



# **SOUTH AFRICAN MEDICAL ASSOCIATION**



## **SAMA Interim Report on Violence Against Health Care Workers in South Africa**

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## 1. Executive Summary

In 2022 the South African Medical Association (SAMA) commissioned and conducted a scoping review study to explore violence against healthcare workers in South Africa between 2012 and 2022, focusing on nurses, doctors, and paramedics. The study was conducted in view of frequent media reports and concerns raised by SAMA members on

rescalating incidents of violence toward healthcare workers (HCWs) in the country, as in many places worldwide. Both developed and developing countries are experiencing this epidemic of workplace violence in the healthcare sector. According to reports, violence against HCWs also specifically rose during the COVID-19 pandemic (Lancet, 2022). The SAMA review confirmed what exists in the literature, namely that nurses, doctors, and paramedics are the most attacked occupations globally (Alsaleem et al, 2018 & Vento et al, 2020). Besides occupational category, other risk factors for workplace violence in the health sector are found to include individual factors (such as female sex, age) (Njaka et al, 2020) and institutional factors (such as shift work; high crime locations; working in psychiatric or emergency departments) (Mento et al, 2020; Vento et al, 2020; WHO; Hasan et al, 2018)).

Patients, their families or companions, and strangers are the common perpetrators of violence. Violent acts and aggression in healthcare settings are found to have multiple roots, as elaborated further in the document. While this violence is unlikely to be completely eliminated, several policies, guidelines, and strategies are in place to deal with violence that confronts HCWs, even though these strategies differ in effectiveness. SAMA offers this study to raise public awareness of the plight of HCWs, make recommendations to Government on proven interventions to deal with violence, and trigger unified advocacy action by affected HCW stakeholder bodies.

## 2. Introduction

Evidence reveals a worsening trend of violence targeting healthcare workers over the past decades. Globally, a quarter of all workplace violence occurs in the health sector (Njaka et al, 2020). Workplace violence 'the intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community, which either results in or has a high likelihood of resulting in injury, death, psychological harm, mal-development or deprivation'(WHO). Violence targeting healthcare workers is "an international emergency that undermines the very foundations of health systems and impacts critically on patient's health" (WMA and Vento, 2020). The definition of 'violence' and its various forms; its prevalence; common victims; perpetrators; risk factors; impact on the health system; consequences for perpetrators; and response policies and strategies are important in policy and legislative interventions to strengthen health systems. Underreporting of violent acts and aggression targeting healthcare workers conceals the safety crisis that persists in healthcare occupations. Only 50% of cases of verbal abuse and less than 40% of cases of physical assault get reported by health workers (Kumari et al, 2020; BMJ 2021). Female HCWs are more at risk of violence than males (Adeniyi, 2021).



Many policies exist globally to tackle workplace violence in health settings. The WHO Framework Guidelines for Addressing Workplace Violence in the Health Sector is one of the most significant efforts towards curbing workplace violence against HCWs. (WHO, 2002). Locally, the South African Health Workforce Strategy 2020–2030

identifies the need to adopt preventative, occupational health and safety programs. However, the impact of these policies on the safety of healthcare workers in South Africa is minimal. There is no known national reporting system or database for violence in the healthcare sector. Much of the information on violence targeting healthcare workers in South Africa is found in media reports. Implementation of frameworks for the effective execution of global, regional, and national policies to prevent violence targeting healthcare workers are essential.

The objective of this report is to map the cases of violent acts of crime targeting healthcare workers in South Africa. Electronic media reports were analysed to show the trend in violent crime targeting medical doctors, nurses, and emergency services personnel in the government and private sectors over a period of 10 years, from 2012 to 2022.

### **3. Literature Review:**

Health workers across the world are increasingly faced with the challenge of violence perpetrated against them. Violence in the healthcare sector accounts for 25% of all global workplace violence (Njaka et al, 2020). Workplace violence is ‘the intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community, which either results in or has a high likelihood of resulting in injury, death, psychological harm, mal-development or deprivation’(WHO). Violence against HCWs takes various forms, including beating, verbal abuse, bullying, threats, harassment, shooting, stabbing, sexual abuse, robbing, intimidation, hijacking, and kidnapping. Such attacks have harmful consequences (direct and indirect) on health personnel, patients, witnesses of the violence, and the health system at large, including death, injuries, reduced work interest, job dissatisfaction, decreased retention, absenteeism, impaired work, depression, post-traumatic stress disorder, a decline of ethical values, and increased practice of defensive medicine. Violence targeting healthcare workers leads to the disruption of health service delivery, higher risk of adverse events, compromised quality of patient care, as well as the abandonment of the healthcare profession, and migration.

