (n=3)
Specific evasion techniques (N=33)	36% (n=12)	58% (n=19)	6% (n=2)
Patient containment measures (N=26)	46% (n=12)	54% (n=14)	--
Identifying characteristics associated with aggressive and violent behavior (N=38)	45% (n=17)	55% (n=21)	--
Procedures for calling for assistance (N=45)	47% (n=22)	51% (n=24)	2% (n=1)
Legal rights of workers (N=25)	60% (n=15)	40% (n=10)	--

For all types of training, refresher trainings were most often a repeat of the original training. A range of 20 to 40 percent of refresher trainings offered across organizations were reported to consist of a subset

of the original training (Table 22). For a more detailed breakdown of each training topic by care setting, see Appendix 3 Table 30.

Table 22. Elements of refresher training – Workplace Violence Survey

Type of training	Repeat of original training content	Subset of original training content	Not offered	I don't know/I am unsure
Workplace violence awareness (N=50)	56% (n=28)	26% (n=13)	8% (n=4)	10% (n=5)
Techniques for de-escalation (N=42)	55% (n=23)	26% (n=11)	10% (n=4)	10% (n=4)
Specific evasion techniques (N=31)	55% (n=17)	35% (n=11)	6% (n=2)	3% (n=1)
Patient containment measures (N=24)	54% (n=13)	38% (n=9)	4% (n=1)	4% (n=1)
Identifying characteristics associated with aggressive and violent behavior (N=36)	56% (n=20)	33% (n=12)	6% (n=2)	6% (n=2)
Procedures for calling for assistance (N=45)	58% (n=26)	24% (n=11)	7% (n=3)	11% (n=5)
Legal rights of workers (N=23)	58% (n=14)	33% (n=8)	4% (n=1)	4% (n=1)

As reported by nurse administrators across settings, refresher trainings of all types were most often required at least once per year (Table 23). For a more detailed breakdown of each training topic by care setting, see Appendix 3 Table 31.

Table 23. Frequency of refresher training requirements – Workplace Violence Survey

Type of training	Less than once per year	Once per year	It is available but not required	I don't know/I am unsure
Workplace violence awareness (N=50)	12% (n=6)	66% (n=33)	8% (n=4)	14% (n=7)
Techniques for de-escalation (N=42)	14% (n=6)	62% (n=26)	10% (n=4)	14% (n=6)
Specific evasion techniques (N=31)	10% (n=3)	68% (n=21)	10% (n=3)	13% (n=4)
Patient containment measures (N=25)	8% (n=2)	80% (n=20)	4% (n=1)	8% (n=2)
Identifying characteristics associated with aggressive and violent behavior (N=35)	9% (n=3)	74% (n=26)	9% (n=3)	9% (n=3)
Procedures for calling for assistance (N=44)	11% (n=5)	66% (n=29)	9% (n=4)	14% (n=6)
Legal rights of workers (N=23)	9% (n=2)	83% (n=19)	4% (n=1)	4% (n=1)

Prevention Strategies

According to responding nurse administrators, the prevention strategies most commonly implemented across organizations were staff training, restricted access, and use of emergency codes. Respondents in acute care settings were also more likely to report organizational implementation of exit strategies, alarms and monitors, and a multi-disciplinary response team. When asked to rank the implemented strategies on perceived effectiveness for preventing workplace violence, most nurse administrators indicated that staff training was most effective in preventing workplace violence. The scores and number of those scoring the strategy are shown below (Table 24).

Table 24. Workplace violence prevention strategies used by organizations and perceived effectiveness of strategies implemented – Workplace Violence Survey

	TOTAL (N=68)	Long-term Care (n=24)	Public Health (n=22)	Other Community-Based Care (n=14)	Acute Care (n=8)	Average effective score of strategies *	Number scoring strategy
Staff training	74% (n=50)	79% (n=19)	50% (n=11)	86% (n=12)	100% (n=8)	4.4	47
Restricted access	56% (n=38)	42% (n=10)	68% (n=15)	64% (n=9)	50% (n=4)	3.3	31
Use of emergency codes	50% (n=34	50% (n=12)	46% (n=10)	50% (n=7)	63% (n=5)	2.9	28
Exit strategies	47% (n=32)	42% (n=10)	46% (n=10)	43% (n=6)	75% (n=6)	2.8	25
Alarms and monitors (including panic buttons)	38% (n=26)	21% (n=5)	27% (n=6)	57% (n=8)	88% (n=7)	2.8	20
A multi-disciplinary response team	25% (n=17)	33% (n=8)	--	29% (n=6)	63% (n=5)	3.2	9
Personal protective equipment	19% (n=13)	21% (n=5)	18% (n=4)	7% (n=1)	38% (n=3)	3.4	7
Emergency response team	18% (n=12)	17% (n=4)	--	21% (n=3)	63% (n=5)	3.5	6
Use of screening tool for patients at risk for violence	18% (n=12)	21% (n=5)	5% (n=1)	14% (n=2)	50% (n=4)	3.6	10

	TOTAL (N=68)	Long-term Care (n=24)	Public Health (n=22)	Other Community-Based Care (n=14)	Acute Care (n=8)	Average effective score of strategies *	Number scoring strategy
Availability of restraints and policies for use	18% (n=12)	8% (n=2)	--	14% (n=2)	100% (n=8)	2.3	4
Static or rounding security personnel	16% (n=11)	8% (n=2)	9% (n=2)	14% (n=2)	63% (n=5)	3.2	9
Availability of escorts	13% (n=9)	4% (n=1)	--	21% (n=3)	63% (n=5)	3.0	5
Chaperone (visiting in pairs)	10% (n=7)	4% (n=1)	5% (n=1)	7% (n=1)	50% (n=4)	3.5	2
Reducing crowding in clinical environment	10% (n=7)	8% (n=2)	5% (n=1)	--	50% (n=4)	2.2	5
Metal detectors	9% (n=6)	4% (n=1)	--	--	63% (n=5)	3.5	2
I don't know/I am unsure	9% (n=6)	4% (n=1)	14% (n=3)	14% (n=2)	--	--	--
None	7% (n=5)	13% (n=3)	9% (n=2)	--	--	--	--
Onsite presence of law enforcement	6% (n=4)	--	--	--	50% (n=4)	3.0	2
Other (please specify)	3% (n=2)	4% (n=1)	5% (n=1)	--	--	3.0	1

Other responses:
- *ALICE Training® - active shooter response training*
- *We are a long-term care setting so are limited in our choices*

*5 most effective and 1 least effective.

The majority of responding long-term care (73%) and local public health nurse administrators (72%) indicated that their organization had implemented four or less workplace prevention strategies. About 69 percent of other community-based care setting nurse administrators reported organizational implementation of at least five to eight prevention strategies and 63 percent of acute care setting nurse administrators reported organizational implementation of at least nine prevention strategies (Figure I).

