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Director
National Institute for Occupational Safety and Health
Centers for Disease Control and Prevention
Department of Health and Human Services
395 E Street SW, Suite 9200
Washington, DC 20201

Submitted electronically via regulations.gov

Re Interventions to Prevent Work-Related Stress and Support Health Worker Mental Health; Request for Information [Docket No. CDC–2021–0106; NIOSH–344]

Dear Dr. Howard:

The American Nurses Association (ANA) is pleased to respond to the National Institute for Occupational Safety and Health (NIOSH)'s request for information on interventions to support the mental health of health workers. We applaud NIOSH for prioritizing interventions to prevent work-related stress and promote mental health in the healthcare workforce. ANA supports the *Dr. Lorna Breen Health Care Provider Protection Act*, which would direct additional resources to the Department of Health and Human Services to respond to the mental health needs of those who tirelessly deliver care in diverse settings and communities.

In November 2020, ANA's Board of Directors adopted a new Position Statement, Promoting Nurses' Mental Health. The Statement calls upon policymakers as well as healthcare leaders and institutions to "recognize and address nurses' unique mental health needs and implement strategies to ensure these needs are met under all conditions, including during disasters and public health emergencies."¹ Furthermore, "Access to affordable mental health screenings and confidential mental health assistance and treatment is vital, and the use of these resources must not threaten nurses' licensure or employment."¹

In comments below, we provide highlights of research, including the Pulse on the Nation's Nurses Survey Series², a series of 10 surveys funded by our subsidiary organization the American Nurses Foundation from nurses about their mental health; and summarize mental health resources that ANA and the Foundation has developed and made available to the nursing community.

Survey Responses

As the COVID-19 pandemic continues into its third year, the long-term impacts of stress and long hours on our nation's nurses are only beginning to be understood. Our research and inquiries in the nursing

¹ American Nurses Association (ANA). Promoting Nurses' Mental Health. Position Statement. November 2020. Accessible online at <https://www.nursingworld.org/practice-policy/nursing-excellence/official-position-statements/id/nurses-mental-health/>

² ANA. COVID-19 Survey Series Results. Accessible online at <https://www.nursingworld.org/practice-policy/work-environment/health-safety/disaster-preparedness/coronavirus/what-you-need-to-know/survey-series-results/>

field tell us that nurses are experiencing severe burnout and intolerable mental health burdens. We recently released detailed results of a survey of 9,500 nurses conducted in August 2021.³ More than 34 percent of those respondents rated their emotional health as not, or not at all, emotionally healthy. Most nurses surveyed said they have felt stressed (75 percent), frustrated (69 percent), and overwhelmed (62 percent). Close to half (42 percent) of nurse respondents answered “yes”, when asked if they have had an extremely stressful, disturbing, or traumatic experience due to COVID-19, and those who responded “yes” are on average experiencing symptoms of post-traumatic stress. Among nurses who said they intend to leave their position in the next 6 months, close to half cited work negatively affecting their health and well-being (48 percent) as a top reason, followed closely by insufficient staffing (41 percent).

The survey asked about possible interventions to strengthen well-being. More than half selected spending time with their family, and engaging in interests such as entertainment, nature, and animals. In contrast, comparatively fewer said that therapy, peer support, and employee assistance programs were helpful. Additionally, when correlating emotional health to activities that strengthen well-being, there is a positive correlation between emotional health and maintaining a healthy diet, receiving accurate information about COVID-19, and participating in spiritual or religious practices.

Survey responses have been analyzed by respondent characteristics including race, ethnicity, age, and nursing employment and role. Findings indicate considerable variability in experience and views of stress and mental health burden. Such differences deserve careful consideration when developing equitable programming to support nurses’ mental health. For instance, 18 percent of Black or African American respondents said they are not or not at all emotionally healthy, compared to 36 percent of respondents who answered in that way but did not select Black or African American. Relevant gaps are also clear among roles and age brackets. Younger nurses and nurses closer to the point-of-care have more emotional distress than their peers. Notably, 51 percent of nurses age 25-34 say they are not or not at all emotionally healthy, compared to 21 percent of nurses 55 or older. When asked to identify feelings experienced in the past 14 days, a critical 51 percent of nurses under 25 years old indicated feeling depressed, compared to 24 percent of nurses 55 or older. Additional detailed findings are publicly available on the ANA website.⁴ These surveys are providing critical information and inform programs, partners, government, and the media. At least three additional surveys are planned for 2022.

An additional study by ANA Enterprise, the HealthyNurse® Survey, was released in October 2021. The analysis of health outcomes prior to the pandemic in comparison to those during the pandemic was published in the *American Nurse* journal.⁵ Using multivariate logistic and linear regression models for each outcome, the results were controlled for age, race, sex, and type of nurse.

³ ANA. Mental Health and Wellness Survey 3. September 2021. Accessible online at <https://www.nursingworld.org/practice-policy/work-environment/health-safety/disaster-preparedness/coronavirus/what-you-need-to-know/pulse-on-the-nations-nurses-covid-19-survey-series-mental-health-and-wellness-survey-3-september-2021/>

⁴ Ibid.