Predisposing factors for being violated included: sex; age; years of experience; marital status; duration of work; certain professions especially nursing, medicine, and ambulance services; working in psychiatric, emergency, and geriatric units; working a shift; number of staff on duty; marital status; drug and alcohol service areas; remote areas; urban, high crime areas; areas or institutions with insufficient resources, staff, and poor security; and an organizational culture of tolerance or acceptance of violence (Njaka et al 2020; Adeniyi, 2021). The most common perpetrators of violence in healthcare settings tend to be patients, patients’ relatives, workmates, and supervisors. Attacks by strangers are also frequently reported, notably among ambulance personnel.



There is a complex array of reasons why violence occurs in healthcare establishments. The World Medical Association notes that delays in receiving treatment, dissatisfaction with the treatment provided, and aggressive patient behaviour caused by the patient's medical condition, the medication they take, or the use of alcohol and other drugs are

common triggers of violence, as well as opposition to a specific area of medical practice, based on the perpetrator's social, political or religious beliefs (WMA statement, 2022). This is confirmed by the recent review study by SAMA which found that almost all the attacks on doctors and nurses were reprisal attacks by patients' relatives for perceived poor patient handling or negative outcome, e.g. death of a patient. The reports did not give reasons for paramedics getting attacked, however inference is made towards the intention of financial beneficiation by the perpetrators as valuables were stolen during the attacks.

Several different policy interventions exist globally and regionally, championed by global authorities such as the WHO, governments, and professional organizations to promote the safety of healthcare workers against targeted violence. The policies highlight possible interventions at the policy and advocacy levels. Some of the most eminent global and regional policies are listed in Table 1 below:

**Table 1: Global and regional policies for addressing HCW violence**

1. The WHO Framework guidelines for addressing workplace violence in the health sector
2. The Global Framework on Occupational Health for All
3. WHO Health Worker Safety Charter 2020
4. Joint Programme on Workplace Violence in the Health Sector
5. The WHO–ILO Global Framework for National Occupational Health Programmes for Health Workers
6. The 'WMA Statement on Violence in the Health Sector'
7. The European Medical Organisations' Joint Statement on Violence Against Doctors and Other Health Professionals
8. Violence Prevention and Reduction Standard (UK)
9. Enforcement Procedures and Scheduling for Occupational Exposure to Workplace Violence Guidelines for Preventing Workplace Violence for Healthcare and Social Service Workers (USA)
10. The African Regional Framework for the Implementation of the Global Strategy on Human Resources for Health: Workforce 2030
11. South Africa's Constitution
12. National Development Plan 2030 Code of Good Practice on the Prevention and Elimination of Violence and Harassment in the Workplace (South Africa)
13. Integrated Crime and Violence Prevention Strategy (South Africa)
14. Integrated Violence Prevention Policy Framework (Western Cape, South Africa)
15. South African Medical Association safety guidelines for medical practitioners



#### 4. Findings from the mapping electronic media reports on violent crimes targeting healthcare workers:

Of the 45 electronic media reports examined in the SAMA scoping review, 20 were medical doctors, 18 were paramedics, and 7 were nurses. In cases reporting the victim's gender (n=25), more females

attacked (14/25) than males (11/14). Gender and age were hardly mentioned in the paramedic reports. The only 9 doctor and nurse reports revealed the victims' ages, which were between 24 and 62 years. The distribution of cases by occupation, gender and age is shown in table 1 below. Incidents of violence were reported in every province, but mostly in Gauteng (18/45). For paramedics, the Western Cape had the most cases of violence targeting healthcare workers (Table 5). The study found a rising trend in violence targeting these three categories of HCWS in South Africa over the 10-year period 2012-2022 (Fig 1 and Fig 2).

