European Journal of Preventive Medicine
2025, Vol. 13, No. 5, pp. 105-108
https://doi.org/10.11648/j.ejpm.20251305.13

Cmmunication

Violence Against Healthcare Workers: A Deep Wound in the Body of the Health System

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Abstract

Violence against healthcare workers (HCWs) is a pervasive and deeply concerning global crisis that threatens the well-being of caregivers and the sustainability of health systems worldwide. This article examines the scope, causes, consequences, and potential solutions to this critical issue, with a specific focus on the situation in Iran. Globally, a significant percentage of HCWs experience physical, verbal, psychological, and sexual violence, with regional variations and underreporting being commonplace. In Iran, the problem is particularly severe, with high prevalence rates exacerbated by systemic factors such as public misinformation, cultural and financial problems, long waiting times, and a lack of trust in the justice system. The consequences of this violence are far-reaching, leading to severe psychological trauma for HCWs, reduced quality of patient care, occupational burnout, staff shortages, and ultimately, a weakened healthcare system. The article argues that addressing this multifaceted problem requires a coordinated, multi-level approach. Essential solutions include individual training in communication and de-escalation, organisational policies for reporting and support, and national-level interventions such as stringent deterrent laws, public awareness campaigns, and increased resource allocation to reduce systemic pressures. The conclusion emphasises that ensuring the safety of healthcare workers is not merely an occupational concern but a fundamental prerequisite for equitable and high-quality healthcare for all.

Keywords

Workplace Violence, Healthcare Workers, Iran, Health Systems

1. Introduction

Healthcare workers (HCWs), including doctors, nurses, paramedics, and emergency personnel, are the backbone of the healthcare system, standing on the front line to care for human lives. However, this hardworking and vital group is increasingly exposed to violence. By definition, 'any act or threat of physical violence, harassment, intimidation, or other threatening disruptive behaviour that occurs at the work site' is referred to as workplace violence (WPV) [1]. Violence against HCWs is a global, yet deeply concerning phenomenon that threatens the physical and mental health of caregivers and the quality and sustainability of health systems worldwide. This global problem has complex causes and is not linked solely to wealth, organisational type, or cultural factors. Many healthcare organisations have witnessed rising rates of violence and its negative impacts on caregivers in recent years [2]. This article seeks to examine this societal issue and proposes

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Received: 25 August 2025; **Accepted:** 13 September 2025; **Published:** 9 October 2025

principles for managing and reducing such violence.

2. The Global Scale of the Crisis

According to reports by the World Health Organisation (WHO) and the International Labour Organisation (ILO), between 8% and 38% of HCWs experience physical violence at some point in their careers. The statistics for psychological violence (threats, insults, humiliation) and verbal violence are even higher, sometimes reaching close to 60% [3, 4]. Studies conducted over a decade found that about 75% of WPV occurred in healthcare settings [5]. Violence against HCWs encompasses a wide range of behaviours, including physical violence (assault, throwing objects), verbal violence (abuse, shouting, threats), psychological violence (humiliation, intimidation), and sexual violence (unwanted touching, verbal sexual harassment, rape). A similar overall prevalence of WPV between males and females was shown. Regional variations were evident, however. For example, the prevalence of this type of violence towards males was higher in Asia than towards their female counterparts in South America. An additional finding was that WPV rates were lower in more economically developed regions [6, 7]. Perpetrators are often patients under the influence of drugs or alcohol, those with severe mental illnesses or extreme pain [8, 9], or even companions and occasionally colleagues or supervisors. Research from recent years showed that, although verbal violence constituted a large share of WPV, incidents of physical violence are on the rise. Disturbingly, recent reports indicate over 370 HCW fatalities, yet the actual figure is believed to be significantly higher [10].

3. The Situation in Iran

Unfortunately, violence against HCWs in Iran has become a serious and growing problem. A systematic review showed that the general prevalence of violence against nurses in Iranian hospitals was high, with about 30% experiencing physical violence. Approximately half of all WPV incidents go unreported. Reasons for this include the perception that violence is simply part of the job, the absence of physical injury, and a fear of reprisals from both managers and perpetrators. Additional barriers are a lack of awareness of the reporting procedures and a belief that reporting is futile, owing to a perceived lack of action from healthcare organisations. Numerous reports of assaults on doctors and nurses in hospitals, clinics, and even pre-hospital emergency settings have emerged [10-13]. Several factors exacerbate this issue, including public agitation by prominent figures, the spread of misinformation in the media, public anxiety, financial and cultural problems, declining public patience, a poorly managed healthcare system, and a justice system that lacks public trust [14]. Some patients and their companions expect immediate and miraculous treatment, often with an unrealistic understanding of medical limitations. Delays in medical services, such as long waits for doctor visits, hospitalisation, or test results, and inadequate insurance coverage could also lead to dissatisfaction and protests. Exposure to violence heightens the risk of significant psychological sequelae, including major depression, diminished self-worth, and post-traumatic stress disorder, the manifestations of which include insomnia, affective instability, impaired concentration, intrusive memories, and pervasive emotional distress [15, 16].

