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Commentary

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As of 20 April 2021, 142 752 087 cases of COVID-19 and 3 044 553 deaths have been reported globally (1). The outbreak has affected multiple sectors worldwide; however, the health-care sector remains the most heavily impacted. In spite of this pandemic reminding the general population of the heroism of health-care workers, it has stirred an upsurge in acts of violence against them and places health-care workers in extraordinarily overwhelming settings where they are not only coping with the fear of contracting the virus and of passing it to their family and friends, but also the fear of abuse.

In light of the substantial dissemination of COVID-19, many instances of COVID-19 related acts of violence may have reached a pandemic level. For the sake of continued health-care worker functionality, a pressing priority is that any individual or entity committing an abusive act must be closely monitored, confronted, and lawfully apprehended if necessary.

Emerging patterns of violence and abuse occurring in health facilities, ambulances, and against staff have been recorded globally with a specific tendency to occur in low- and middle-income countries (2). Such incidences of violence frequently happen when efforts by health-care professionals are made to apply certain essential, yet unpopular, COVID-19 control measures, such as keeping a family member in an isolation centre, not authorizing the family to touch the body of a deceased loved one, or to be in close proximity to a critically ill or dying patient. In addition, health-care workers have found themselves shut out of their residences by neighbours fearful of COVID-19 infection (3).

Alongside verbal threats, incidences of abuse have also manifested physically. Examples include villagers in Egypt prohibiting the funeral of a doctor who died of COVID-19 (4); and health-care workers in quarantine facilities suffering multiple forms of violence in the Syrian Arab Republic (5).

Stressful hospital settings are considered a primary cause for violence against health-care workers, inducing an oppressive atmosphere of fear among family members (6). However, questions remain about the underlying causes behind the predominance of such abusive incidences in low- and middle-income countries. A partial explanation could be the lack of communication skills training for health-care workers to handle such tense situations, particularly when the family of a patient are unable to grieve the loss of their loved one or even to be counselled effectively. Good communication between doctors and their families on the one hand, and health-care workers (such as nurses and paramedics) on the other, has been shown to greatly improve the hospital environment by promoting a more relaxed and direct relationship between all parties concerned. However, an unbalanced relationship between the patient and medical staff can lead to a sense of reduced patient autonomy in care decision-making, negatively affecting the whole care process output (7).

In addition, a weak doctor-patient relationship may also inadvertently contribute to distrust and abusive acts towards other health-care workers. Deteriorating socioeconomic factors in certain low-and middle-income countries, such as a low doctor-patient ratio, has meant many physicians have less opportunity to build a good rapport with patients (8). A comparative

examination of population demographics may help further explain reasons behind increased violence against health-care workers in such countries. However, in a measure to protect health-care workers, many countries have passed legislation to protect such essential staff from violent incidences during the course of their duties.

Research has suggested that increased levels of violence against health-care workers correspond to a demographic where education rates are significantly lower than higher-income countries (9). Moreover, poor health-care delivery systems in the public sector can also be considered a relevant factor in violence against health-care workers when considering 91% of such cases of abuse took place in governmental health-care systems (10). A recent study highlighted the significant correlation between health-care workers' exposure to violence and the level of hospital care, whereby any shortage of staff combined with an increasing workload results in a higher probability of burnout, which again could lead to deteriorating relationships with patients (11).

Health inequity has been an ongoing challenge for low- and middle-income countries, particularly during the COVID-19 pandemic, where health-care systems are struggling to provide basic support to patients and protection to health-care workers. This may have the unintended consequence of many physicians and allied health-care workers deciding to leave their employment due to the high emotional and professional pressure and lack of protection (12).

In summary, all efforts have to be made in order to protect health-care workers from acts of abuse by strictly applying current legislation and assessing the need for new regulations to protect those on front-line operations. Any failure will result in poor patient recovery, family distress, and the loss of valued health-care workers from their professions due to physical and psychological abuse.

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