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Violence against Health-Care Personnel: Lessons from COVID-19 Pandemic

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SUMMARY

Violence towards healthcare personnel in hospitals is a widespread worrying phenomenon, and it is considered a mirror to violence in society in general [1]. There are many factors may share in this phenomenon as work overload, waiting times, and nurse-patient relations, responsibilities, environmental factors and patient-related factors [2].

Violence in hospitals has several negative impacts on physical and mental harm to the attacked persons who suffers from violence sequels in the short and long terms [3-6]. Since the beginning of this pandemic, headlines have also captured stories of health-care staff facing attacks of violence as they travel to and from health-care facilities. Reports described health-care workers being beaten, stoned, spat on, threatened and evicted from their home. The reasons people attack and abuse health-care personnel during health emergencies are many, and local contexts vary.

In some settings during the Coronavirus Disease-2019 (COVID-19) pandemic; fear, panic, misinformation about how Severe Acute Respiratory Syndrome Coronavirus-2 (SARS-CoV-2) can spread, and misplaced anger are likely. What makes the current attacks specifically horrifying is that health-care personnel are responding to a crisis that is deeply affecting all societies [6,7].

Governmental failures in some countries to adequately provide and manage resources in this pandemic mean that health-care personnel are risking their lives daily by caring for COVID-19 patients without adequate Personal Protective Equipment (PPE) and other safety measures in their workplaces [7]. As a result, thousands of health-care workers worldwide have contracted SARS-CoV-2 and have thus been perceived as public health hazards themselves.

This situation has generated violence against them in some places, essentially for performing their professional duties [8]. This response is likely to exacerbate already unprecedented COVID-19 related stress and burnout that health-care workers and their families are experiencing in this pandemic. A few government leaders have responded by announcing swift and, in some cases, draconian punishment for those who attack health-care workers [9,10].

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The health problem that has been exacerbated by the social isolation measures currently in place in countries around world with the COVID-19 pandemic taxing the health-care systems of almost every country, assaults on health-care workers are assaults against all of us [11]. We depend on their health and wellbeing so that they can continue to provide care to individuals, families, and communities with and without COVID-19.

Therefore, there is no more time to waste. We are facing a critical juncture, with the current cohort of medical students and physicians exposed to the disproportionately high levels of personal, professional, and emotional trauma that have resulted from the COVID-19 pandemic [12]. Training is imperative; it is of paramount importance for our future medical professionals to be self-aware of their emotional triggers.

During the COVID-19 pandemic, health workers including physicians, nurses and other front-line health-care have been celebrated for their outstanding work in many countries. However, attacks against the healthcare personnel engaged in the pandemic response are increasing number as reported worldwide by media, humanitarian organizations and health workers.

Effective responses must address the root causes. We recommend that the following actions be taken immediately. First, data on attacks specific to COVID-19 should systematically gathered and included in the WHO Surveillance System of Attacks on Healthcare. Global support from all member states and their communities for this effort is essential to achieve a robust surveillance system.

Second, attacks against health-care personnel must be prevented and condemned. Partnerships for the prevention of violence must be forged.

Third, misinformation and disinformation about COVID-19 must be countered. Widespread misinformation and disinformation about COVID-19, including conspiracy theories, have contributed to the demonization of certain groups such as health-care workers.

Fourth, accountability is needed. We must demand responsible enforcement actions against perpetrators of attacks by local and national governments. Violence against health-care personnel should be met with swift responses from law enforcement and legal systems.

Fifth, state and local governments should invest in health security measures to protect health-care workers as part of COVID-19 emergency budgets. Funding for the protection of health-care personnel and health facilities is needed now.

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