Figure I. Number of workplace violence prevention strategies implemented by organization setting –
Workplace Violence Survey
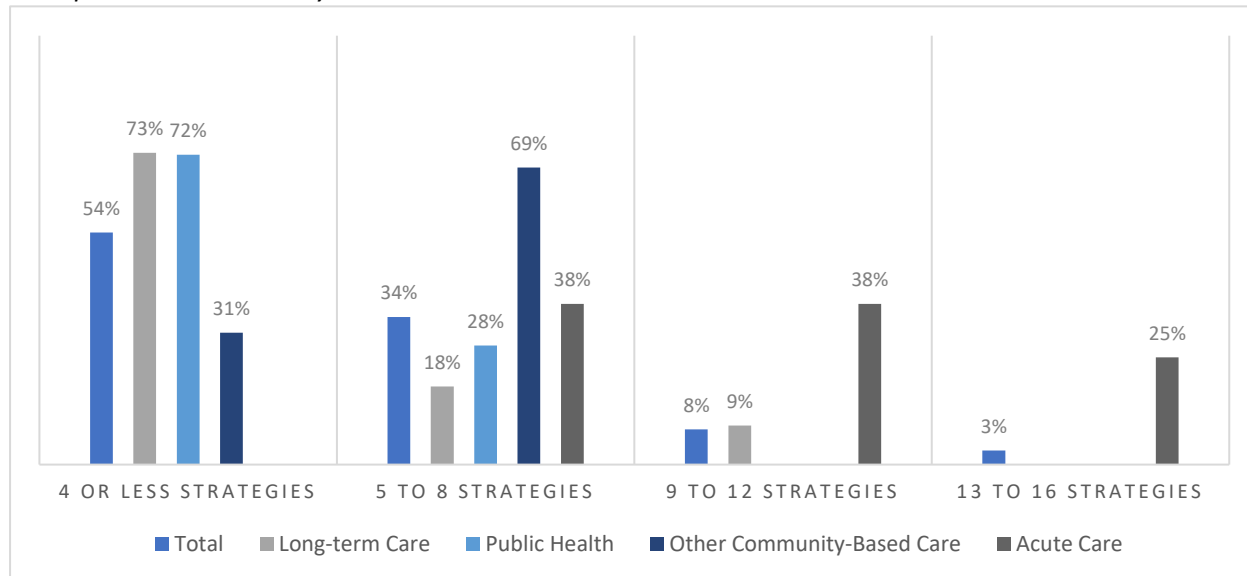
Workplace Violence Response

Less than half of nurse administrators from all types of responding organizations reported consideration of workplace violence in organizational development and evaluation of nurse staffing plans. Less than two-thirds (64%, n=14) of responding local public health nurse administrators and less than half (46%, n=11) of responding community-based care nurse administrators reported a lack of consideration of workplace violence in staffing plans. In contrast, a majority of responding acute care nurse administrators (78%, n=7) reported organizational consideration of workplace violence in their staffing plans (Table 25).

Table 25. Does organization consider workplace violence in developing and evaluating nurse staffing plans – Workplace Violence Survey

	TOTAL (N=69)	Long-term Care (n=24)	Public Health (n=22)	Other Community-Based Care (n=14)	Acute Care (n=9)
Yes	32% (n=22)	46% (n=11)	9% (n=2)	14% (n=2)	78% (n=7)
No	51% (n=35)	50% (n=12)	64% (n=14)	50% (n=7)	22% (n=2)
I don't know/I am unsure	17% (n=12)	4% (n=1)	27% (n=6)	36% (n=5)	--

Follow up support for nurses who experience workplace violence is reported to be available at more than half of all organizations. All represented acute care settings offered follow up support for nurses experiencing workplace violence. More than a third (36%) of local public health nurse administrators were unsure of the availability of follow up support for their staff (Table 26).

Table 26. Availability of follow up support for nurses who experience workplace violence – Workplace Violence Survey

	TOTAL (N=69)	Long-term Care (n=24)	Public Health (n=22)	Other Community-Based Care (n=14)	Acute Care (n=9)
Yes	68% (n=47)	67% (n=16)	55% (n=12)	71% (n=10)	100% (n=9)
No	4% (n=3)	4% (n=1)	9% (n=2)	--	--
I don't know/I am unsure	28% (n=19)	29% (n=7)	36% (n=8)	29% (n=4)	--

Discussion

Overall, workplace violence prevention programs and policies vary across health care settings. Acute care settings included more elements and more fully evaluated their programs and policies than other settings. Public health settings had fewer areas for addressing workplace violence than other settings. Further investigation is needed to understand why public health seems to be different than the other settings. However, nearly two-thirds of responding local public health administrators were from rural areas and may have fewer resources and capacity to address workplace violence comprehensively. Workplace violence incidents were required to be reported internally but tracking incidents over time was a less common practice across all settings. Further investigation is needed to understand the difference across care settings to better understand how and why certain settings evaluate certain policy elements. Additionally, nurses reported that verbal abuse from a patient was a commonly experienced violent incident in the workplace but was less likely to be required reporting than other types of workplace violence across all different health care settings. Steering committee members speculate that this discrepancy is because verbal abuse from patients is a commonly accepted hazard in the nursing profession. This is particularly an accepted norm in long-term care settings where nurses may document verbal abuse or sexual harassment from patients in the patient record but do not act upon it. Changing this norm of acceptable violence and providing tools and resources to recognize and address verbal abuse may help to bring more attention to tracking this issue.

While regulatory requirements exist in some settings such as long-term care and acute care, there were a few areas where survey respondents were not aware of these requirements. Lack of awareness of cost tracking was seen across all settings despite some of these requirements. Additionally, a noticeable proportion of long-term care nurse administrator respondents were not aware of workplace violence prevention training though it is required in this setting. Several measures showed public health and other community-based care settings to be in alignment with one another, while long-term care and acute care were also in alignment.

Steering committee members felt that while there are some resources and strategies in place, more work needed to be done to address workplace violence prevention across all settings. The 2020 Survey of Michigan Nurses data suggest that special attention may be warranted for workplace violence in behavioral health facilities, correctional systems, acute care, and traveling/staffing agencies, since more

nurses working in these settings reported experiencing workplace violence. Additional research and information gathering are needed to better understand both nursing experiences of workplace violence, systems and practices currently in place to prevent it, and how best to reduce the incidence and impact of workplace violence experienced by nurses. This includes tracking workplace violence experienced by nurses as well as tracking awareness and implementation of organizational programs and policies to address the issue.

Appendix 1. Workplace Violence Against Nurses Survey Tool

1.   Please identify the type of organization you represent.
   - o   Home health agency
   - o   Freestanding Emergency Medical Center
   - o   Hospital/Health System
   - o   Long-term Care
   - o   Local Public Health Agency
   - o   Correctional Facility
   - o   Other (please specify)

2.   Please provide the zip code for your organization: _____

3.   Approximately, how many nurses does your organization employ? _____

4.   What is your current title?
   - o   Chief Nursing Officer/Director of Nursing
   - o   Nurse Administrator
   - o   Facility Administrator
   - o   Other (please specify)

PROGRAM OR POLICY IMPLEMENTATION AND CHARACTERISTICS

5.   What is included in your organization's workplace violence prevention program or policy?
        Select all that apply.
   - ☐   My organization does not have a workplace violence prevention program or policy [skip to
         question 10]
   - ☐   Workplace violence training
   - ☐   Assessment of work areas for risk factors
   - ☐   Required reporting of incidents
   - ☐   Investigation of reported incidents
   - ☐   Screening individuals for risk of violence
   - ☐   A multi-disciplinary incident response team
   - ☐   Active shooter training/drills
   - ☐   Facility limited entry/screening (i.e. metal detectors, bag search etc.)
   - ☐   Facility security personnel
   - ☐   Other (please specify)

6.   How frequently does your organization evaluate the effectiveness of impact of this workplace
        violence prevention program or policy?
   - o   My organization does not evaluate the effectiveness or impact of this workplace violence
         prevention program or policy [skip to question 8]
   - o   I don't know/I am unsure [skip to question 8]

- o   Every year
- o   Every 2 years
- o   Every 3 years
- o   Other (please specify)

7. Please indicate the elements of the workplace violence prevention program or policy that are evaluated for effectiveness or impact. Select all that apply.
   - ☐ Workplace violence training
   - ☐ Assessment of work areas for risk factors
   - ☐ Required reporting of incidents
   - ☐ Investigation of reported incidents
   - ☐ Screening individuals for risk of violence
   - ☐ A multi-disciplinary incident response team
   - ☐ Active shooter training/drills
   - ☐ Facility limited entry/screening (i.e. metal detectors, bag search etc.)
   - ☐ Facility security personnel
   - ☐ Other (please specify)

