

April 6, 2023

Director Andrew Levinson, MPH
Directorate of Standards and Guidance
Occupational Safety and Health Administration
U.S. Department of Labor
Washington, DC 20210

Submitted electronically at www.regulations.gov

Re: Small Business Advocacy Review of Proposed Prevention of Workplace Violence in Healthcare and Social Assistance Standard [Docket OSHA-2016-0014-0245]

Dear Director Levinson:

Thank you for the opportunity to comment on the Occupational Safety and Health Administration (OSHA) proposed workplace violence prevention standard and its impact on small businesses. The American Nurses Association (ANA) strongly believes a workplace violence prevention standard is necessary to protect nurses across the health care industry. Type two violence, client to worker, occurs in all states, settings of care, communities, and sizes of health care entities. This requires a flexible standard that allows each entity to build a unique prevention program fit to their specific risks and needs. The severity and increase in workplace violence against health care workers requires a federal standard that makes employers active participants in protecting their staff. ANA supports the proposed standard with some suggestions for additional improvement.

Nurses need a national workplace violence prevention standard.

The impact of workplace violence on nurses and the nursing profession is dire. As nurses stand on the frontline of patient care and working with patient families, they face particularly high risk by the very nature of their job.¹ ANA hears constantly from our members that workplace violence is not only a main concern, but a rising threat. South Carolina Nurses Association recently surveyed nurses in their state and found more than half had experienced an increase in bullying or violence.² A June 2022 survey of ANA membership found 29 percent of respondents had experienced a violent incident at work in the last year.³ In a November 2022 survey, 53 percent of respondents reported verbal abuse had increased

¹ Rozina Somani, et al. *A Systematic Review: Effectiveness of Interventions to De-escalate Workplace Violence against Nurses in Healthcare Settings*. Safety and Health at Work. May 3, 2021. Available at: <https://pubmed.ncbi.nlm.nih.gov/34527388/>.

² South Carolina Nurses Association. Unpublished survey results from Fall 2022 with report to be published in South Carolina Nurse.

³ American Nurses Foundation. *Pulse on the Nation's Nurses Survey Series: 2022 Workplace Survey*. August 2, 2022. Available at: <https://www.nursingworld.org/~4a209f/globalassets/covid19/anf-2022-workforce-written-report-final.pdf>.

since the COVID-19 pandemic, with 21 percent of nurses of color reporting an increase in racism in the workplace.⁴

Workplace violence is a root cause of nurse burnout, intent to leave the nursing profession, and exacerbates staffing shortages. Nurses exposed to workplace violence are 2 to 4 times more likely to experience post-traumatic stress disorder, anxiety, depression, and burnout.⁵ Nursing practice is “the mainstay of safe care” for patients.⁶ A culture of safety to address workplace violence also improves patient safety.⁷ By addressing workplace violence, health care entities not only properly support nurses but also address the concerns of adequate staffing and patient care quality.

ANA has spent decades working with nurses to advocate for individual violence prevention programs in their workplaces. There have been standout employers who understood the severity and became active partners with their staff to reduce risks. Far more often however, nurses’ concerns and safety are ignored, reinforcing the harmful culture that workplace violence is just “part of the job.” OSHA released voluntary workplace violence prevention in health care guidance in 1996, with multiple updates offering numerous tools and evidence-based practices to follow. Yet, data is showing incidents have increased, with the COVID-19 pandemic further exacerbating workplace violence in health care. It is clear a mandatory OSHA standard is needed, or real change will not happen.

OSHA’s standard would fill significant gaps that currently exist in other potential oversight programs. For instance, only eight states have mandatory employer run prevention programs and Joint Commission standards only apply to hospitals. Workplace violence is a threat in all health care settings and occurs in health care entities of all sizes. A mandatory OSHA standard is necessary to set the building blocks of a comprehensive prevention program that nurses in any state, care setting, or entity size can rely on.

