



ANA Supports HR 1195/S 4182 to Protect Nurses from Violence in Their Workplace

HR 1195 passed in the U.S House of Representatives with wide bipartisan support (254-166) on April 16, 2021. The legislation also has strong support from ANA and other nurse advocates. HR 1195 is designed to improve the safety of employees in health care settings. If companion bill S 4182 is enacted in the Senate and signed by the President, this legislation would step up the pace of setting federal standards for keeping health care workplaces safe from threats of violence.

Nurses Are at High Risk of Experiencing Violence on the Job. ANA knows that frontline nurses confront a heightened risk of assault or other violence, every day on the job. The Government Accountability Office (GAO) estimates that rates of workplace violence in health care and social assistance settings are 5-12 times higher than the estimated rates for workers overall.¹ As many as one in four nurses may experience some form of violence on the job. However, nurse abuse is under-reported. Therefore, reliable data about incidence are not readily available to describe the magnitude of the risks and threats. Nonetheless, many policymakers and health care stakeholders recognize the need to prioritize violence prevention in settings where care is provided.

The National Institute for Occupational Safety and Health (NIOSH) defines workplace violence as “the act or threat of violence, ranging from verbal abuse to physical assaults directed toward persons at work or on duty.”² Workplace violence can take several forms. Two of the most common forms in health care settings are 1) Situations when someone becomes violent in the course of receiving services; and 2) Incidents involving assaults or threats between employees. A third is interpersonal violence from an external perpetrator can, such as an intimate partner or family member who comes on site and targets an employee with whom they have a relationship.³

Violence in healthcare settings can result in personal injury and lost time at work. Further, multiple studies have shown that workplace violence can adversely affect the quality of patient

¹ Government Accountability Office (GAO). Workplace Safety and Health: Additional Efforts: Needed to Help Protect Health Care Workers from Workplace Violence. March 2016. Accessible online at <https://www.gao.gov/products/GAO-16-11>

² National Institute for Occupational Safety and Health (NIOSH). Occupational violence website. Accessible online at <https://www.cdc.gov/niosh/topics/violence/default.html>.

³ American Nurses Association. Position Statement. Incivility, Bullying, and Workplace Violence. July 2015. Accessible online at <https://www.nursingworld.org/practice-policy/nursing-excellence/official-position-statements/id/incivility-bullying-and-workplace-violence/>

care and care outcomes, contribute to the development of psychological conditions, and reduce the nurse's level of job satisfaction and organizational commitment.⁴

Federal Law Provides Limited Protection. Regulators Need Tools Tailored for Health Care.

Under federal employment law, employers have an obligation to maintain work sites that are free from hazards that cause injury or other harm. This obligation is known as the “general duty clause,” enforced by the Occupational Safety and Health Administration (OSHA). OSHA can use this authority to issue citations and assess penalties against individual employers that fail to address hazards that create unreasonable risk of workplace violence. Though useful in the most egregious cases of violence, OSHA's general authority leaves health care employers without needed clarity on expectations for reducing risks of workplace violence.

OSHA is also authorized to promulgate safety standards that apply to specific industries or types of hazards. OSHA standards are developed following federal rulemaking procedures, which include expert analysis of available data and input from stakeholders, including groups like ANA, small businesses, and the general public, including nurses. This process allows OSHA to identify particular or unique workplace hazards in health care settings, and to specify mitigating steps employers must take to protect employees working in these settings.

OSHA currently has no specific standard to address risks of workplace violence that nurses face every day on the job. Instead, over the years, OSHA has offered Guidelines, and encouraged health care (and social service) employers to follow the Guidelines voluntarily.⁵ The Guidelines were last updated in 2016, and include detailed suggestions and resources for employers in health care, including:

- How to identify and assess hazards that pose risks of violence for health care personnel;
- Elements of a comprehensive, proactive prevention program that is grounded in employer commitment and employee participation;
- Training and education resources; and
- Recordkeeping and evaluation methods.

The Guidelines were created for health care employers that voluntarily seek to prevent workplace violence. However, few health care employers have engaged nurses and other personnel to establish effective prevention plans, putting staff at risk on a daily basis. Nurses have a right to protection from risks of violence, no matter where they deliver care. OSHA standards would put all health care providers on a level playing field to protect their employees as they perform their duties caring for patients.

Proposed Legislation Will Engage Stakeholders and Lead to Stronger Enforcement. OSHA currently lacks meaningful authority that can hold health care employers accountable for

⁴ Ibid.

⁵ OSHA. Guidelines for Preventing Workplace Violence for Healthcare and Social Service Workers. 2016. Accessible online at <https://www.osha.gov/Publications/osh3148.pdf>.

mitigating risks of violence in the workplace. The Government Accountability Office (GAO) has concluded that “additional efforts are needed.”⁶ A safety standard centered on violence prevention protocols specific to health care settings would be a powerful tool to enforce system-wide protections.

HR 1195/S 4182, the Workplace Violence Prevention for Health Care and Social Service Workers Act, would require OSHA to create such a standard, using rulemaking procedures that engage stakeholders such as ANA, the Department of Health and Human Services, health care employers, and the public. The methods and protocols embodied in the Guidelines would have the force of an OSHA regulation. That means OSHA could apply a set of requirements to all health care employers and hold them accountable for specific prevention steps.

For more information on how ANA advocates for safe nursing workplaces, visit endnurseabuse.org or contact us at gova@ana.org.

⁶ GAO. Workplace Safety and Health: Additional Efforts: Needed to Help Protect Health Care Workers from Workplace Violence. 2016.