

Escalating violence against health workers prompts calls for action

■ Cite as: *CMAJ* 2021 December 13;193:E1896. doi: 10.1503/cmaj.1095980

Posted on cmajnews.com on November 26, 2021

Canadian health workers are facing increasing harassment and violence on the job, especially related to COVID-19, according to medical associations and health care unions.

The Canadian Medical Association (CMA) and Ontario Medical Association (OMA) are calling for legislation that would set a perimeter around hospitals and clinics to protect health care workers and patients from aggressive protestors.

Criminal Code provisions against threatening behaviour are not sufficient, according to CMA President Dr. Katharine Smart. The associations want specific sanctions against “any behaviour that is harassing or violent in its nature,” both online and in person, including blocking access to hospitals.

“We’re seeing protests outside hospitals where physicians and patients are being harassed, and then violent behaviour inside hospitals as people very sick, often with COVID, are refusing to believe that’s what’s going on and lashing out against the health care providers trying to help them,” Smart told reporters.

At a news conference, OMA President Dr. Adam Kassam shared doctors’ accounts of verbal abuse and receiving sexist, racist and anti-Semitic hate messages, including angry notes on their vehicles.

Others have reported receiving credible death threats and baseless complaints to professional regulators.

And the harassment doctors are facing is likely the tip of the iceberg — nurses and personal support workers, especially women and racialized workers, typically

experience the brunt of workplace abuse in health care.

In a 2017 survey, 68% of registered practical nurses and personal support workers reported experiencing violence on the job at least once that year. Nearly one in five said they had been assaulted nine or more times that year.

According to the Canadian Federation of Nurses Unions, “violence-related lost-time claims for front-line health care workers have increased by almost 66% over the past decade, three times the rate of increase for police and correctional service officers combined.”

Such attacks have continued to escalate during the pandemic, according to SEIU Health Care and the Canadian Union of Public Employees — two unions representing 70 000 hospital workers. Earlier this year, SEIU President Sharleen Stewart warned that workplace violence, staffing shortages, and health worker burnout are “all connected, and we urgently need solutions because things are getting worse every day.”

Beyond individual accounts, Canadian data on violence against health workers during the pandemic are lacking.

Globally, the University of California Berkley’s Human Rights Center documented at least 1100 threats or violent acts against health care workers and facilities in 2020, with around 400 of those attacks being related to COVID-19 — although those numbers are likely a vast underestimate.

The Cleveland Clinic’s hospital system alone reported 1407 verbal, emotional or

physical altercations against staff in 2020, up from 854 in 2018.

Explanations for the rise in violence against health workers range from toxic misinformation about the pandemic and vaccines, to understaffing and burnout in health care contributing to frustration on all sides, to inadequate capacity to care for influxes of patients with addictions, mental illness, and dementia.

To stem the violence, health care unions are calling for increased staffing levels and protections against working alone, flagging systems to alert staff to potentially violent patients, and tougher sentencing for assaults against health care workers.

The Canadian Association of Emergency Physicians has also called for “unequivocal support from hospitals and regional health authorities for workplace safety.” That includes national standards for hospital safety and security, explicit, written policies and procedures to prevent violence, and the provision of safe physical spaces, counselling and support for workers exposed to violence.

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