⁵ ANA Enterprise. We Are In This Together. October 2021. Accessible online at <https://www.myamericannurse.com/wp-content/uploads/2021/10/an10-HNHN-Oct21-Issue-1.pdf>

Findings relevant to this RFI include:

- Increased instances of anxiety disorders (20 percent vs. 16 percent) and depression disorder (16 percent vs. 14 percent) during the pandemic compared to a prior time;
- A larger number of respondents felt sad, down, or depressed for 2 weeks or more in the past 30 days (34 percent vs. 29 percent) during the pandemic compared to respondents prior to the pandemic.
- Before COVID-19, 59 percent of respondents felt they “usually” or “always” received the emotional support they needed, compared to only 54 percent during the pandemic.

ANA Resources and Tools

Burnout and post-traumatic stress disorder (PTSD) were prevalent within nursing prior to the COVID-19, with some research indicating that PTSD may be close to 20 percent.⁶ The COVID-19 pandemic is not over yet and clearly its impacts will persist for a long time. Its challenges have left the nursing profession in a particularly vulnerable state, exacerbating nurse staffing shortages, and negatively affecting nurses’ quality of life. ANA defines a healthy nurse as one who “lives life to the fullest capacity, across the wellness/illness continuum, as they become stronger role models, advocates, and educators, personally and professionally, for their families, their communities and work environments, and ultimately for their patients.” ANA is committed to addressing nurses’ well-being, and offers a number of resources and tools to support a healthy nursing workforce. These are summarized below.

Healthy Nurse, Healthy Nation™.⁷ The Healthy Nurse, Healthy Nation (HNHN) program seeks to transform the health of the country by improving the health of the nation’s 4.3 million registered nurses. HNHN connects and engages individual nurses and partner organizations to take action within the domains of physical activity, sleep, nutrition, quality of life, mental health, and safety. HNHN is free to join, open to everyone, and offers access to relevant, tailored health information, health promotion activities, and social connections to healthy nurse communities.

Well-Being Initiative.⁸ The Well-Being Initiative (WBI) was founded during the COVID-19 pandemic as a partnership among ANA, the American Nurses Foundation, the American Association of Critical-Care Nurses, the American Psychiatric Nurses Association, the Emergency Nurses Association, and the Association of periOperative Registered Nurses. The WBI is a multi-tiered approach to support nurses who process stress and trauma in different ways (i.e., alone, in groups, in writing). Among the many resources they offer:

- A warm line giving nurses a safe place to talk
- Self-care tools available by smartphone app
- Access to short podcasts
- Stress self-assessment tools; and
- A nurses’ guide to mental health support services

⁶ Meredith Mealer, RN, MS et al. The Prevalence and Impact of Post Traumatic Stress Disorder and Burnout Syndrome in Nurses. *Depression & Anxiety*. November 2009. Accessible online at <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2919801/>

⁷ See <https://www.healthynursehealthynation.org/>

⁸ See <https://www.nursingworld.org/thewellbeinginitiative>

In addition to providing individual support to nurses, WBI is also addressing larger cultural and structural issues related to mental health and well-being with a focus on addressing the stigma nurses encounter when seeking mental health support. This work is being developed in response to overall low utilization of available programs from employers, associations, and elsewhere and available research that nurses experience stigma. In the most recent survey data, over one-third of nurses acknowledged experiencing stigma, with themselves, colleagues, friends, or family.⁹ This work is being structured to align with the socio-ecological model that recognizes the factors within an individual, their employer, policy, and wider society that contribute to experiences of stigma.

Nurse Suicide Prevention.¹⁰ ANA's Nurse Suicide Prevention resources were generated as a product of HNNH's Strength Through Resiliency Committee, which began to meet as the COVID-19 pandemic was beginning. Nurses are at higher risk of suicide than the general population, and the COVID-19 emergency was identified as an exacerbating factor. We acknowledge, "there are no known foolproof ways to prevent all suicides. However, we can learn ways to reach nurses in the dark place of depression to reduce the risk of a nurse acting on their suicidal thoughts"¹¹. The Suicide Prevention site provides resources in a form that is designed to destigmatize help-seeking and to empower nurses to recognize and respond to warning signs in themselves and their peers. Topics covered on the site include nurses in crisis; nurse suicide prevention; mental health promotion; grief/bereavement; honoring the memory of a co-worker who died by suicide; and nurses who have survived suicide attempts.

ANA is the premier organization representing the interests of the nation's 4.3 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 healthcare 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.¹² ANA is dedicated to partnering with health care consumers to improve practice, policies, delivery models, outcomes, and access across the health care continuum.

⁹ ANA. Mental Health and Wellness Survey 3.

¹⁰ See <https://www.nursingworld.org/practice-policy/nurse-suicide-prevention/>

¹¹ Ibid.

¹² The Consensus Model for APRN Regulation defines four APRN roles: certified nurse practitioner, clinical nurse specialist, certified nurse-midwife and certified registered nurse anesthetist. In addition to defining the four roles, the Consensus Model describes the APRN regulatory model, identifies the titles to be used, defines specialty, describes the emergence of new roles and population foci, and presents strategies for implementation.

If you have any questions, please contact Ingrida Lusi, Vice President for Policy and Government Affairs, at Ingrid.Lusi@ana.org or (301) 628-5081.

Sincerely,



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cc: Ernest Grant, PhD, RN, FAAN, ANA President
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