Responding to small entity feedback on OSHA’s proposed standard.

Many small entities gave feedback that OSHA’s standard has to be flexible enough to build individual prevention programs. This flexibility is critical for efficacy and reducing unnecessary burdens on employers. ANA agrees prevention programs must start with a site-specific risk assessment and entities must be able to choose the controls or interventions that meet their needs. The standard must also allow entities to adjust frequently to pilot novel ideas or when future research identifies better

⁴ American Nurses Foundation. *Three-year Annual Assessment Survey: Nurses Need Increased Support from their Employer*. January 24, 2023. Available at:

https://www.nursingworld.org/~48fb88/contentassets/23d4f79cea6b4f67ae24714de11783e9/anf-impact-assessment-third-year_v5.pdf.

⁵ Nurse Journal. *Nursing Workplace Violence*. December 21, 2021. Available at:

<https://nursejournal.org/resources/covid-nurse-workplace-violence/>.

⁶ Brent C. James, et al. *Patient Safety Performance: Reversing Recent Declines through Shared Profession-Wide System-Level Solutions*. NEJM Catalyst: Innovations in Care Delivery. December 12, 2022. Available at:

<https://catalyst.nejm.org/doi/full/10.1056/CAT.22.0318>.

⁷ Sinhye Kim, PhD, RN, et al. *Patient Safety Culture: The Impact on Workplace Violence and Health Worker Burnout*. Workplace Health & Safety. December 8, 2022. Available at:

<https://journals.sagepub.com/doi/10.1177/21650799221126364>.

strategies. The proposed standard's requirement of an annual review of the entity prevention program ensures employers will have at least one dedicated time to do this adjustment.

A primary area of the proposed standard that is not flexible enough is OSHA's narrow definition of workplace violence. ANA recommends OSHA use the comprehensive National Institute for Occupational Safety and Health (NIOSH) definition used in prevention training materials that workplace violence "is the act or threat of violence, ranging from verbal abuse to physical assaults directed toward persons at work or on duty."⁸ Nationally, data is still sparse on how violence occurs and escalates in different health care environments. Individual entities need specific enough information to see their own trends. This broader definition will increase the quality of data collected and allow better analysis.

Similarly, record keeping is the backbone of a prevention standard. Risk assessments and interventions rely on the data. Bureau of Labor Statistics workplace violence rates have increased and anecdotally we know many health care workers are experiencing more abuse as a result of the COVID-19 pandemic. We need better data from the past three years to understand this impact. OSHA should retain the provision in the standard that allows the reporting of incidents from three years prior. This helps establish a culture that encourages reporting and delivers better quality data.

Finally, review committees and direct feedback loops from nurses and staff across departments must remain a requirement. This input of lived experience is critical for buy-in, implementation, and addressing the unique concerns of each workplace. Many employers recognize the barrier that is the toxic culture of violence being "just part of the job." Combating this culture must start at the top of every health care entity. When leadership takes an active role and fully embraces a zero-tolerance policy, employee buy-in increases. Changing this culture also requires the anti-retaliation provision in the proposed standard. Many nurses do not report incidents for fear of retaliation from a supervisor or because they do not believe any action will be taken.⁹ It is clear nurses are not feeling supported or valued by their employers.¹⁰ If employers want to retain a high-quality nursing staff, there must be full investment in nurse safety and well-being.

The benefit of this standard outweighs the burden on employers.

Workplace violence prevention programs are economically smart for employers. U.S. businesses lose an average of \$176 billion to \$352 billion per year due to direct and indirect workplace violence costs.¹¹ The cost of implementation for these programs will reduce over the following years and can increase

⁸ Centers for Disease Control and Prevention. National Institute for Occupational Safety and Health. *Workplace Violence Prevention for Nurses: Definitions of Workplace Violence*. Last reviewed February 7, 2020. Available at: https://wwwn.cdc.gov/WPVHC/Nurses/Course/Slide/Unit1_4.

