

Statement on increasing violence against healthcare workers

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Introduction:

Headlines such as “Escalation in ambulance” (1), “Three men beat up hospital staff in the Emergency Room” (2) or “Six injured in attack on Essen hospital team” (3) are appearing more and more frequently in the media, and the list of such headlines goes on almost indefinitely.

Assaults on this scale of brutality are just the tip of the iceberg, as almost 60% of healthcare workers state that they have already experienced psychological and/or physical violence in their everyday work (10).

The problem covers the entire spectrum, from verbal abuse such as insults and threats to mobbing, physical threats and assault and even sexual assault (4, 5).

Background

Unfortunately, violence against medical workers is not uncommon, nor is it a novelty; around a quarter of all workplace aggression occurs in the healthcare sector. This puts the healthcare field in second place in the ranking of incidents of aggression and violence in the workplace, just behind police officers and security guards. (6)

Not all sectors and professional groups in the healthcare industry are affected to the same extent: areas such as emergency medicine or psychiatry are particularly affected by this issue (7, 8). This trend is reflected in the figures for the University Hospital Zurich, with almost 40% of the 900 security service deployments in 2023 being triggered in the emergency ward alone (1). However, this problem is also increasing in all other areas of medicine.

There is only limited data available on how many healthcare employees have already experienced violence, assault, and sexual assault, and the available data varies greatly depending on the department surveyed. What they all have in common, however, is that more than half of employees are affected (9, 10) and is still often underestimated, both in public perception and in the structures of the hospitals and clinics themselves (6).

There are many reasons for the assaults or aggressive behavior of patients and relatives. Alcohol or other substances, such as drugs or narcotics, are often involved. However, other factors such as mental illness, exceptional psychological circumstances such as the death of a close relative, different cultures and previous bad experiences can also be a risk factor for violence and assaults in a tense and not optimally managed

situation (14, 5).

A particularly alarming aspect of violence is the high number of sexual harassment and assaults against workers. While women are particularly affected, men and people of all genders also experience such assaults.

A cross-sectional study conducted in 2023 investigated the incidence of sexism and sexual harassment among medical students at the University of Lausanne. Around 16% of those surveyed stated that they had been affected by such behavior. The study also found a clear link between these experiences and negative psychological consequences such as depression and anxiety (12).

A global meta-analysis from 2024 found that almost half of all physicians worldwide have experienced sexual harassment by patients. Women were particularly affected: 52.2% of female physicians and 34.4% of male physicians reported such incidents. The study underlines the need for protective measures and support systems for healthcare professionals (13).

The increased expectations and demands of patients and relatives are also a recurring reason for threats and even violence, as in their opinion treatment takes too long and they cannot accept waiting times. This problem is further exacerbated by acute staff shortages in the clinics and the lack of GPs. A shortage of GPs leads on the one hand to a lack of a triage function in the healthcare system and on the other to reduced preventive work, both of which lead to a further overload of emergency cases in hospitals and thus to longer waiting times (5, 11, 14).

However, the exact reason for the actions carried out, whether intentional or unintentional, only plays a secondary role, as regardless of the cause, the consequences for the healthcare professional are equally hurtful and dangerous.

In addition to the direct physical consequences, acts against workers also have far-reaching consequences for the psyche of the employees concerned.

Many studies show the trend that violence against healthcare workers is significantly associated with poor mental and physical health, and that those affected have a higher level of stress and anxiety and a higher burnout rate than those not affected (14).

For example, a large study from the USA showed that the prevalence of depressive symptoms, anxiety, PTSD, and suicidal thoughts were increased in public health workers after a violent event (15).

Studies also show that those affected leave the profession temporarily and in some cases permanently, after having experienced violence themselves, which in turn is associated with increased costs for the healthcare system.

For example, a study from the USA shows that violence leads to 14.7 lost working days per 10'000 workers in the healthcare system, compared to only 2.8 lost days for non-state employees outside the healthcare system (16).

In addition to these indirect costs due to the temporary absence of healthcare system employees, there are also direct costs due to the necessary presence of security services (14).

Demands of swimsa

We at swimsa appreciate that the violence against healthcare workers has received increased media coverage in recent weeks and months and that this problem has been brought to the attention of a wider audience.

In order to tackle the problem effectively, we need clear protection concepts, mandatory training for workers and consistent sanctions for perpetrators. All assaults, especially sexual assaults, must not be accepted as an “occupational hazard”, but must be seen for what they are: a serious structural problem that urgently requires more attention.

