RESEARCH SNAPSHOT

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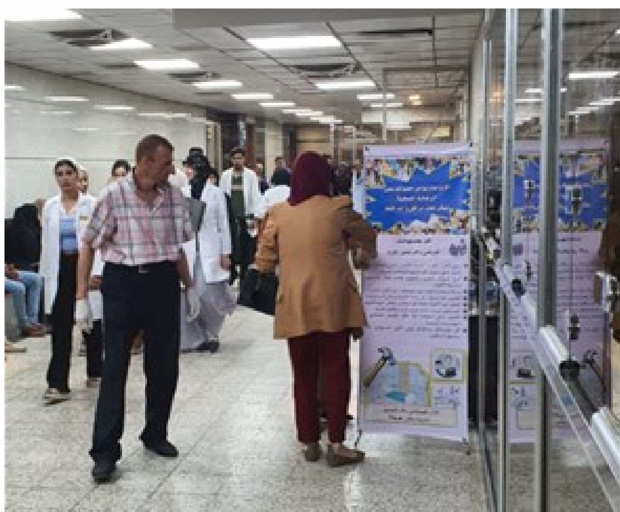
Testing interventions to address violence against health care workers

This study was conducted in South Kivu (Democratic Republic of the Congo) and Baghdad (Iraq). It explored whether workforce-level interventions, like a co-developed Code of Conduct (CC) to strengthen respectful norms, and individual de-escalation training (IT) to improve responses to aggression, could reduce violence and improve safety of healthcare workers (HCW) in health facilities.

Stronger health systems and context-specific interventions are needed

Findings showed that the CC reduced verbal and physical violence, particularly in Iraq, with sustained effects over time. In contrast, individual de-escalation training showed only short-term gains. Impact varied across settings and over time, suggesting interventions should be tailored to local dynamics and integrated into routine practice, with refresher training. While facility-level tools like the CC can shift behaviours and norms, broader systems strengthening and additional support are needed to address HCW burnout and trauma.



A visitor stops to read a publicly displayed Code of Conduct in a Baghdad hospital. Photo credit: Professor Riyadh K Lafta.

Background

Violence against HCW from patients, attendants, and colleagues, impacts staff safety, service quality, and community trust. Evidence on effective violence reduction interventions is limited. This study aimed to investigate the triggers of violence against HCWs in each setting and tested two interventions targeting different levels of the health system: a facility-level Code of Conduct (CC), co-developed with HCWs and community stakeholders, and a de-escalation training (IT) to strengthen individual HCWs' skills in managing violence.

How the research was conducted

This mixed-methods study first explored the triggers and drivers of violence against HCWs and then tested the two interventions across 33 rural facilities and 12 hospitals. Data from 367 health workers, collected via surveys and incident logs, assessed changes in violence exposure, burnout, and PTSD symptoms.

Key findings

- Violence was widespread at baseline. 96% of DRC HCWs and 65% of Iraqi doctors reported verbal abuse; ~11% reported physical violence in both settings. Reports of sexual violence and financial misconduct were present but less frequent.
- Perpetrators varied: in Iraq, violence came from patients and their relatives; in DRC, colleagues were also frequent perpetrators.
- Drivers of violence were at system and interpersonal levels. In Iraq, they included public mistrust, lack of institutional protection, poor communication, and absence of visitor rules. In DRC, drivers were hierarchical tensions, weak supervision, confidentiality breaches, and long wait times. These informed the CC in both settings.
- CC-only intervention had the most consistent and durable impact in Iraq, and significantly reduced verbal and physical abuse in DRC.
- IT-only showed short-term improvements in both countries, but effects weakened over time.
- Combining CC+IT did not enhance outcomes and may have diluted impact, especially in Iraq.
- Burnout and PTSD was high in both settings. Burnout decreased most with the Iraq CC-only intervention, but there was no impact on PTSD.

Implications for humanitarian practitioners and policymakers

The study demonstrates that addressing workplace violence is not only about protecting individuals, but also about strengthening health system structures - from workforce protection and facility governance to quality service delivery and community trust.

Participatory and contextualised interventions like facility-level codes of conduct and individual-level de-escalation training can serve as practical tools for integrating violence prevention into routine health system functions, especially in settings where health systems are already under pressure.

For humanitarian and health actors in fragile settings, these findings highlight the need to invest in health system resilience by institutionalising violence prevention strategies that respond to local drivers and reinforce accountability and trust.

Recommendations for future research

Further research is needed to understand how to sustain and institutionalise the effects of the Code of Conduct and de-escalation training. This includes testing booster sessions, refresher modules, or policy integration, and identifying legal, managerial, and system conditions that support uptake and long-term behavioural change in diverse health settings.

About the study team

The research was a collaboration between the Swiss Tropical and Public Health Institute (SwissTPH), the Catholic University of Bukavu (UCB), the Al-Mustansiriya University and the International Committee of the Red Cross (ICRC) Health Care in Danger Initiative (HCiD).

The Principal Investigators were Sonja Merten (Swiss TPH) and Ghislain Bisimwa (UCB).

Keywords

Democratic republic of Congo, DRC, Iraq, Baghdad, health care workers, junior doctors, workplace violence, de-escalation of violence training, code of conduct, humanitarian response, burnout, PTSD

Articles and further reading

More information can be accessed from the following pages.

- Elrha project page: https://www.elrha.org/projects/reducing-violence-against-health-care-in-drc-and-iraq-via-citizen-science-and-de-escalation-trainings
- Swiss TPH project page: https://www.swisstph.ch/en/projects/project-detail/project/violence-against-health-care-workers-understanding-context-through-citizen-science-and-measuring-a-de-escalation-training-intervention-effectiveness-in-eastern-drc-and-iraq

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http://www.elrha.org/programme/research-for-health-in-humanitarian-crises/