⁹ American Nurses Association. *Issue Brief: Reporting Incidents of Workplace Violence*. 2019. Available at: <https://www.nursingworld.org/~4a4076/globalassets/practiceandpolicy/work-environment/endnurseabuse/endabuse-issue-brief-final.pdf>.

¹⁰ American Nurses Foundation. *Three-year Annual Assessment Survey: Nurses Need Increased Support from their Employer*. January 24, 2023. Available at: https://www.nursingworld.org/~48fb88/contentassets/23d4f79cea6b4f67ae24714de11783e9/anf-impact-assessment-third-year_v5.pdf.

¹¹ AFL-CIO. *Death on the Job: The Toll of Neglect, 2022*. Available at: <https://aflcio.org/reports/death-job-toll-neglect-2022>.

employee retention by addressing a primary reason why nurses and other health care workers leave the industry. To reduce the initial burden on small entities OSHA can offer an implementation deadline of up to one year instead of six months, as is in the current proposed standard.

A robust training program is one of the most important investments nurses need from employers. The administrative problem of scheduling all employees will take time and cost to determine and will look different for each type of facility. Training alone is not sufficient, but in combination with other interventions and direct employee involvement, can reduce risk.¹² Many small entities explained that they have found de-escalation training, hands-on practice opportunities, and regularly scheduled refreshers have been the most effective. A final standard must therefore retain all training requirements.

Due to the necessary flexibility of this standard, there were many concerns from small entities about how enforcement would be conducted. OSHA's Compliance Safety and Health Officers (CSHOs) are guided by enforcement memos, compliance directives, and letters of interpretation. OSHA will naturally update these materials upon a final standard and can incorporate stakeholder feedback to address these concerns. Additionally, the thorough process of investigation that would be required under a workplace violence prevention standard would be conducted with the full knowledge that interventions have to match the specific environment. Each site would not be investigated by a one-size-fits-all checklist. Employers under investigation would have opportunities to prove they have established their version of a workplace violence prevention program.

There is clearly an imminent need for a national workplace violence prevention standard that ensures all health care employers are active participants in mitigating this danger. OSHA's role is critical in moving toward a health care system that cares for patients, nurses, and all health care workers. This standard will cause a burden on employers, especially with small businesses and nonprofit organizations. However, the severity and danger of workplace violence greatly outweighs this burden. Nurses cannot continue to wait for this standard. ANA urges OSHA to continue the rulemaking process and release a proposed rule for full public comment as soon as possible, no later than the Fall of 2023.

ANA is the premier organization representing the interests of the nation's 4.4 million registered nurses (RNs) through its state and constituent member associations, organizational affiliates, and the individual members. ANA advances the nursing profession by fostering high standards of nursing practice, promoting a safe and ethical work environment, bolstering the health and wellness of nurses, and advocating on health care issues that affect nurses and the public. RNs serve in multiple direct care, care coordination, and administration leadership roles, across the full spectrum of health care settings. RNs provide and coordinate patient care, educate patients and the public about various health conditions including essential self-care, and provide advice and emotional support to patients and their family members. ANA members also include the four APRN roles: nurse practitioner, certified nurse midwife, clinical nurse specialist, and certified registered nurse anesthetist. ANA is dedicated to partnering with health care consumers to improve practice, policies, delivery models, outcomes, and access across the health care continuum.

¹² Rozina Somani, et al. *A Systematic Review: Effectiveness of Interventions to De-escalate Workplace Violence against Nurses in Healthcare Settings*. Safety and Health at Work. May 3, 2021. Available at: <https://pubmed.ncbi.nlm.nih.gov/34527388/>.

Thank you for the opportunity to comment on this important proposed standard. If you have any questions, please contact Tim Nanof, Vice President, Policy and Government Affairs, at tim.nanof@ana.org or (301) 628-5166.

Sincerely,



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