**Table 1: baseline characteristics**

	Doctors	Nurses	EMS	Total
No. of cases	20	7	18	45
<b>Gender</b>				
Male	11	unspecified	unspecified	11
Female	9	5	unspecified	14
<b>Ages</b>				
20-30	2	-	-	2
31-40	2	-	-	2
41-50	1	-	-	1
51-55	1	1	-	2
>55	2	-	-	2

There were 8 murders in the examined media reports, with 6 of the deaths (or 75%) occurring among doctors (Table 2). One nurse and one paramedic were murdered. There was one rape of a nurse and two attempted rapes of doctors.

**Table 2: Aspects of violence according to profession**

	Doctors Count	Nurses Count	EMS Count	Total
Murders	6	1	1	8
Police cases	8	3	6	17
Prosecutions	1	0	1	2

The violence took many forms (Table 3), namely beating, shooting, stabbing, robbing, verbal assault, kidnapping, hijacking, threats, attack on an ambulance, rape, attempted murder, attempted rape, and strangulation. Guns were the most common weapons used in the attacks. Robbery of personal and professional belongings was the most common act of violence against paramedics.



**Table 3: Forms of violence by profession**

Doctors	Nurses	EMS
<ul style="list-style-type: none"> <li>• Gunshot</li> <li>• Rape</li> <li>• Hijack</li> <li>• Robbery</li> <li>• Kidnapping</li> <li>• Kicking</li> <li>• Swearing</li> <li>• Attempted rape</li> <li>• Stabbed</li> <li>• Arrested</li> </ul>	<ul style="list-style-type: none"> <li>• Beating</li> <li>• Murder</li> <li>• Rape</li> <li>• Strangulation</li> <li>• Death threat</li> <li>• Punched</li> <li>• Kicked</li> <li>• Bashed on wall</li> <li>• Insulted</li> <li>• Hit with iron object</li> </ul>	<ul style="list-style-type: none"> <li>• Robbery</li> <li>• Hijack</li> <li>• Shot dead</li> <li>• Ambulance stoned</li> <li>• Ambulance keys taken</li> <li>• Held hostage</li> <li>• Injured</li> <li>• stabbed</li> </ul>

Most violence (20/24 cases) occurred in state facilities at sites such as wards, staff quarters, and parking lot). Of the 4 attacks in the private sector, 3 took place in doctors' surgeries. Among the paramedics, most attacks occurred while the crew attended to an emergency or accident scene. Perpetrators of attacks on paramedics were all strangers, while attackers of doctors and nurses were mainly strangers (15/27), followed by patients (5/27) and patients' relatives (4/27).

**Table 4: Sites of attack by profession**

Doctors	Nurses	EMS
<ul style="list-style-type: none"> <li>• Own surgery</li> <li>• Hospital</li> <li>• Home</li> <li>• Clinic</li> <li>• Hospital residence</li> <li>• Hospital parking</li> </ul>	<ul style="list-style-type: none"> <li>• hospital</li> <li>• clinic</li> </ul>	<ul style="list-style-type: none"> <li>• emergency site</li> <li>• en route to site</li> <li>• informal settlement</li> <li>• children's home</li> <li>• EMS base</li> </ul>



**Table 5: Distribution of cases by Province**

Province	No. of cases		
	<i>Drs</i>	<i>Nurses</i>	<i>EMS</i>
Gauteng	6	5	7
Mpumalanga	2	0	1
Limpopo	3	1	0
WC	1	0	7
NC	2	0	0
EC	0	1	0
NW	0	0	1
KZN	3	0	2
FS	3	0	0
<b>Total</b>	<b>20</b>	<b>7</b>	<b>18</b>

Our study found that the reason for the violence was commonly not cited. However, where such data were available, our data revealed that the greatest trigger for the violence against doctors was perceived poor patient management or outcome. Paramedics were attacked for the purposes of robbing them of personal and work belongings. Of all the 45 media reports examined, only 17 arrests (38%) were reported, with only 2 resulting in successful prosecution (Table 2).