REPORTING AND TRACKING

8. Please indicate the types of incidents the workplace violence prevention program or policy requires nurses to internally report to administration and/or security. Select all that apply.
   - ☐ Incidents of workplace violence are **not required** for internal reporting to administration and/or security
   - ☐ I don't know/I am unsure
   - ☐ Physical assault from patient or visitor (family members, former staff, etc.)
   - ☐ Physical assault from staff or health care provider
   - ☐ Threat from patient or visitor
   - ☐ Threat from staff or health care provider
   - ☐ Sexual harassment from patient or visitor
   - ☐ Sexual harassment from staff or health care provider
   - ☐ Verbal abuse from patient or visitor
   - ☐ Verbal abuse from staff or health care provider

9. Please indicate how the program or policy addresses reporting of physical assaults to law enforcement.
   - o   Reporting of physical assaults to law enforcement is **not addressed** in the policy
   - o   I don't know/I am unsure
   - o   Reporting of physical assaults to law enforcement is **encouraged**
   - o   Reporting of physical assaults to law enforcement is **required**

10. Please indicate whether your organization tracks any of the following types of violence against nurses. Select all that apply.
    - ☐ My organization does not track incidents of workplace violence [skip to question 14]

☐ I don't know/I am unsure [skip to question 14]
☐ All incidents of physical assault
☐ Only incidents of physical assault reported to law enforcement
☐ Incidents of threat
☐ Incidents of sexual harassment
☐ Incidents of verbal abuse
☐ Incidents resulting in prosecution of the perpetrator
☐ Exit interviews/exit statements citing violence as reason for resignation

11.   [For each selection in question 10] How many of the following types of incidents have been reported in the last 12 months? A range or estimated number of incidents is acceptable.

[CARRY FORWARD selected choices from question 10] _____

12.   Please indicate how your organization evaluates tracked data related to incidents of violence against nurses as indicated question 10. Select all that apply.
☐ My organization does not evaluate tracked data related to incidents of violence
☐ I don't know/I am unsure
☐ It is the duty of a designated individual, committee, or department to evaluate data related to incidents of violence against nurses
☐ Incident reports, logs or tracking systems are reviewed or analyzed on a periodic basis (quarterly, annually, etc.)
☐ Investigation or follow up on reported incidents
☐ Development of plans of actions in response to reported incidents
☐ Exit interviews/exit statements reviewed on periodic basis (quarterly, annually, etc.)
☐ Other (please specify)

13.   Please indicate the elements of reported incidents that are evaluated. Select all that apply.
☐ My organization does not evaluate reported incidents
☐   I don't know/I am unsure
☐ Number of violent incidents reported
☐ Costs associated with incidents (i.e. workers' compensation)
☐ Physical injury severity resulting from incidents (e.g. whether the victims received emergency care)
☐ Emotional injury severity resulting from incidents (e.g. need for counseling or emotional/psychological follow up)
☐ Location or unit in which incidents occurred
☐ Time at which incident occurred
☐ Perpetrator characteristics
☐ Nursing procedures being conducted at time of incidents
☐ Staffing levels at time of incident
☐ Whether victims completed workplace violence prevention training prior to incidents

- ☐ Involvement of security personnel or law enforcement in incidents
- ☐ Level of turnover associated with workplace violence
- ☐ Incidents resulting in prosecution of the perpetrator
- ☐ Other (please specify)

14. Please indicate the types of costs related to workplace violence against nurses your organization tracks. Select all that apply.
- ☐ My organization does not track costs related to workplace violence against nurses.
- ☐ I don't know/I am unsure
- ☐ Workers' compensation (for an injury related to the workplace violence incident)
- ☐ Absenteeism, accident, or injury-related leave
- ☐ Temporary replacement for violence-related leave
- ☐ Property damage
- ☐ Training or prevention costs
- ☐ Legal costs
- ☐ Costs of hiring additional security personnel
- ☐ Costs of increasing nursing staff numbers
- ☐ Other (please specify)

WORKPLACE VIOLENCE PREVENTION TRAINING

15. Please indicate whether your organization's workplace violence prevention program or policy addresses training of the following staff types. Select all that apply by placing check mark in boxes.

	Clinical Nursing Staff (e.g. APRNs, RNs, VNs, CNAs)	Other Clinical Staff (e.g. physicians, allied health professionals)	Non-Clinical Nursing Staff (e.g., Quality Improvement RNs, Case managers, clinical educators, informaticists)	Other Non-Clinical Staff (e.g. non-nursing administrators, clerical staff, janitorial staff)	Nursing Students
Required in all Department/units	☐	☐	☐	☐	☐
Required in specialty areas only (e.g. ED, psych)	☐	☐	☐	☐	☐
Voluntary Training only	☐	☐	☐	☐	☐
Training unavailable (If all	☐	☐	☐	☐	☐

boxes are checked skip to 18)				
I don't know/I am unsure (If all boxes are checked, skip to 18)	☐	☐	☐	☐	☐

16.   Please fill out the table below regarding the types of workplace violence **prevention training** your organization requires for clinical nursing staff. Select all that apply by placing check mark in boxes.

	Types of training required for nurses	How long is the <u>initial</u> training?	When is the <u>initial</u> offered?
Workplace violence awareness training	o Yes o No o I don't know/I am unsure	o Less than 4 hours o 4 to 8 hours o More than 8 hours o I don't know/I am unsure	o At time of hire o At periodic intervals as needed o I don't know/I am unsure
Training on techniques for de-escalation	o Yes o No o I don't know/I am unsure	o Less than 4 hours o 4 to 8 hours o More than 8 hours o I don't know/I am unsure	o At time of hire o At periodic intervals as needed o I don't know/I am unsure
Training on specific evasion techniques	o Yes o No o I don't know/I am unsure	o Less than 4 hours o 4 to 8 hours o More than 8 hours o I don't know/I am unsure	o At time of hire o At periodic intervals as needed o I don't know/I am unsure
Training on patient containment measures	o Yes o No o I don't know/I am unsure	o Less than 4 hours o 4 to 8 hours o More than 8 hours o I don't know/I am unsure	o At time of hire o At periodic intervals as needed o I don't know/I am unsure
Training on identifying characteristics associated with aggressive and violent behavior	o Yes o No o I don't know/I am unsure	o Less than 4 hours o 4 to 8 hours o More than 8 hours o I don't know/I am unsure	o At time of hire o At periodic intervals as needed o I don't know/I am unsure
Training on procedures for calling for assistance	o Yes o No	o Less than 4 hours o 4 to 8 hours	o At time of hire

	o I don't know/I am unsure	o More than 8 hours o I don't know/I am unsure	o At periodic intervals as needed o I don't know/I am unsure
Training on legal rights of workers	o Yes o No o I don't know/I am unsure	o Less than 4 hours o 4 to 8 hours o More than 8 hours o I don't know/I am unsure	o At time of hire o At periodic intervals as needed o I don't know/I am unsure
Other (Please specify):	o Yes o No o I don't know/I am unsure	o Less than 4 hours o 4 to 8 hours o More than 8 hours o I don't know/I am unsure	o At time of hire o At periodic intervals as needed o I don't know/I am unsure

17. Please indicate the refresher training offered to clinical nursing staff in your organization. Select all that apply by placing check mark in boxes.

