



Violence against Health Workers: A Global Challenge with Serious Health Consequences

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Dear Editor-in-Chief

Violence against doctors and health workers is a global public health issue (1) with devastating effects on physical and mental health (2). Workplace violence refers to the physical and/or psychological assault that an individual is subjected to while working, which may be verbal or physical, resulting in injury or even death (3). Violence in healthcare stems from multiple factors (4), including poor infrastructure, overcrowding, long wait times, budget constraints, and low-quality care. Other causes are lack of trust in legal systems, unrealistic patient expectations, low health literacy, high costs, weak communication skills, poor management, and negative media portrayals (1, 4, 5).

Violence includes verbal threats, sexual harassment, and physical attacks, with men being more exposed than women. Emergency room staff are more exposed to violence, which is more common in psychiatric and intensive care units (2, 4). Work-quality impairment, psychological problems, job turnover, psychological stress, and decreased job satisfaction are among the effects of violence (5, 6).

Over the past 30 years, 21 Italian doctors have been killed, mostly by patients or their relatives, motivated by revenge (7). In 2022, a cardiologist

was shot dead in a hospital in southern Konya, Turkey, by a man whose mother had died from complications of heart surgery (8). More recently, in 2024, a similar murder of a 51-year-old cardiologist and university professor occurred in Iran by the brother of a patient who had died of a heart attack in the hospital two years earlier. The murdered doctor was acquitted after a complaint by the deceased's companions.

This incident in Yasouj, a deprived area of Iran, highlights violence against healthcare workers. Contributing factors included public incitement, media misinformation, societal anxiety, economic and cultural issues, reduced tolerance, health system mismanagement, and lack of trust in the judicial system

In recent years, several cases of violence against doctors and medical staff have been reported in Iran. For example, beating that resulted in eye damage to an anesthesiologist at Piranshahr Hospital in West Azerbaijan during the coronavirus pandemic; beating of a deceased coronavirus patient; beating that resulted in severe physical and mental damage to an eye surgery specialist in Yasouj by the patient's companions; beating of a nurse in Tehran; severe beating of a hospital surgeon in Abadan by the patient's companions;



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beating of a hospital nurse in Mahshahr, Khuzestan by the patient's companion; a clash that resulted in the injury of a nurse at the Comprehensive Day Care Center in Talesh, Gilan; beating of a nurse with a knife in a hospital in Yasouj by the patient's companion; and beating of a pharmacist with a machete in Kermanshah are several examples of reported cases of violence against medical staff. However, violence against doctors and nurses is not a new phenomenon and is prevalent worldwide.

In recent years, the Iranian healthcare system has faced a rising trend of violence against doctors, nurses, and healthcare workers, raising significant concerns. This escalation is fueled by factors such as inflation, mismatched medical tariffs, strict regulations, declining social status of medical staff, high workloads, and increased psychological pressure. Additional challenges include a rise in doctor suicides, excessive capacity expansion without adequate infrastructure, high migration and resignation rates among medical professionals, and a shortage of doctors in deprived areas. These issues have led to a decline in service quality and psychological safety, signaling a crisis in Iran's healthcare human resources (9, 10).

To manage and prevent violence, key strategies include empowering patients, raising awareness of their rights, implementing workplace violence prevention programs, and strengthening medical organizations' roles in policymaking. Other measures involve documenting violence cases, improving mental safety for physicians, reducing job stress, enhancing healthcare workers' livelihoods, and providing in-service training on communication skills. Additionally, reforming malpractice complaint procedures, increasing sensitivity to violence at all levels, and educating the public are essential steps.

Conflict of Interest

The authors declare that there is no conflict of interests.

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