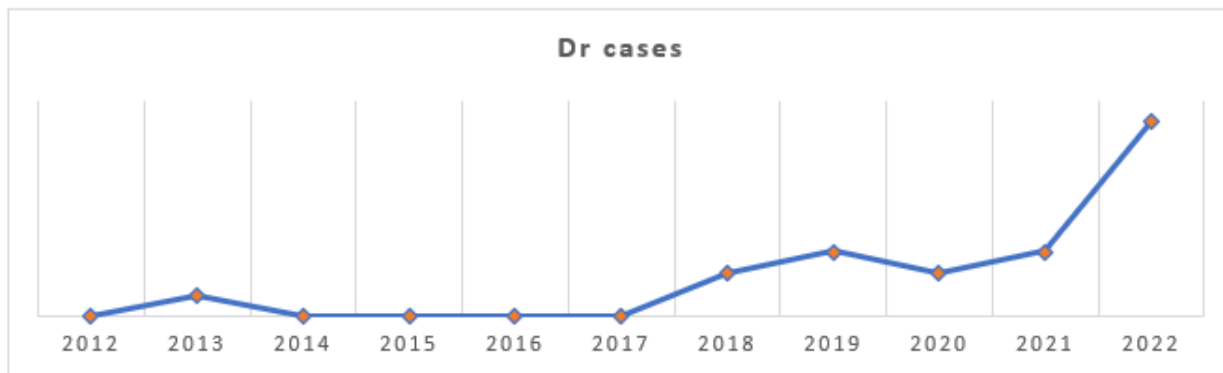


Figure 1: Cases of violence against Drs over a 10-year period, South Africa

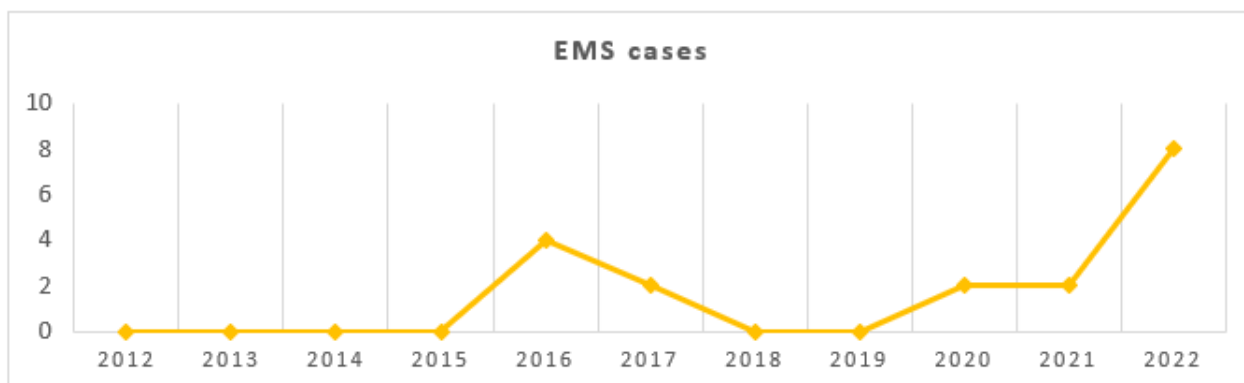


Figure 3: Cases of violence against EMS personnel over a 10-year period, South Africa



## 5. Legal and Ethical Considerations

The Universal Declaration of Human Rights, as well as the South African Constitution and the National Development Plan 2030 are key examples of legal instruments that frame individual safety as a core human right, and place responsibility on the Government to ensure a safe working

environment for workers including HCWs. When certain sub-populations become more vulnerable to having specific rights violated, the government must make legislative and policy measures to preserve the rights of those groups or individuals. Legislative and policy amendments to comply with the constitutional provisions on the right to safety must be considered. These amendments could include harsher sentences for perpetrators, the use of the special investigative unit and intelligence services to investigate cases related to violence targeting healthcare workers and a policy mandating the management of a register of cases of violence against healthcare workers.

The South African Medical Association's safety guidelines for medical professionals allude to a doctor's right to refuse care when in danger. In the wake of escalating health workplace violence, some unions in South Africa have threatened to withdraw paramedic services from Western Cape 'red zones' amidst rampant attacks on ambulance crews in that province. The need for healthcare workers to prioritise their own safety creates an ethical dilemma in which a choice must be made between the healthcare worker's rights to safety, health and to live and those of the patient's rights to the same.

## 6. Prevention and Response Strategies

Global, local, and regional policies and frameworks, describe a mix of prevention and response strategies to mitigate the risk of violence against healthcare professionals, including best practices and evidence-based interventions. The Positive Practice Environment (PPE) campaign by SAMA and the Democratic Nursing Organisation of South Africa (DENOSA) advocate for a supportive environment that makes health care safe. Response strategies against violence can theoretically be grouped at three levels as follows: individual level responses; system or institutional level responses; and broader structural or societal level responses.

