

# Protecting health professionals from workplace violence in the context of COVID-19 epidemic

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Dear Editor,

As doctors working in the clinical front line, we read the article 'Rebooting effective clinical supervision practices to support healthcare workers through and following the corona virus 2019 (COVID-19) pandemic' [1] with great interest. This article emphasizes the important point that effective professional support and clinical management mechanisms can support medical staff in challenging times (e.g. during the coronavirus pandemic), including enhancing mental health at work, reducing burnout and improving job satisfaction [1]. Existing research [2] shows that during the COVID-19 epidemic, due to the heavy workload and insufficient medical resources, workplace violence (WPV) against health workers became more serious, which made health professionals vulnerable to high mental stress. These mishaps could also make health professionals frustrated at their duty posts and promote the intention of quitting their profession [2]. WPV is the main occupational hazard faced by health professionals all over the world. Therefore, it is urgent to find effective measures to help prevent medical WPV, so as to improve the quality of the healthcare system and the safety of health professionals.

First of all, the management of hospitals should develop communication strategies through which information on delays in service provision during long waiting times are properly communicated to patients and their relatives. Second, hospitals should provide enough staff to reduce the weekly working hours of individual medical staff or make education and training plans to help medical staff better manage WPV [3, 4]. Third, sanctions should be imposed on all those who commit violence against health professionals, because this will act as a deterrent to others [2]. Fourth, interpersonal support should be promoted in professional groups. Fifth, it may also be beneficial to raise public awareness of the negative impact of WPV on health professionals through mass media publicity and implement appropriate legislation and policies (for example, encouraging staff to report violent incidents in time) [4]. Finally, the improvement of the working environment and organizations could lower distress levels among health professionals and solve the conditions that may promote WPV against health professionals.

Experience has told us that there is no single strategy to solve this problem due to the complexity of hospital violence [5]. Only by coordinating the implementation of structural, organizational and individual interventions, preferably participatory interventions, can effective results be achieved. We need to be prepared to promote the safety of health professionals in future global emergencies. In short, medical WPV deserves continuous dialogue and careful examination.

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## Authors' contributions

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