	Refresher training is a repeat of original training content	**Refresher training is a subset of original training content**	**Refresher training is not offered**	**I don't know/I am unsure about refresher training**	**How often do you require nurses to take this refresher training?**
Workplace violence awareness training	☐	☐	☐	☐	o Less than once per year o Once per year o More than once per year o It is available but not required o I don't know/I am unsure
Training on techniques for de-escalation	☐	☐	☐	☐	o Less than once per year o Once per year o More than once per year o It is available but not required o I don't know/I am unsure
Training on specific evasion techniques	☐	☐	☐	☐	o Less than once per year o Once per year o More than once per year o It is available but not required

					o I don't know/I am unsure
Training on patient containment measures	☐	☐	☐	☐	o Less than once per year o Once per year o More than once per year o It is available but not required o I don't know/I am unsure
Training on identifying characteristics associated with aggressive and violent behavior	☐	☐	☐	☐	o Less than once per year o Once per year o More than once per year o It is available but not required o I don't know/I am unsure
Training on procedures for calling for assistance	☐	☐	☐	☐	o Less than once per year o Once per year o More than once per year o It is available but not required o I don't know/I am unsure
Training on legal rights of workers	☐	☐	☐	☐	o Less than once per year o Once per year o More than once per year o It is available but not required o I don't know/I am unsure
Other (Please specify):	☐	☐	☐	☐	o Less than once per year o Once per year o More than once per year o It is available but not required o I don't know/I am unsure

RESPONSE

18. Does your organization consider incidents of workplace violence in developing and evaluating nurse staffing plans?
  o Yes
  o No

o   I don't know/I am unsure

19.   Is follow-up support, such as incidence debriefing, counseling, etc. made available to nurses in your organization who are subjected to workplace violence?
   o   Yes
   o   No
   o   I don't know/I am unsure

PREVENTION STRATEGIES

20.   What strategies has your organization implemented to prevent or reduce workplace violence against nurses? Select all that apply.
   ☐   None [skip to end]
   ☐   I don't know/I am unsure [skip to end]
   ☐   Alarms and monitors (including panic buttons)
   ☐   Staff training
   ☐   Restricted access
   ☐   Emergency response team
   ☐   Static or rounding security personnel
   ☐   Availability of escorts
   ☐   Chaperone (visiting in pairs)
   ☐   Personal protective equipment
   ☐   Availability of restraints and policies for use
   ☐   Reducing crowding in clinical environment
   ☐   Exit strategies
   ☐   Metal detectors
   ☐   Use of screening tool for patients at risk for violence
   ☐   Onsite presence of law enforcement
   ☐   Use of emergency codes
   ☐   A multi-disciplinary response team
   ☐   Other (please specify)

21.   Which of the strategies implemented in your organization has been most successful in preventing workplace violence against nurses? Rank the top 5 with 1 one being the most effective.
   o   I don't know/I am unsure [skip to end]
   o   Alarms and monitors (including panic buttons)
   o   Staff training
   o   Restricted access
   o   Emergency response team
   o   Static or rounding security personnel
   o   Availability of escorts
   o   Chaperone (visiting in pairs)
   o   Personal protective equipment

- o Availability of restraints and policies for use
- o Reducing crowding in clinical environment
- o Exit strategies
- o Metal detectors
- o Use of screening tool for patients at risk for violence
- o Onsite presence of law enforcement
- o Use of emergency codes
- o A multi-disciplinary response team
- o Other (please specify)

Appendix 2. Types of Violence by Perpetrator Experienced by Nurses by Care Setting – 2020 Survey of Michigan Nurses

Figure J: Types of violence by perpetrator experienced by nurses – Long-term Care
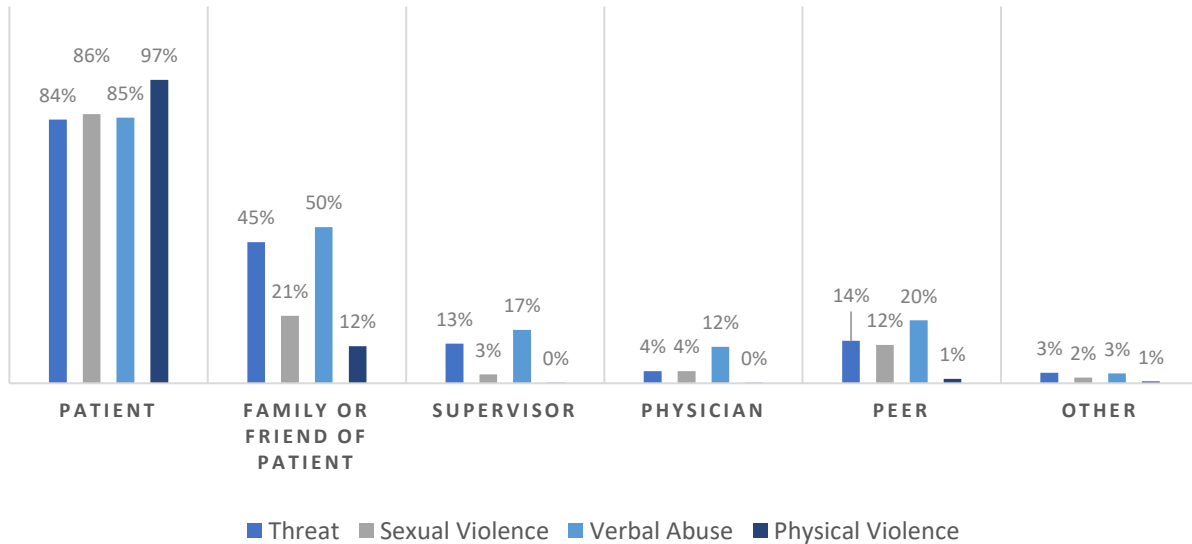
Figure K: Types of violence by perpetrator experienced by nurses – Public Health
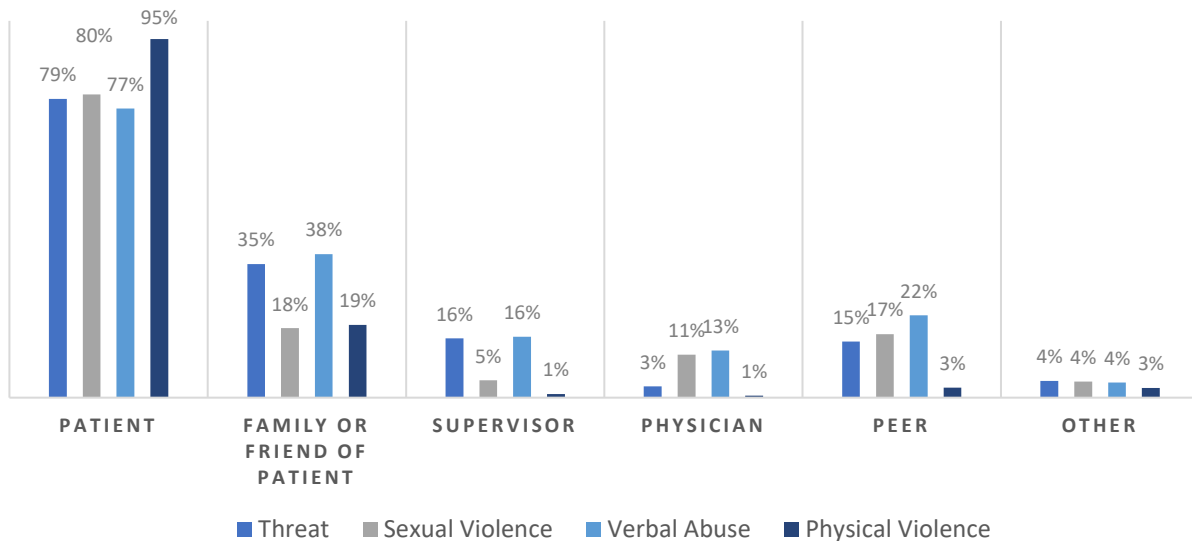
Figure L: Types of violence by perpetrator experienced by nurses – Other Community-Based Care
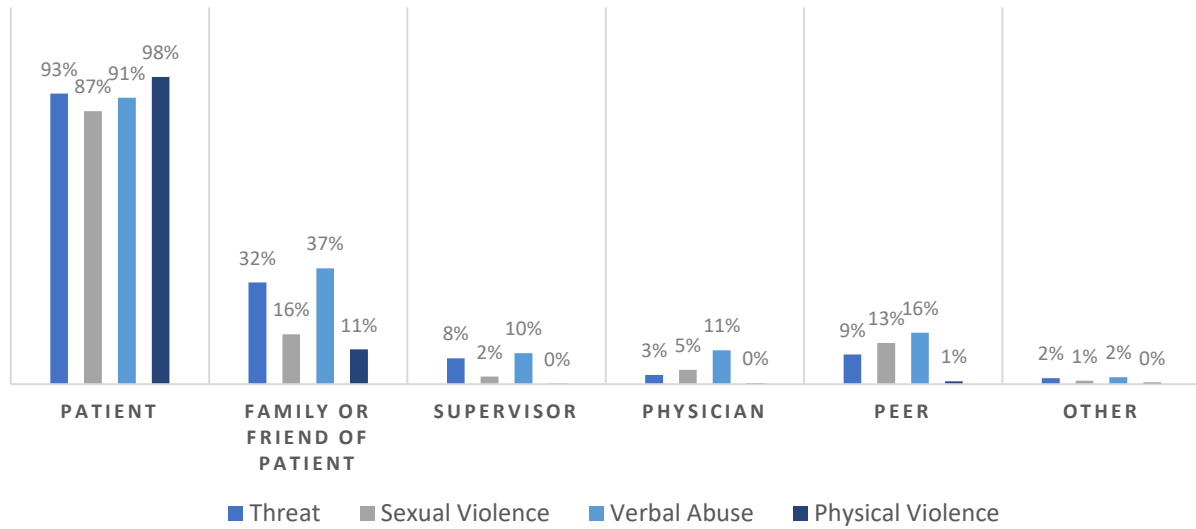
Figure M: Types of violence by perpetrator experienced by nurses – Acute Care
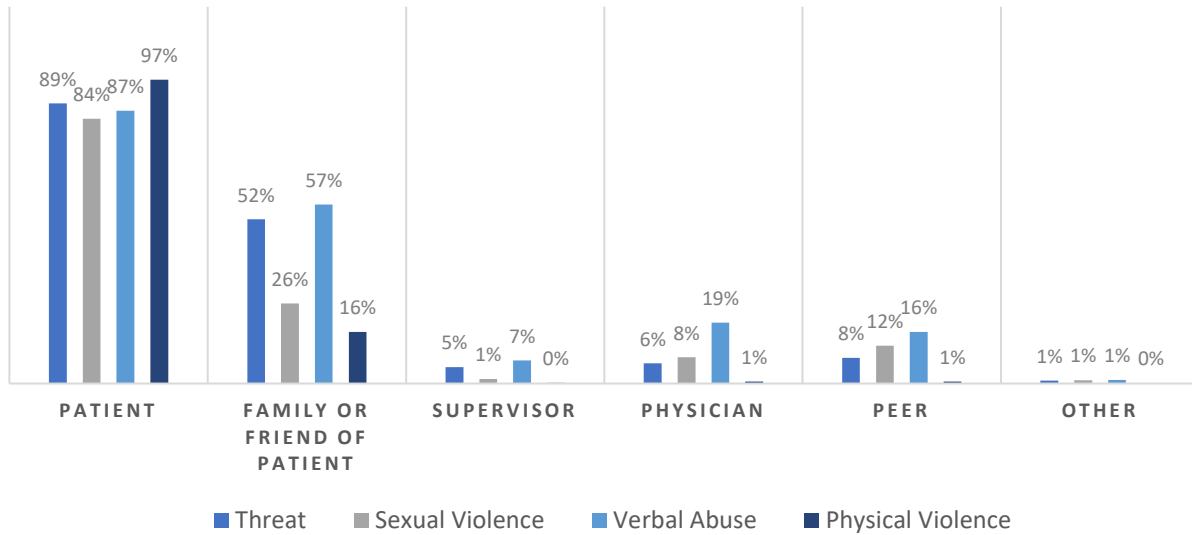
Appendix 3. Training Characteristics by Organization Setting – Workplace Violence Survey