A multi-stakeholder analysis of the status of these responses in South Africa is required to develop policies and strategies to enhance the effectiveness of existing responses and to fill in response gaps that could exist.

## 7. Recommendations

Examination of available global, regional policies and guidelines reveals a core set of recommendations made for governments, policymakers and healthcare organizations to prevent and respond to violence against healthcare professionals effectively. A multi-stakeholder appraisal of the implementation of these policies and guidelines is needed to benchmark their implementation status. Considerations also need to be made of additional legislative and policy interventions that are needed protect healthcare workers from





targeted violence. Safety policy implementation frameworks and best practices including registers where targeted attacks against HCWs are registered. Targeted Violence against healthcare workers outcomes could also be included in the Department of Health's Program Implementation Plans (PIP) and similar documents in professional

bodies that represent HCW.

## 8. Conclusion

This SAMA review study on violence against three categories of healthcare workers (doctors, nurses, and paramedics) reveals the nature and extent of violence against healthcare workers and records a rise over the past decade (2012 -2022), mainly in the public sector. The study reveals that these three professions are subject to all forms of violence by patients and their relatives. Nearly all attackers of paramedics were strangers. Health workers are subjected to violence in the workplace, at various sites such as private surgery rooms, parking wards, parking lots, and hospital residences, among others. Reasons for attacks centred around unmet expectations from family members of the patient, namely perceived poor care or demise of the patient as well as crime aimed at financial beneficiation. Perpetrators of attacks against paramedics were seeking financial beneficiation from the stealing of valuables from their victims. The study findings make a case for the implementation of evidence-based policies and practical interventions for the health sector, noting that these interventions must include a multisectoral, multi-stakeholder approach that goes beyond the health sector.

## 9

### Bibliography

- [1] Njaka S, "Work place violence (WPV) against healthcare workers in Africa: A," *Heliyon*, vol. 6, no. 9, 2020.
- [2] Mento, "Workplace violence against healthcare professionals: A systematic review," *Aggression and Violent Behavior*, vol. 51, 2020.
- [3] Lancet, "Violence against health workers rises during COVID-19," *Lancet*, vol. 400, 2022.
- [4] Vento, "Violence Against Healthcare: A worldwide phenomenon with serious consequences," *Front. Public Health*, 2020.
- [5] B. e. al, "Predictors of violence against health professionals during the COVID-19 pandemic in Brazil: A crosssectional study," *PLoS ONE*, vol. 16, no. 6, 2021.



- [6] G. J. A. M. Shahjalal M, "Workplace Violence Among Health Care Professionals in Public and Private Health Facilities in Bangladesh," *Int J Public Health*, vol. 66, 2021.
- [7] WHO, "Framework Guidelines for Addressing Workplace Violence in the Health Sector.," 2002.
- [8] Adeniyi, "Management approach of patients with violent and aggressive behaviour in a district hospital setting in South Africa," *S Afr Fam Pract.*, vol. 63, no. 1, 2021.
- [9] Alsaleem, "Violence towards healthcare workers: : A study conducted in Abha City, Saudi Arabia.," *J Fam Community Med*, vol. 25, 2018.
- [10] Kumari, "Workplace violence against doctors: characteristics, risk factors, and mitigation strategies," vol. 66, pp. 149-54., 2020.
- [11] BMJ, "Covid-19 and laws for workplace violence in healthcare," *BMJ*, vol. 375, 2021.
- [12] News24, "Killing of Dr Abdulhay Munshi is 'outrageous and deplorable' – SAMA," News24, 17 Spt 2020. [Online]. Available: <https://www.news24.com/news24/southafrica/news/killing-of-dr-abdulhay-munshi-is-outrageous-and-deplorable-sama-20200917>. [Accessed 2022].
- [13] Timeslive, "Union threatens to remove staff after nurse attacked by patient at Gauteng hospital," Timeslive, 18 Sept 2019. [Online]. Available: <https://www.timeslive.co.za/news/south-africa/2019-09-18-union-threatens-to-remove-staff-after-nurse-attacked-by-patient-at-gauteng-hospital/>.
- [14] WHO, "Workplace violence in the health sector: Country Case Study: South Africa," WHO, Geneva, 2003.
- [15] DailyMaverick, "Call for increased security at Western Cape healthcare facilities after spate of attacks," 3 May 2022. [Online]. Available: <https://www.dailymaverick.co.za/article/2022-05-03-call-for-increased-security-at-western-cape-healthcare-facilities-after-spate-of-attacks/>.
- [16] WMA, "WMA statement on workplace violence in the health sector," WMA, 2022.



