Massachusetts Nurse's Association
Survey on Workplace Violence/Abuse

Thank you for participating in our survey on workplace violence/abuse. This is the pilot survey for a 2004 research project proposed by the Workplace Violence Task Force to the Congress on Health and Safety. Your answers to the following questions will help us determine ways to improve working conditions for nurses. Your answers will be kept confidential.

A. Incidence of workplace violence/abuse

A1. In your opinion, the term "workplace violence/abuse" includes: (please check all that you believe apply):

- ❑ Verbal abuse, such as threats and foul language
- ❑ Sexual harassment
- ❑ Sexual assault
- ❑ Physical violence, such as kicking, pushing and slapping
- ❑ Physical violence with a weapon
- ❑ Other. Please specify: _____

A2. How serious has the problem of violence/abuse been in your workplace within the last two years?

- ❑ Very serious
- ❑ Somewhat serious
- ❑ Not sure
- ❑ Not too serious
- ❑ Not at all serious

A3. How frequently did you experience these acts of violence/abuse on the job in the past two years?

	Never *0 times*	Occasionally *1-3 times*	Frequently *4-8 times*	Regularly *9 or more times*
Pinched	❑	❑	❑	❑
Scratched	❑	❑	❑	❑
Hand/wrist twisted	❑	❑	❑	❑
Slapped	❑	❑	❑	❑
Punched	❑	❑	❑	❑
Groped	❑	❑	❑	❑
Kicked	❑	❑	❑	❑
Bitten	❑	❑	❑	❑
Spit on	❑	❑	❑	❑
Bodily fluid thrown	❑	❑	❑	❑
Objects thrown at me	❑	❑	❑	❑
Strangled	❑	❑	❑	❑
Beaten	❑	❑	❑	❑
Assaulted with weapon	❑	❑	❑	❑
Verbally abused	❑	❑	❑	❑
Verbally threatened	❑	❑	❑	❑
Physically threatened	❑	❑	❑	❑
Sexually harassed	❑	❑	❑	❑
Sexually assaulted	❑	❑	❑	❑
Intentionally stuck with contaminated needle	❑	❑	❑	❑
Threats of any above	❑	❑	❑	❑
Other	❑	❑	❑	❑

Please specify other: _____

(over)

A4. Please indicate which of these acts of violence/abuse you experienced from the following groups within the past two years (check all that apply):

	By Patient	Family or Friend of Patient	Super-visor	Physician	Peer	Other
Pinched	❑	❑	❑	❑	❑	❑
Scratched	❑	❑	❑	❑	❑	❑
Hand/wrist twisted	❑	❑	❑	❑	❑	❑
Slapped	❑	❑	❑	❑	❑	❑
Punched	❑	❑	❑	❑	❑	❑
Groped	❑	❑	❑	❑	❑	❑
Kicked	❑	❑	❑	❑	❑	❑
Bitten	❑	❑	❑	❑	❑	❑
Spit on	❑	❑	❑	❑	❑	❑
Bodily fluid thrown	❑	❑	❑	❑	❑	❑
Objects thrown at me	❑	❑	❑	❑	❑	❑
Strangled	❑	❑	❑	❑	❑	❑
Beaten	❑	❑	❑	❑	❑	❑
Assaulted with weapon	❑	❑	❑	❑	❑	❑
Verbally assaulted	❑	❑	❑	❑	❑	❑
Verbally threatened	❑	❑	❑	❑	❑	❑
Physically threatened	❑	❑	❑	❑	❑	❑
Sexually harassed	❑	❑	❑	❑	❑	❑
Sexually assaulted	❑	❑	❑	❑	❑	❑
Intentionally stuck with contaminated needle	❑	❑	❑	❑	❑	❑
Threats of any above	❑	❑	❑	❑	❑	❑
Other	❑	❑	❑	❑	❑	❑

Please specify other: _____

A5. Have you feared or anticipated violent/abusive events which may or may not have occurred in the past two years?

- ❑ Yes
- ❑ No

A6. Have you seen any of the following used as a weapon in the workplace in the past two years? (check all that apply)

	Yes	No	Not Sure
Scissors	❑	❑	❑
Pencil or pen	❑	❑	❑
Syringe	❑	❑	❑
Knife	❑	❑	❑
Gun	❑	❑	❑
Medical equipment	❑	❑	❑
Furniture	❑	❑	❑

Other. Please specify other_____

A7. Which acts of violence/abuse have your co-workers experienced on the job in the past two years?

	Never *0 times*	Occasionally *1-3 times*	Frequently *4-8 times*	Regularly *9 or more times*
Pinched	❑	❑	❑	❑
Scratched	❑	❑	❑	❑
Hand/wrist twisted	❑	❑	❑	❑
Slapped	❑	❑	❑	❑
Punched	❑	❑	❑	❑
Groped	❑	❑	❑	❑
Kick	❑	❑	❑	❑
Spit on	❑	❑	❑	❑
Bodily fluid thrown	❑	❑	❑	❑
Objects thrown at me	❑	❑	❑	❑
Strangled	❑	❑	❑	❑
Beaten	❑	❑	❑	❑
Assaulted with weapon	❑	❑	❑	❑
Verbally abused	❑	❑	❑	❑
Verbally threatened	❑	❑	❑	❑
Physically threatened	❑	❑	❑	❑
Sexually harassed	❑	❑	❑	❑
Sexually assaulted	❑	❑	❑	❑
Intentionally stuck with contaminated needle	❑	❑	❑	❑
Threats of any above	❑	❑	❑	❑
Other	❑	❑	❑	❑

Please specify other: _____

A8. For the worst incident you experienced within the last 2 years, if any, please answer the following:

a. During the time of this incident, how many RNs were on your unit? _____

b. During the time of this incident, how many patients were on your unit? _____

c. What was the RN to Patient Ratio during this incident? RN _____/PT_____

d. Did you continue working after the incident?

