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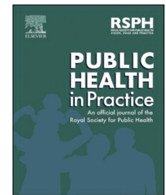

The impact of workplace violence on healthcare workers during and after the COVID-19 outbreak

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ABSTRACT

The COVID-19 pandemic has intensified workplace violence (WPV) against healthcare workers, exposing them to unprecedented levels of aggression. Incidents of verbal abuse, threats, and physical assaults have increased, especially in high-stress environments such as emergency departments and intensive care units, exacerbating psychological challenges for healthcare staff. This commentary explores the profound impact of WPV on healthcare workers' mental health and job satisfaction. Dehumanization - treating healthcare workers as resources rather than individuals - is a key factor that fuels aggression and undermines empathy within healthcare settings. WPV not only affects the personal well-being of healthcare professionals but also compromises patient care quality and the efficiency of healthcare systems. Effective strategies are urgently needed to address WPV, such as comprehensive training in de-escalation techniques, organizational policies, and enhanced safety protocols. An integrated approach that combines psychological support, policy reform, and preventive measures is essential to ensure a safer and more resilient healthcare environment for the future.

1. Introduction

During and after the COVID-19 pandemic, workplace violence against healthcare workers has reached alarming levels, representing not only a crisis of personal safety but also a threat to the resilience of healthcare systems globally. Acts of aggression, including intimidation, threats, verbal abuse, and physical assaults, surged, targeting doctors, nurses, and other healthcare staff at a time when their roles were most critical to public health [1]. Defined by the National Institute for Occupational Safety and Health as verbal and behavioral attacks against workers, workplace violence increased significantly during the pandemic, resulting in profound psychological consequences for exposed staff, including burnout, post-traumatic stress symptoms, and heightened anxiety [2].

Emergency departments, already recognized as high-risk areas for violence, witnessed an unprecedented escalation of aggressive incidents, with around 38 % of doctors and nurses reporting at least one episode of violence [3]. This situation highlights the psychological burden on these professionals and raises urgent questions about how to prevent and manage these incidents effectively. Social isolation and misinformation about COVID-19 further fueled these issues, exacerbating emotional and professional distress [4].

These rising levels of aggression call for a comprehensive understanding of the psychological impact on healthcare workers, and necessitate a focused discussion on both immediate and long-term preventive and management strategies to protect their well-being. This commentary explores the psychological consequences of violence experienced by healthcare workers during and after the pandemic, emphasizing the urgent need for effective protective measures.

2. Understanding the hidden crisis: key insights and reflections

The COVID-19 pandemic has undeniably magnified the incidence and intensity of workplace violence (WPV) toward healthcare workers,

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exposing them to rising aggression levels with severe mental health and well-being implications. Across healthcare settings worldwide, a significant rise in WPV has been observed, with frontline staff reporting increased anxiety, depression, and anger, alongside a marked decline in quality of life [5]. For example, García-Zamora et al. (2022) conducted a survey across 19 Latin American countries and found that over half of the healthcare workers surveyed reported experiencing abuse during the COVID-19 pandemic, with 95.6 % subjected to verbal abuse, 11.1 % to physical abuse, and 19.9 % to other forms of aggression [6].

This increase in violence was notably evident in high-stress environments such as emergency departments and intensive care units, where the combined burden of extended shifts and added psychological strain from patient hostility weighed heavily on healthcare staff. Predictors of WPV during the pandemic - such as extended work hours, close patient contact, and fears of virus contamination - have amplified healthcare workers' vulnerability, spotlighting the pandemic's role in exacerbating aggression within healthcare [7].

An underlying issue that exacerbates these aggressive behaviors is dehumanization, a phenomenon where healthcare workers are stripped of fundamental human qualities and seen as mere resources rather than individuals. Dehumanization in healthcare reduces empathy and mutual support among healthcare staff and fosters antisocial behaviors, such as aggression, indifference, and contempt [8]. The dehumanization of healthcare professionals not only compromises empathy and team cohesion but also erodes the ethical foundation essential to effective medical practice, ultimately jeopardizing both patient care quality and healthcare worker morale.

WPV in healthcare is not only psychologically damaging but also erodes job satisfaction, increases absenteeism, and drives higher turnover rates, ultimately affecting patient care quality and healthcare system efficiency [9]. These behaviors create a toxic work environment that hinders the delivery of safe and effective care, especially in high-stress settings where healthcare workers face intense interactions daily. Addressing these consequences requires a coordinated effort at multiple levels: mental health professionals, organizational leaders, and policymakers must collaborate to create a supportive environment for healthcare workers.

To effectively address WPV, healthcare settings require a multifaceted approach that integrates skill-building, policy enforcement, and public engagement. Preventive strategies should focus on providing healthcare workers with skills to de-escalate potentially violent situations, supported by organizational policies that emphasize zero tolerance for aggression. Research highlights that training in communication and de-escalation techniques, coupled with regular psychological support, can be instrumental in mitigating the psychological burden of WPV [10]. Furthermore, training programs incorporating simulations and behavioral economics principles significantly improve healthcare workers' ability to manage aggression. The use of validated assessment tools to identify risks of violence and the implementation of effective organizational policies have proven essential in reducing the incidence of aggression, thus enhancing the safety and capability of staff. Implementing enhanced safety protocols and public awareness campaigns can also help reduce workplace violence.

3. Conclusion

Adopting a comprehensive approach that combines advanced training, organizational support, and preventive policies is crucial to fostering a safer work environment and protecting the well-being of healthcare workers increasingly exposed to workplace violence. This approach should include training programs that develop skills in de-escalation techniques, zero-tolerance organizational policies toward aggression, and strengthened safety protocols. Additionally, further research is needed to consolidate current knowledge, identify emerging risk factors, and develop innovative solutions tailored to the healthcare sector.

In conclusion, embracing a holistic perspective that considers the interconnections between employee well-being, the effectiveness of healthcare delivery, and broader organizational culture is fundamental. Such a comprehensive approach ensures that strategies are not only reactive but also proactive, fostering an environment where safety and respect are central to the organizational structure. New studies and ongoing debate are required to better understand how to integrate these practices into healthcare policies, ensuring a resilient and adaptable system in the face of future challenges. In the wake of the pandemic, ensuring a safe work environment for healthcare workers is not only a professional necessity but a moral imperative, essential to sustaining a strong healthcare system ready to respond effectively to public health emergencies.

Authors contributions

Mento C. and De Carlo A. contributed to the conception, design, data acquisition, analysis, and interpretation; they also drafted and critically revised the manuscript. La Barbiera C. and Silvestri M.C. contributed to data acquisition and interpretation, and drafted the manuscript. Muscatello M.R.A. and Bruno A. contributed to interpretation and critically revised the manuscript. Falgares G., Spatari G., and Formica I. provided significant contributions to the critical revision of the content. The manuscript was reviewed for language. All authors approved the final version of the manuscript.

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Declaration of competing interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

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