Table 27. Staff types addressed in organizations' workplace violence prevention training programs

Care Setting	Staff Type	Required in all depts/units	Required only in specialty areas	Voluntary training only	Training unavailable	I don't know/I am unsure
TOTAL (N=78)	Clinical Nursing Staff	65% (n=52)	5% (n=4)	8% (n=6)	8% (n=6)	14% (n=11)
	Other Clinical Staff	59% (n=46)	3% (n=2)	12% (n=9)	8% (n=6)	19% (n=15)
	Non-clinical Nursing staff	64% (n=50)	1% (n=1)	9% (n=7)	9% (n=7)	17% (n=13)
	Other Non-clinical Staff	64% (n=50)	1% (n=1)	10% (n=8)	8% (n=6)	17% (n=13)
	Nursing Students	24% (n=19)	1% (n=1)	1% (n=1)	29% (n=23)	44% (n=34)
Long-term Care (n=30)	Clinical Nursing Staff	84% (n=25)	--	3% (n=1)	3% (n=1)	10% (n=3)
	Other Clinical Staff	74% (n=22)	--	3% (n=1)	3% (n=1)	20% (n=6)
	Non-clinical Nursing staff	77% (n=23)	3% (n=1)	--	3% (n=1)	17% (n=5)
	Other Non-clinical Staff	84% (n=25)	--	3% (n=1)	3% (n=1)	10% (n=3)
	Nursing Students	47% (n=14)	3% (n=1)	--	13% (n=4)	37% (n=11)
Public Health (n=25)	Clinical Nursing Staff	52% (n=13)	--	8% (n=2)	16% (n=4)	24% (n=6)
	Other Clinical Staff	48% (n=12)	--	12% (n=3)	16% (n=4)	24% (n=6)
	Non-clinical Nursing staff	52% (n=13)	--	8% (n=2)	20% (n=5)	20% (n=5)
	Other Non-clinical Staff	48% (n=12)	--	4% (n=1)	16% (n=4)	32% (n=8)
	Nursing Students	12% (n=3)	--	--	44% (n=11)	44% (n=11)

Care Setting	Staff Type	Required in all depts/units	Required only in specialty areas	Voluntary training only	Training unavailable	I don't know/I am unsure
Other Community-Based Care (n=14)	Clinical Nursing Staff	71% (n=10)	--	14% (n=2)	--	14% (n=2)
	Other Clinical Staff	64% (n=9)	--	14% (n=2)	--	21% (n=3)
	Non-clinical Nursing staff	71% (n=10)	--	7% (n=1)	--	21% (n=3)
	Other Non-clinical Staff	64% (n=9)	7% (n=1)	14% (n=2)	--	14% (n=2)
	Nursing Students	7% (n=1)	--	7% (n=1)	21% (n=3)	64% (n=9)
Acute Care (n=9)	Clinical Nursing Staff	33% (n=3)	44% (n=4)	11% (n=1)	11% (n=1)	--
	Other Clinical Staff	33% (n=3)	22% (n=2)	33% (n=3)	11% (n=1)	--
	Non-clinical Nursing staff	44% (n=4)	--	44% (n=4)	11% (n=1)	--
	Other Non-clinical Staff	44% (n=4)	--	44% (n=4)	11% (n=1)	--
	Nursing Students	11% (n=1)	--	--	56% (n=5)	33% (n=3)