1. We call on universities and employers to integrate training on violence and sexual assault prevention, management and mediation into the curriculum and training/continuing education strategies.
This knowledge should be taught in the form of theoretical and practical courses (simulation courses) to better prepare future physicians.
2. We call on universities to inform students about their rights during their studies
3. We call on employers to consistently deal with assaults of any kind so that future assaults can be better managed and sources of error in dealing with patients can be identified and improved.
4. We demand that employers inform patients in hospitals that any form of assault will not be tolerated and will be consistently prosecuted.
5. We also call for patients at high-risk interfaces, such as emergencies, to be systematically and transparently informed and explained from the outset that their stay may involve longer waiting times and why this is the case, in order to preventively reduce expectations of immediate treatment and increase understanding of waiting times.
6. We are calling for a clear and consistent approach to perpetrators from politics and the law in order to protect employees of the healthcare system and to condemn such crimes.

References:

1. Rettungskräfte kämpfen mit aggressiven Patienten, NZZ, abgerufen am 04.03.2025.
<https://www.nzz.ch/zuerich/rettungskraefte-werden-zur-zielscheibe-von-gewalt-ld.1871438>
2. Silvester in Berlin: Drei Männer schlagen Klinikpersonal in Rettungsstelle zusammen, Berliner Zeitung, abgerufen am 09.02.2025.
<https://www.berliner-zeitung.de/mensch-metropole/silvester-in-berlin-patient-en-schlagen-klinik-personal-in-rettungsstelle-zusammen-video-zeigt-angriff-li.2173546>
3. Sechs Verletzte bei Angriff auf Essener Klinik-Team, WDR, abgerufen am 09.02.2025.
<https://www1.wdr.de/nachrichten/ruhrgebiet/angriff-mitarbeiter-essen-krankenhaus-100.html>
4. Gewalt gegen Gesundheitspersonal nimmt zu, SRF, abgerufen am 09.02.2025
<https://www.srf.ch/news/schweiz/uebergriffe-im-spital-gewalt-gegen-gesundheitspersonal-nimmt-zu>
5. «Fast jede Pflegefachperson hat schon Gewalt erlebt», SRF, abgerufen am 13.02.2025
<https://www.srf.ch/news/schweiz/gewalt-gegen-spitalpersonal-fast-jede-pflegefachperson-hat-schon-gewalt-erlebt>
6. Aggression im Gesundheitswesen, Berner Fachhochschule, abgerufen am 13.02.2025
<https://www.bfh.ch/de/forschung/forschungsbereiche/aggression-gesundheitswesen/>
7. Gewalt gegen Pflegende: Ein häufiges Problem in der stationären Psychiatrie, Universität Basel, abgerufen am 13.02.2025
<https://www.unibas.ch/de/Aktuell/News/Uni-Research/Gewalt-gegen-Pflegende.html>
8. Gewalt auf der Notfallstation: Möglichkeiten der Intervention und Prävention, Forum Pflege, abgerufen am 13.02.2025
https://www.usz.ch/app/uploads/2020/06/Pflegerecht_Forum_Gewalt-auf-der-Notfallstation.pdf
9. Patient and visitor violence in the general hospital, occurrence, staff interventions and consequences: a cross-sectional survey, pubMed, abgerufen am 13.02.2025
<https://pubmed.ncbi.nlm.nih.gov/22381080/>

10. Prevalence and severity of verbal, physical, and sexual inpatient violence against nurses in Swiss psychiatric hospitals and associated nurse-related characteristics: Cross-sectional multicentre study, wiley online library, abgerufen am 13.02.2025
<https://onlinelibrary.wiley.com/doi/10.1111/inm.12905>
11. Berner Inselspital braucht sechsmal täglich Sicherheitsdienst, nau.ch, abgerufen am 04.03.2025
<https://www.nau.ch/news/schweiz/gewalt-schweizer-spital-braucht-sechsmal-taeglich-sicherheitsdienst-66909266>
12. Exposure of medical students to sexism and sexual harassment and their association with mental health: a cross-sectional study at a Swiss medical school: a cross-sectional study at a Swiss medical school, pubMed, abgerufen am 03.04.2025
<https://pubmed.ncbi.nlm.nih.gov/37105707/>
13. Prevalence of workplace violence against healthcare workers: a systematic review and meta-analysis, pubMed, abgerufen am 03.04.2025
<https://pubmed.ncbi.nlm.nih.gov/31611310/>
14. The growing burden of workplace violence against healthcare workers: trends in prevalence, risk factors, consequences, and prevention - a narrative review, The Lancet, abgerufen am 03.04.2025
[https://www.thelancet.com/journals/eclinm/article/PIIS2589-5370\(24\)00220-7/fulltext](https://www.thelancet.com/journals/eclinm/article/PIIS2589-5370(24)00220-7/fulltext)
15. Workplace Violence and the Mental Health of Public Health Workers During COVID-19, American Journal of Preventive Medicine, abgerufen am 03.04.2025
[https://www.ajpmonline.org/article/S0749-3797\(22\)00507-4/pdf](https://www.ajpmonline.org/article/S0749-3797(22)00507-4/pdf)
16. Workplace violence in the emergency department: a systematic review and metaanalysis, ELSEVIER, abgerufen am 03.04.2025
<https://www.sciencedirect.com/science/article/abs/pii/S0033350621000676>