4. Common Roots Globally and in Iran

Violence against HCWs is a serious and growing concern, due to its extensive and damaging effects on HCWs themselves, the healthcare systems, and society as a whole. Certain factors might be addressed to control violence, whether in Iran or other countries. HCWs should cultivate a culture of tolerance and recognise that this is part of the job. Shortages of staff, equipment, and hospital beds result in overcrowding and patient dissatisfaction. Inadequate services in remote or deprived areas prolong waiting times and increase anxiety amongst service recipients. Weaknesses in communication skills, differences in language and culture, impractical expectations, a lack of training in anger management, and substance abuse could fuel violence against HCWs. However, the risk of violence would be markedly higher for younger, less experienced HCWs, or who work in A&E and on night shifts. In countries lacking strong deterrent laws and organisational support for victims, hostility toward HCWs grows [10, 16, 17].

5. Wide-Ranging Consequences

There could be no justification for violence towards HCWs in any situation, especially when they are working tirelessly to ensure everyone receives the best possible treatment. The impact of this aggression severely damages both the physical and mental health of HCWs. The rise in violence against HCWs leads to reduced service quality due to staff stress, delays in care due to professionals leaving the field, and ultimately harms patients. Moreover, such violence contributes to occupational burnout and decreased job satisfaction, leading to reduced working hours. It was revealed that doctors and nurses respond differently to the violence in the workplace. Doctors predominantly reported frustration, whilst nurses most commonly reported anger. Nurses were also more likely to feel disgusted and upset, whilst doctors were more inclined to feel responsible or defeated. The exodus of HCWs caused by harassment and violent threats could jeopardise equitable access to primary healthcare. This would pose a particular risk to developing nations, where existing staff shortages already prevent populations from having their needs adequately met. This might create challenges for the health system, such as lower productivity, workforce shortages, and increased costs

to replace absent staff. Increased violence could also undermine social security by weakening the health system [3, 4, 18].

6. Proposed Essential Solutions

Addressing WPV requires a multifaceted and coordinated approach at the individual, organisational, and national levels. At the individual level, improving communication skills with patients, recognising early signs of violence, and using de-escalation techniques could be effective. The provision of psychological support, staff empowerment, and training for the management of violence should be considered a priority across all healthcare settings. At the organisational level, clear and firm policies against violence should be established and communicated. Training in effective communication, conflict management, and violence prevention should be provided. The communication of established care protocols to patients and their next of kin is of equal importance. Confidential and easy-to-use reporting systems and accessible counselling services for victims should be implemented. Furthermore, fostering a calmer and less stressful environment, particularly in A&E, could reduce chaos and diffuse tensions that might otherwise lead to violence. Hospital management must respond decisively to violent incidents. At the national level, strict penalties for violence against HCWs and enhanced physical security in high-risk areas are necessary. National campaigns would be helpful to shift public attitudes, promote respect for HCWs, and teach anger management. Additionally, reducing workload pressures by addressing staff shortages and providing necessary equipment could mitigate conflicts [4, 18].

7. Conclusion

Violence against HCWs is a deep and unacceptable wound on the body of health systems in Iran and worldwide. This is not merely an occupational hazard but a serious threat to public health, health equity, and the sustainability of medical services. Such actions constitute a breach of the human rights of all individuals, who are entitled to safety and freedom from harm in both the workplace and healthcare settings. Silence and inaction equate to complicity in perpetuating this issue. Addressing it requires national and global resolve: enacting and enforcing strong deterrent laws, allocating sufficient resources, providing adequate staffing levels to reduce the working hours of HCWs, securing work environments, providing extensive training for HCWs and the public in anger management, and establishing robust support systems. Studies that examine the socio-demographic characteristics and the motives and intentions of perpetrators of violence are important, as they would contribute to a better understanding of the causes and risk factors of WPV against staff. These studies could provide important information for the prevention of WPV against staff. In order to take immediate action before WPV flares up, it would be helpful to use tools such as questionnaires and risk assessment checklists to screen high-risk patients. Only through collaboration among policymakers, legal institutions, society, hospital management, and medical and nursing associations would we create a safe and respectful environment for those who save lives. Additionally, implementing supportive policies such as the simultaneous presence of police and emergency services at accident scenes, prosecuting offenders, public awareness campaigns highlighting the vital role of healthcare staff in the health system, and improving their professional status would be among the suggested solutions for reducing violence against HCWs. The security of HCWs is a prerequisite for high-quality medical care and equitable access to health for all.

Abbreviations

HCWs	HealthCare Workers
WPV	WorkPlace Violence
WHO	World Health Organisation
ILO	International Labour Organisation

Conflicts of Interest

The authors declare no conflicts of interest.

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