Our healthcare workers need protection

As the year draws to a close, and we receive alerts to be cautious of the escalating crime during the festive season, I am reminded of the reality of the intensifying violence against healthcare workers (HCWs) in South Africa (SA). With reports of violence against HCWs in the country increasing in frequency in both the public and private sectors, workplace violence (WPV) has reached epidemic proportions in our setting. WPV is defined by the World Health Organization (WHO) as 'incidents where staff are abused, threatened or assaulted in the circumstances related to their work, including commuting to and from work, involving an explicit or implicit challenge to their safety, well-being or health'.[1] Verbal abuse, psychological harm, physical or sexual assault, racial harassment and cyber persecution are just some examples of WPV. The risk factors for WPV within healthcare facilities include patients with a history of psychiatric illnesses, violence or substance abuse; understaffed emergency departments; and overcrowding, lengthy patient waiting periods, poor security and restricted access within healthcare facilities.[2] The impact on HCWs can be severe, and includes extensive injuries, death, psychological distress, burnout, a higher rate of medical errors, poorer patient outcomes and increased attrition.[2]

Key findings in a recent policy brief prepared by the SA Medical Association (SAMA) are: (*i*) murder, assault and robbery were the main forms of violence targeting HCWs; (*ii*) Gauteng, KwaZulu-Natal and the Western Cape provinces had the highest incidence of violence targeted at HCWs; (*iii*) most of the victims were female; (*iv*) doctors were the most commonly targeted HCWs, while there was underreporting for violence against nurses; (*v*) the number of reports of WPV has been on the increase since 2012; and (*vi*) at the time of the release of the policy brief, there had been just two convictions. Rape, hijacking, kidnapping and death threats were reported. While in many countries, WPV is perpetrated by patients or their relatives, in SA, HCWs are targeted by criminals for the economic benefits of crime.[3]

This year has also seen a growth in extortion racketeers targeting healthcare facilities and HCWs with demands for protection money. In April, doctors in East London were attacked, and in August an Mthatha ophthalmology practice in the central business district closed down permanently and the doctor went into hiding, citing threats to his life. He established his practice in 2019 and was the first SA ophthalmologist to come to Mthatha. These are examples of the increasing threats that target HCWs countrywide.[4]

It has also been shown that HCWs in emergency departments (EDs) are at higher risk of WPV because of factors such as limited visibility of security personnel and the demanding nature of their work. In a cross-sectional survey conducted on clinical staff working in three public sector tertiary hospital EDs in Gauteng, 73.8% of HCWs reported exposure to WPV. Most common was verbal abuse (66%), followed by racial harassment (40%), physical violence (32%), bullying (25%) and sexual harassment (4.6%). Patients were responsible for 86% of physical violence incidents. Patients and their relatives were also responsible for the majority of verbal WPV, similar to what is seen globally. A total of 69% reported that HCWs were perpetrators of bullying. Verbal WPV involving HCWs was reported by 33% of respondents, and HCWs were reported as being responsible for 50% of racial harassment incidents. Under-reporting was prevalent, and while most of the victims thought that the violent incident was preventable, 82.4% of them did not report it. Thirty-seven percent of participants contemplated leaving their jobs following the experience of WPV. The study also found that poor communication and lack of mutual respect among staff and patients contributed to both physical and non-physical WPV. In addition, overcrowding and inadequate and inefficient security were highlighted.[5]

WPV compromises quality of care and has far-reaching consequences for society at large. While SA does not have a specific policy that addresses the challenges of WPV,[3] perpetrators must be held accountable by speedy and appropriate consequences. Awareness and education campaigns on WPV are necessary. Developing and implementing a multisectoral strategy to address this epidemic of WPV to protect HCWs from targeted crime is imperative. For this we need competent management at healthcare facilities, and positive political will. Perhaps we could see protection for our HCWs being taken seriously as we move into 2025 – a new year and a chance to get it right?

I would like to wish the *SAMJ* readership happy holidays and success during the upcoming year. *SAMJ* will also be taking a break, and the offices will be closed between 20 December and 6 January. The current issue is a combined December-January one. The next issue of the journal will be in February 2025.

Declaration of interest. AD has referenced a SAMA policy brief. She is vice chairperson of the SAMA Board.

Ames Dhai
Acting Editor
Ames.Dhai@wits.ac.za

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