Table 28. Length of initial workplace violence training

Type of training	Workplace violence awareness training				
	TOTAL (N=52)	Long-term Care (n=20)	Public Health (n=12)	Other Community-Based Care (n=12)	Acute Care (n=8)
Less than 4 hours	88% (n=46)	85% (n=17)	100% (n=12)	83% (n=10)	88% (n=7)
4 to 8 hours	8% (n=4)	5% (n=1)	--	17% (n=2)	13% (n=1)
More than 8 hours	2% (n=1)	5% (n=1)	--	--	--
I don't know/I am unsure	2% (n=1)	5% (n=1)	--	--	--

Type of training	Training on techniques for de-escalation				
	TOTAL (N=44)	Long-term Care (n=15)	Public Health (n=10)	Other Community-Based Care (n=11)	Acute Care (n=8)
Less than 4 hours	82% (n=36)	80% (n=12)	100% (n=10)	73% (n=8)	75% (n=6)
4 to 8 hours	11% (n=5)	7% (n=1)	--	18% (n=2)	25% (n=2)
More than 8 hours	2% (n=1)	7% (n=1)	--	--	--
I don't know/I am unsure	5% (n=2)	7% (n=1)	--	9% (n=1)	--

Type of training	Training on specific evasion techniques				
	TOTAL (N=33)	Long-term Care (n=10)	Public Health (n=10)	Other Community-Based Care (n=7)	Acute Care (n=6)
Less than 4 hours	85% (n=28)	90% (n=9)	90% (n=9)	71% (n=5)	83% (n=5)
4 to 8 hours	6% (n=2)	--	--	14% (n=1)	17% (n=1)
More than 8 hours	3% (n=1)	10% (n=1)	--	--	--
I don't know/I am unsure	6% (n=2)	--	10% (n=1)	14% (n=1)	--

Type of training	Training on patient containment measures				
	TOTAL (N=26)	Long-term Care (n=11)	Public Health (n=4)	Other Community-Based Care (n=5)	Acute Care (n=6)
Less than 4 hours	81% (n=21)	82% (n=9)	100% (n=4)	60% (n=3)	83% (n=5)
4 to 8 hours	15% (n=4)	9% (n=1)	--	40% (n=2)	17% (n=1)
More than 8 hours	4% (n=1)	9% (n=1)	--	--	--

Type of training	Training on identifying characteristics associated with aggressive and violent behavior				
	TOTAL (N=38)	Long-term Care (n=13)	Public Health (n=9)	Other Community-Based Care (n=8)	Acute Care (n=8)
Less than 4 hours	84% (n=32)	77% (n=10)	100% (n=9)	75% (n=6)	88% (n=7)
4 to 8 hours	11% (n=4)	8% (n=1)	--	25% (n=2)	13% (n=1)
More than 8 hours	3% (n=1)	8% (n=1)	--	--	--
I don't know/I am unsure	3% (n=1)	8% (n=1)	--	--	--

Type of training	Training on procedures for calling for assistance				
	TOTAL (N=45)	Long-term Care (n=16)	Public Health (n=10)	Other Community-Based Care (n=11)	Acute Care (n=8)
Less than 4 hours	91% (n=41)	88% (n=14)	100% (n=10)	91% (n=10)	88% (n=7)
4 to 8 hours	4% (n=2)	--	--	9% (n=1)	13% (n=1)
More than 8 hours	2% (n=1)	6% (n=1)	--	--	--
I don't know/I am unsure	2% (n=1)	6% (n=1)	--	--	--

Type of training	Training on legal rights of workers				
	TOTAL (N=25)	Long-term Care (n=9)	Public Health (n=3)	Other Community-Based Care (n=8)	Acute Care (n=5)
Less than 4 hours	92% (n=23)	89% (n=8)	100% (n=3)	100% (n=8)	80% (n=4)
4 to 8 hours	4% (n=1)	--	--	--	20% (n=1)
More than 8 hours	4% (n=1)	11% (n=1)	--	--	--

Table 29. When is the initial training offered

Type of training	Workplace violence awareness training				
	TOTAL (N=52)	Long-term Care (n=20)	Public Health (n=12)	Other Community-Based Care (n=12)	Acute Care (n=8)
At time of hire	58% (n=30)	60% (n=12)	50% (n=6)	50% (n=6)	75% (n=6)
At periodic intervals as needed	40% (n=21)	35% (n=7)	50% (n=6)	50% (n=6)	25% (n=2)
I don't know/I am unsure	2% (n=1)	5% (n=1)	--	--	--

Type of training	Training on techniques for de-escalation				
	TOTAL (N=44)	Long-term Care (n=15)	Public Health (n=10)	Other Community-Based Care (n=11)	Acute Care (n=8)
At time of hire	43% (n=19)	47% (n=7)	30% (n=3)	36% (n=4)	63% (n=5)
At periodic intervals as needed	50% (n=22)	47% (n=7)	70% (n=7)	45% (n=5)	38% (n=3)
I don't know/I am unsure	7% (n=3)	7% (n=1)	--	18% (n=2)	--

Type of training	Training on specific evasion techniques				
	TOTAL (N=33)	Long-term Care (n=10)	Public Health (n=10)	Other Community-Based Care (n=7)	Acute Care (n=6)
At time of hire	36% (n=12)	50% (n=5)	20% (n=2)	29% (n=2)	50% (n=3)
At periodic intervals as needed	58% (n=19)	50% (n=5)	70% (n=7)	57% (n=4)	50% (n=3)
I don't know/I am unsure	6% (n=2)	--	10% (n=1)	14% (n=1)	--

Type of training	Training on patient containment measures				
	TOTAL (N=26)	Long-term Care (n=11)	Public Health (n=4)	Other Community-Based Care (n=5)	Acute Care (n=6)
At time of hire	46% (n=12)	55% (n=6)	25% (n=1)	40% (n=2)	50% (n=3)
At periodic intervals as needed	54% (n=14)	45% (n=5)	75% (n=3)	60% (n=3)	50% (n=3)

Type of training	Training on identifying characteristics associated with aggressive and violent behavior				
	TOTAL (N=38)	Long-term Care (n=13)	Public Health (n=9)	Other Community-Based Care (n=8)	Acute Care (n=8)
At time of hire	45% (n=17)	46% (n=6)	22% (n=2)	50% (n=4)	63% (n=5)
At periodic intervals as needed	55% (n=21)	54% (n=7)	78% (n=7)	50% (n=4)	38% (n=3)

Type of training	Training on procedures for calling for assistance				
	TOTAL (N=45)	Long-term Care (n=16)	Public Health (n=10)	Other Community-Based Care (n=11)	Acute Care (n=8)
At time of hire	47% (n=22)	53% (n=9)	27% (n=3)	36% (n=4)	75% (n=6)
At periodic intervals as needed	51% (n=24)	41% (n=7)	73% (n=8)	64% (n=7)	25% (n=2)
I don't know/I am unsure	2% (n=1)	6% (n=1)	--	--	--

Type of training	Training on legal rights of workers				
	TOTAL (N=25)	Long-term Care (n=9)	Public Health (n=3)	Other Community-Based Care (n=8)	Acute Care (n=5)
At time of hire	60% (n=15)	67% (n=6)	33% (n=1)	63% (n=5)	60% (n=3)
At periodic intervals as needed	40% (n=10)	33% (n=3)	67% (n=2)	38% (n=3)	40% (n=2)

Table 30. Elements of refresher training

Type of training	Workplace violence awareness training				
	TOTAL (N=50)	Long-term Care (n=19)	Public Health (n=11)	Other Community-Based Care (n=12)	Acute Care (n=8)
Repeat of original training content	56% (n=28)	63% (n=12)	36% (n=4)	58% (n=7)	63% (n=5)
Subset of original training content	26% (n=13)	32% (n=6)	18% (n=2)	25% (n=3)	25% (n=2)
Not offered	8% (n=4)	--	18% (n=2)	8% (n=1)	13% (n=1)
I don't know/I am unsure	10% (n=5)	5% (n=1)	27% (n=3)	8% (n=1)	--