[17] WHO, "Violence, health and sustainable development," [Online]. Available: [https://www.euro.who.int/\\_\\_data/assets/pdf\\_file/0006/430854/InterpersonalViolenceAcrossTheLife-Course-eng.pdf](https://www.euro.who.int/__data/assets/pdf_file/0006/430854/InterpersonalViolenceAcrossTheLife-Course-eng.pdf).

[18] WHO, "World Health Organisation. World report on violence and health: summary.," 2002. [Online].

[19] Spelten, "Workplace violence against emergency health care workers: What Strategies do Workers use?," *BMC Emergency Medicine*, vol. 22, no. 78, 2022.

[20] Hasan, "Iceberg of workplace violence in health sector of Bangladesh," *BMC Res Notes*, vol. 11, no. 702, 2018.

[21] SAMA, "Safety guidelines for medical practitioners: violence against practitioners by patients or non patients whilst in the execution of their professional duties.," SAMA, [Online]. Available: <https://samedical.org/images/attachments/guideline-for-medical-practitioners-safety-in-the-workplace-013.pdf>.

[22] DENOSA, "Positive Practice Environment (PPE): Concept Document 2013-2015," DENOSA, [Online]. Available: <https://www.denosa.org.za/Campaigns.php?id=336>.

[23] WHO, "Health in All Policies: Report on perspectives and intersectoral actions in the African Region," 2013. [Online]. Available: <https://www.afro.who.int/sites/default/files/2017-06/hiap-report-africa-region.pdf>.

[24] Hasan, "Iceberg of workplace violence in health sector of Bangladesh," *BMC Res Notes*, vol. 11, no. 702, 2018.

[25] Okeke, "Perceptions of health care professionals on the safety and security at Odi District Hospital, Gauteng, South Africa," *African Journal of Primary Health Care & Family Medicine*, pp. 2071-2928, 2017.

[26] B. e. al, "Paramedics, poetry, and film: health policy and systems research at the intersection of theory, art, and practice," *Human Resources for Health*, vol. 17, no. 64, 2019.

[27] Bitencourt, "Predictors of violence against health professionals during the COVID-19 pandemic in Brazil: A crosssectional study," *PLoS ONE*, vol. 16, no. 6, 2021.



[28] W. C. Department, "Media Release: EMS responds to 103 incidents in red zone areas," Western Cape Department, 13 March 2020. [Online]. Available: <https://www.westerncape.gov.za/news/media-release-ems-responds-103-incidents-red-zone-areas>.

[29] IOL, "Attacks on paramedics have more than tripled," IOL, 13 December 2020. [Online]. Available: <https://www.iol.co.za/weekend-argus/news/attacks-on-paramedics-have-more-than-tripled-2f274464-9949-4599-b80b-5aa3a546aabb>.

[30] WHO, "The Global Strategy on Human Resources for Health: Workforce 2030," WHO, 2016. [Online]. Available: <https://apps.who.int/iris/bitstream/handle/10665/250368/9789241511131-eng.pdf>.

[31] WHPA, "Stand up for Positive Practice Environments," WHPA, [Online]. Available: <https://www.whpa.org/activities/positive-practice-environments>.

[32] T. Presidency, "The Presidential Health Compact 2018," The Presidency, 2018. [Online]. Available: <https://www.thepresidency.gov.za/content/presidential-health-compact>.

[33] NDOH, "2030 Human Resources for Health Strategic Plan 2030," NDOH, 2020. [Online]. Available: <https://www.spotlightnsp.co.za/wp-content/uploads/2020/08/2030-HRH-strategy-19-3-2020.pdf>.

[34] Khoshknab, M; Oskouie, F; Najafi, F; Ghazanfari, N; Tamizi, Z ; and Afshani, S; 2016. Physical violence against health care workers: A nationwide study from Iran. *Iran J Nurs Midwifery Res.* 21(3): 232–238.

[35] WHO. Violence against Health Workers.