- ❑ Yes, I continued working
- ❑ No, I refused to continue working.
- ❑ No, I was sent home.
- ❑ Other. Please explain: _____

e. Was relief provided so that you could leave after the incident?

- ❑ Yes
- ❑ No

(over)

A9. If you have been attacked/abused at the workplace, how did that affect your later work performance? (Check all that apply.)

- ❑ No effect.
- ❑ Difficulty concentrating on the job.
- ❑ Hyper vigilance easily startled.
- ❑ Psychological symptoms such as fear.
- ❑ Physical symptoms such as headaches, stomach aches.
- ❑ Difficulty working in an environment that reminds me of past incident.
- ❑ Not fearful but physical injuries have decreased my ability to work.
- ❑ Other. Please specify: _____

B. Reporting and Follow-up

B1. If you answered yes to any of the items in question A1 above, did you report the incident to management?

- ❑ I reported all incidents to management.
- ❑ I reported some incidents.
- ❑ I did not report any incidents

a. If you answered yes to any of the items in A1, in general, what response did you get from management when you reported an incident?

- ❑ Management was supportive and tried to find solutions.
- ❑ Management was supportive but nothing was done to solve problem.
- ❑ Management was neither supportive nor blaming.
- ❑ Management intimidated or discouraged me from reporting incidents.
- ❑ Management harassed or blamed me when I reported incident.

B2. Who else have you reported incidents of violence to, if any? (Check all that apply)

- ❑ Police or District Attorney
- ❑ Lawyer
- ❑ Union representative
- ❑ Other. Please specify: _____

B3. Have you filed any claims for Workers' Compensation for injuries sustained due to workplace violence/abuse?

- ❑ Yes
- ❑ No

a. If yes, was the claim accepted?

- ❑ Yes
- ❑ No

B4. Have you ever transferred to a new unit or worksite because you felt unsafe related to a violent/abusive incident?

- ❑ Yes
- ❑ No
- ❑ Other. Please explain: _____

C. Solutions

C1. How likely would each of the following be to help improve your working conditions in relation to violence/abuse?

	Not Likely to help	Somewhat likely	Very likely
Training on how to prevent violence	❑	❑	❑
Training on legal rights about violence	❑	❑	❑
Improved RN to patient ratios	❑	❑	❑
Better admission procedures that identify risks	❑	❑	❑
More security guards	❑	❑	❑
Adequate time to assess and intervene to prevent crisis	❑	❑	❑
Improved lighting	❑	❑	❑
Controlled access systems	❑	❑	❑
Metal detectors at points of entry	❑	❑	❑
Panic buttons	❑	❑	❑
Closed circuit TV monitors	❑	❑	❑
Safety committees	❑	❑	❑
Policy and procedures addressing violence	❑	❑	❑
Unit-based protocols addressing violence	❑	❑	❑

Other: Please specify: _____

C2. Have you had any employer-provided training related to workplace violence prevention?

❑ Yes
❑ No

a. If yes, what kinds of training? Please list:
_____

(over)

b. How appropriate was that training for dealing with your current working conditions?

- ❑ Very appropriate
- ❑ Somewhat appropriate
- ❑ Not appropriate

D. Demographics

D1. Specialty area: _____

D2. What shift were you working when the most severe violent/abusive incident occurred? (Check all that apply).

- ❑ Day
- ❑ Evening
- ❑ Night
- ❑ Other. Please specify: _____
- ❑ Weekend
- ❑ Holiday

D3. How long have you been at your current worksite? _____

D4. What is your gender?

- ❑ Male
- ❑ Female

D5. What is your age group?

- ❑ 20 and under
- ❑ 21-30
- ❑ 31-40
- ❑ 41-50
- ❑ 51-60
- ❑ Over 60

E. Other

E1. Does your employer communicate a zero-tolerance policy for workplace violence/abuse?

- ❑ Yes
- ❑ No

a. If yes, is it enforced?

- ❑ Yes
- ❑ No

E2. Do you know your legal rights related to workplace violence/abuse?

- ❑ Yes
- ❑ No

a. If yes, where did you learn about your rights?

- ❑ From my employer
- ❑ From employer-provided training
- ❑ From the union
- ❑ From co-workers
- ❑ Other. Please specify: _____

E3. In your opinion, how concerned is your employer about your safety at work?

- ❑ Not very concerned.
- ❑ Somewhat concerned.
- ❑ Very concerned.

E4. What degree of control do you feel you have over your safety in your workplace?

- ❑ No control.
- ❑ Some control.
- ❑ A lot of control.

E5. Are there any issues related to workplace violence that were not addressed in the survey that you would like to comment on?

_____

_____

E6. 1. What suggestions do you have that you feel would help to reduce violence in your work setting?

E7. Do you know how and where to report incidents of violence in your work setting?
I will do the work to add them if the survey has not gone out?

THANK YOU FOR YOUR TIME AND INTEREST IN COMPLETING THIS SURVEY

Please return your completed survey:

Or mail to:

To your MNA Representative
Massachusetts Nurses Association
Workplace Violence and Abuse Prevention Task Force
340 Turnpike Street
Canton, MA 02021
1 - 37 cent stamp will do….