Type of training	Training on techniques for de-escalation				
	TOTAL (N=42)	Long-term Care (n=14)	Public Health (n=9)	Other Community-Based Care (n=11)	Acute Care (n=8)
Repeat of original training content	55% (n=23)	64% (n=9)	33% (n=3)	55% (n=6)	63% (n=5)
Subset of original training content	26% (n=11)	29% (n=4)	22% (n=2)	27% (n=3)	25% (n=2)
Not offered	10% (n=4)	--	22% (n=2)	9% (n=1)	13% (n=1)
I don't know/I am unsure	10% (n=4)	7% (n=1)	22% (n=2)	9% (n=1)	--

Type of training	Training on specific evasion techniques				
	TOTAL (N=31)	Long-term Care (n=9)	Public Health (n=9)	Other Community-Based Care (n=7)	Acute Care (n=6)
Repeat of original training content	55% (n=17)	67% (n=6)	44% (n=4)	57% (n=4)	50% (n=3)
Subset of original training content	35% (n=11)	33% (n=3)	22% (n=2)	43% (n=3)	50% (n=3)
Not offered	6% (n=2)	--	22% (n=2)	--	--
I don't know/I am unsure	3% (n=1)	--	11% (n=1)	--	--

Type of training	Training on patient containment measures				
	TOTAL (N=24)	Long-term Care (n=10)	Public Health (n=4)	Other Community-Based Care (n=5)	Acute Care (n=5)
Repeat of original training content	54% (n=13)	60% (n=6)	50% (n=2)	40% (n=2)	60% (n=3)
Subset of original training content	38% (n=9)	40% (n=4)	25% (n=1)	40% (n=2)	40% (n=2)
Not offered	4% (n=1)	--	--	20% (n=1)	--
I don't know/I am unsure	4% (n=1)	--	25% (n=1)	--	--

Type of training	Training on identifying characteristics associated with aggressive and violent behavior				
	TOTAL (N=36)	Long-term Care (n=12)	Public Health (n=8)	Other Community-Based Care (n=8)	Acute Care (n=8)
Repeat of original training content	56% (n=20)	67% (n=8)	38% (n=3)	50% (n=4)	63% (n=5)
Subset of original training content	33% (n=12)	33% (n=4)	25% (n=2)	38% (n=3)	38% (n=3)
Not offered	6% (n=2)	--	13% (n=1)	13% (n=1)	--
I don't know/I am unsure	6% (n=2)	--	25% (n=2)	--	--

Type of training	Training on procedures for calling for assistance				
	TOTAL (N=45)	Long-term Care (n=16)	Public Health (n=10)	Other Community-Based Care (n=11)	Acute Care (n=8)
Repeat of original training content	58% (n=26)	56% (n=9)	40% (n=4)	64% (n=7)	75% (n=6)
Subset of original training content	24% (n=11)	38% (n=6)	20% (n=2)	18% (n=2)	13% (n=1)
Not offered	7% (n=3)	--	10% (n=1)	9% (n=1)	13% (n=1)
I don't know/I am unsure	11% (n=5)	6% (n=1)	30% (n=3)	9% (n=1)	--

Type of training	Training on legal rights of workers				
	TOTAL (N=24)	Long-term Care (n=8)	Public Health (n=3)	Other Community-Based Care (n=8)	Acute Care (n=5)
Repeat of original training content	58% (n=14)	50% (n=4)	33% (n=1)	63% (n=5)	80% (n=4)
Subset of original training content	33% (n=8)	50% (n=4)	--	38% (n=3)	20% (n=1)
Not offered	4% (n=1)	--	33% (n=1)	--	--
I don't know/I am unsure	4% (n=1)	--	33% (n=1)	--	--

Table 31. Frequency of refresher training requirements

Type of training	Workplace violence awareness training				
	TOTAL (N=50)	Long-term Care (n=19)	Public Health (n=11)	Other Community-Based Care (n=12)	Acute Care (n=8)
Less than once per year	12% (n=6)	5% (n=1)	9% (n=1)	17% (n=2)	25% (n=2)
Once per year	66% (n=33)	89% (n=17)	27% (n=3)	67% (n=8)	63% (n=5)
It is available but not required	8% (n=4)	--	18% (n=2)	8% (n=1)	13% (n=1)
I don't know/I am unsure	14% (n=7)	5% (n=1)	45% (n=5)	8% (n=1)	--

Type of training	Training on techniques for de-escalation				
	TOTAL (N=42)	Long-term Care (n=14)	Public Health (n=9)	Other Community-Based Care (n=11)	Acute Care (n=8)
Less than once per year	14% (n=6)	7% (n=1)	11% (n=1)	18% (n=2)	25% (n=2)
Once per year	62% (n=26)	86% (n=12)	22% (n=2)	64% (n=7)	63% (n=5)
It is available but not required	10% (n=4)	--	22% (n=2)	9% (n=1)	13% (n=1)
I don't know/I am unsure	14% (n=6)	7% (n=1)	44% (n=4)	9% (n=1)	--

Type of training	Training on specific evasion techniques				
	TOTAL (N=31)	Long-term Care (n=9)	Public Health (n=9)	Other Community-Based Care (n=7)	Acute Care (n=6)
Less than once per year	10% (n=3)	11% (n=1)	--	14% (n=1)	17% (n=1)
Once per year	68% (n=21)	89% (n=8)	33% (n=3)	71% (n=5)	83% (n=5)
It is available but not required	10% (n=3)	--	22% (n=2)	14% (n=1)	--
I don't know/I am unsure	13% (n=4)	--	44% (n=4)	--	--

Type of training	Training on patient containment measures				
	TOTAL (N=25)	Long-term Care (n=10)	Public Health (n=4)	Other Community-Based Care (n=5)	Acute Care (n=6)
Less than once per year	8% (n=2)	--	--	20% (n=1)	17% (n=1)
Once per year	80% (n=20)	100% (n=10)	50% (n=2)	60% (n=3)	83% (n=5)
It is available but not required	4% (n=1)	--	--	20% (n=1)	--
I don't know/I am unsure	8% (n=2)	--	50% (n=2)	--	--

Type of training	Training on identifying characteristics associated with aggressive and violent behavior				
	TOTAL (N=35)	Long-term Care (n=12)	Public Health (n=7)	Other Community-Based Care (n=8)	Acute Care (n=8)
Less than once per year	9% (n=3)	--	--	25% (n=2)	13% (n=1)
Once per year	74% (n=26)	100% (n=12)	43% (n=3)	63% (n=5)	75% (n=6)
It is available but not required	9% (n=3)	--	14% (n=1)	13% (n=1)	13% (n=1)
I don't know/I am unsure	9% (n=3)	--	43% (n=3)	--	--

Type of training	Training on procedures for calling for assistance				
	TOTAL (N=44)	Long-term Care (n=16)	Public Health (n=9)	Other Community-Based Care (n=11)	Acute Care (n=8)
Less than once per year	11% (n=5)	6% (n=1)	--	18% (n=2)	25% (n=2)
Once per year	66% (n=29)	88% (n=14)	33% (n=3)	64% (n=7)	63% (n=5)
It is available but not required	9% (n=4)	--	22% (n=2)	9% (n=1)	13% (n=1)
I don't know/I am unsure	14% (n=6)	6% (n=1)	44% (n=4)	9% (n=1)	--

Type of training	Training on legal rights of workers				
	TOTAL (N=23)	Long-term Care (n=8)	Public Health (n=2)	Other Community-Based Care (n=8)	Acute Care (n=5)
Less than once per year	9% (n=2)	13% (n=1)	--	13% (n=1)	--
Once per year	83% (n=19)	88% (n=7)	50% (n=1)	75% (n=6)	100% (n=5)
It is available but not required	4% (n=1)	--	--	13% (n=1)	--
I don't know/I am unsure	4% (n=1)	--	50% (n=1)	--	--

Appendix 4. Urban and Rural Differences

Table 32. Elements included in organizations workplace violence prevention program or policies – Workplace Violence Survey

Element†	Urban (n=58)	Rural (n=38)
Required reporting of incidents	84% (n=49)	87% (n=33)
Investigation of reported incidents	79% (n=46)	84% (n=32)
Active shooter training/drills	78% (n=45)	66% (n=25)
Workplace violence training	78% (n=45)	63% (n=24)
Assessment of work areas for risk factors	41% (n=24)	61% (n=23)
A multi-disciplinary incident response team	29% (n=17)	39% (n=15)
Screening individuals for risk of violence	29% (n=17)	26% (n=10)
Facility limited entry/screening (i.e. metal detectors, bag search etc.)	16% (n=9)	32% (n=12)
Facility security personnel	24% (n=14)	18% (n=7)
No workplace violence prevention program or policy	10% (n=6)	13% (n=5)
Other (please specify)	5% (n=3)	5% (n=2)

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

Table 33. Elements of workplace violence programs that organizations evaluate – Workplace Violence Survey

Program or Policy Element†	Urban (n=30)	Rural (n=18)
Required reporting of incidents	80% (n=24)	89% (n=16)
Investigation of reported incidents	83% (n=25)	78% (n=14)
Workplace violence training	73% (n=22)	83% (n=15)
Active shooter training/drills	70% (n=21)	67% (n=12)
Assessment of work areas for risk factors	60% (n=18)	67% (n=12)

Program or Policy Element[†]	Urban (n=30)	Rural (n=18)
Screening individuals for risk of violence	43% (n=13)	39% (n=7)
A multi-disciplinary incident response team	37% (n=11)	44% (n=8)
Facility security personnel	27% (n=8)	22% (n=4)
Facility limited entry/screening	20% (n=6)	22% (n=4)
Other (please specify)	7% (n=2)	6% (n=1)

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

Table 34. How often organization evaluates effectiveness or impact of workplace violence program or policy – Workplace Violence Survey

Frequency of Evaluation	Urban (n=52)	Rural (n=33)
Every year	46% (n=24)	48% (n=16)
I don't know/I am unsure	27% (n=14)	21% (n=7)
Does not evaluate	10% (n=5)	18% (n=6)
Other (please specify)	8% (n=4)	6% (n=2)
Every 2 years	4% (n=2)	6% (n=2)
After an incident occurs	6% (n=3)	--

Table 35. Types of violent incidents nurses are required to report – Workplace Violence Survey

Type of Incident[†]	Urban (n=45)	Rural (n=27)
Physical assault from staff or healthcare provider	96% (n=43)	89% (n=24)
Physical assault from patient or visitor (family members, former staff, etc.)	93% (n=42)	89% (n=24)
Sexual harassment from staff or healthcare provider	93% (n=42)	89% (n=24)
Threat from patient or visitor	91% (n=41)	89% (n=24)
Verbal abuse from staff or healthcare provider	89% (n=40)	85% (n=23)

Type of Incident[†]	Urban (n=45)	Rural (n=27)
Sexual harassment from patient or visitor	89% (n=40)	85% (n=23)
Threat from staff or healthcare provider	87% (n=39)	85% (n=23)
Verbal abuse from patient or visitor	80% (n=36)	78% (n=21)
I don't know/I am unsure	4% (n=2)	7% (n=2)
Not required	--	4% (n=1)

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

Table 36. How workplace violence programs or policies address reporting of physical assaults to law enforcement – Workplace Violence Survey

	Urban (n=45)	Rural (n=27)
Required	33% (n=15)	44% (n=12)
Encouraged	29% (n=13)	19% (n=5)
I don't know/I am unsure	20% (n=9)	37% (n=10)
Not addressed in the policy	18% (n=8)	--

Table 37. Types of violence against nurses tracked by organizations – Workplace Violence Survey

Type of Incident[†]	Urban (n=51)	Rural (n=31)
All incidents of physical assault	67% (n=34)	61% (n=19)
Incidents of sexual harassment	65% (n=33)	55% (n=17)
Incidents of threat	51% (n=26)	55% (n=17)
Incidents of verbal abuse	51% (n=26)	42% (n=13)
Exit interviews/exit statements citing violence as reason for resignation	45% (n=23)	23% (n=7)
Incidents resulting in prosecution of the perpetrator	25% (n=13)	39% (n=12)
I don't know/I am unsure	20% (n=10)	35% (n=11)

Type of Incident[†]	Urban (n=51)	Rural (n=31)
Only incidents of physical assault reported to law enforcement	12% (n=6)	13% (n=4)
No tracking	14% (n=7)	10% (n=3)

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

Table 38. Nurses who experienced workplace violence by urban-rural employment classification and care setting – 2020 Survey of Michigan Nurses

	Long-term Care	Public Health	Other Community-Based Care	Acute Care	Other
Large central metro	31.2%	37.1%	41.2%	52.7%	40.8%
Large fringe metro	29.6%	42.5%	36.9%	46.5%	37.1%
Medium metro	37.0%	42.8%	46.2%	42.2%	42.5%
Small metro	34.8%	38.6%	48.2%	54.4%	42.8%
Micropolitan (nonmetropolitan)	33.4%	37.9%	49.0%	41.8%	38.6%
Noncore (nonmetropolitan)	33.7%	40.1%	35.3%	49.0%	37.9%

Table 39. Nurses who have a process for reporting workplace violence by urban-rural employment classification – 2020 Survey of Michigan Nurses

	RNs & LPNs	
	Estimate	95% CI
Large central metro	86.7%	(82.6%, 90.8%)
Large fringe metro	82.7%	(78.1%, 87.4%)
Medium metro	87.5%	(82.9%, 92.0%)
Small metro	84.9%	(78.7%, 91.2%)
Micropolitan (nonmetropolitan)	87.2%	(80.2%, 94.2%)
Noncore (nonmetropolitan)	90.4%	(80.4%, 100.5%)

Table 40. Types of violence nurses experienced by urban to rural employment address – 2020 Survey of Michigan Nurses

Urban/Rural Categories	Threat		Sexual Harassment		Verbal Abuse		Physical Violence	
	Estimate	95% CI	Estimate	95% CI	Estimate	95% CI	Estimate	95% CI
Large central metro	86.0%	(84.6%, 87.4%)	50.5%	(48.5%, 52.4%)	96.9%	(96.2%, 97.6%)	64.8%	(62.9%, 66.7%)
Large fringe metro	84.8%	(83.2%, 86.4%)	49.7%	(47.5%, 51.9%)	97.0%	(96.3%, 97.8%)	65.8%	(63.7%, 67.9%)
Medium metro	84.9%	(83.4%, 86.4%)	53.0%	(50.8%, 55.1%)	97.0%	(96.3%, 97.7%)	63.9%	(61.9%, 66.0%)
Small metro	83.7%	(81.6%, 85.9%)	52.9%	(50.0%, 55.9%)	97.1%	(96.1%, 98.1%)	65.6%	(62.8%, 68.4%)
Micropolitan (nonmetropolitan)	83.8%	(81.4%, 86.2%)	51.4%	(48.1%, 54.7%)	96.5%	(95.3%, 97.7%)	67.5%	(64.5%, 70.6%)
Noncore (nonmetropolitan)	84.8%	(81.6%, 88.1%)	45.3%	(40.7%, 49.8%)	96.7%	(95.1%, 98.3%)	62.1%	(57.7%, 66.5%)