**Supplemental material**

Table S1. Country case Brazil

|  |  |
| --- | --- |
| **Item** | **Brazil** |
| Country profile |  |
| Government/leader | * Jair Bolsonaro as president in a conservative extreme right-wing coalition
 |
| Funding | * Mainly by national taxes supplanted by some private insurance
 |
| Provision | * Universal Health System (SUS), public, free and universal service provision, underfunded
 |
| Total health expenditure  | * % GDP\*: 9.6
 |
| HCWF density\* practicing per 1000 | * Physicians: 2.15; Nurses: 1.55 (10.1)#;; Care personnel: n.a.
 |
| COVID-19 epidemiology  | * Cumulative deaths per million until February 2023: 3,240.05
 |
| COVID-19 policy | * Decentralised with denialism at the federal level; policies implemented locally by governors and majors.
* Moderate lockdown/ local decisions.
* Lack of funding; vaccines applied only after pressure over the President.
 |
| Data availability |
| Accessible data | * Few studies from associations and HCW unions, occasionally published.
* Data overall very poor.
 |
| Monitoring availability for COVID-19 pandemic period | * No monitoring policies and national data.
* Occasionally data and research are collected by unions and association, with a focus on nurses.
* Poor evidence of trends during COVID-19.
 |
| Policy and actors |
| Public debate and media | * The president supported attacks against HCWs during the Covid-19 pandemic, with some public statements.
* The media criticised the President and supported HCWs.
* Media attention to cases of violence, mainly in 2020.
 |
| Political radar  | * No national police reporting.
* Unions and associations called to action, but no government attention.
* A specific event got strong media attention in support of nurses: a Bolsonaro supporter acted violently against nurses who demonstrated for support in front of the Congress; the President did not condemned the attack.
 |
| Health policy, action and future plans | * Not on the agenda of the Bolsonaro government.
* Some efforts from unions and professional associations.
 |
| Legal action | * No specific action.
* Violence against HCWs is legally considered as any other kind of violence and follows the same procedures.
 |
| Professional associations | * Nurses develop monitoring and campaigns, and launch media reports.
* No specific action taken by doctors.
 |
| Key actors engaged in the debate | * Unions and professional associations and the media.
 |
| Substance of the debate and action |
| What groups of HCWs are addressed? | * No government action.
* Media highlights attacks mainly against nurses, after an attack in front of the congress, but also doctors are also mentioned.
 |
| Is it connected to COVID-19? | * Bolsonaro stimulated violence against HCWs as he denied the COVID crisis, supported the use of non-scientific proved medicine, and criticised HCWs engaged in pandemic protection.
* Some situations of violence were reported by the national media.
 |
| Is gender-based and sexual violence addressed?  | * Usually no.
 |
| Is racialised violence addressed? | * Usually no.
 |
| Is the political dimension addressed? | * Usually no.
* The political sphere stimulated violence through public speeches denying the pandemic, and criticising HCWs who were fighting the pandemic and/or did not agree to distribute medicine with no scientific evidence (e.g. Chloroquine).
 |

Source: authors’ own table

**\*** OECD, 2023; data refer to 2021 or latest available year

# Methodological differences concerning nurses; Brazilian government data are much higher than OECD data

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Table S2. Country case Germany

|  |  |
| --- | --- |
| **Item** | **Germany** |
| Country profile |
| Government/leader | * Angela Merkel, coalition government led by Conservatives until October 2021; since then, Olaf Scholz, coalition of social democrats/ Green/ liberals.
 |
| Funding | * Mainly employer-employee contributions, supplemented by little taxation and private contributions
 |
| Provision | * Social health insurance (SHI) system; well-resourced hospital and primary care sectors
 |
| Total health expenditure \* | * % GDP: 12.8\*
 |
| HCWF density\* practicing per 1000 | * Physicians: 4.53; Nurses: 12.06; Care personnel: 7.57
 |
| COVID-19 epidemiology | * Cumulative deaths per million until February 2023: 1,997.44
 |
| COVID-19 policy | * Decentralised and multi-stakeholder based, with some centralised action.
* Moderate to strong lockdown and social distancing policies.
* Public funding to mitigate social effects; vaccines available and easy accessible.
 |
| Data availability |
| Accessible data | * Few surveys from associations. Police statistics occasionally published. Data are poor.
 |
| Monitoring availability for COVID-19 pandemic period | * No monitoring policies but action through revision of policy statistics.
* Police statistics available; since 1 January 2022 they include attacks against HCWs reported to the policy; attacks may also be registered in a specific category ‘politically motivated’ criminal offenses (e.g. those related the radical right.
* Poor evidence of trends during COVID-19.
 |
| Policy and actors |
| Public debate and media | * Media attention, some reports, some social media action.
* Recent government attention after the New Year’s Eve attacks on HCWs; the current Chancellor condemned the attacks; the previous Minister of Health called for legal action.
* Immediately after the New Year’s Eve attacks, some connection to racialised populist migration policy concerning the offenders but do continuing trend.
 |
| Political radar  | * Medical Profession General Assembly May 2022 called on Länder (regional) governments to establish centralised register systems to monitor attacks against emergency and medical staff.
* Some statements by the medical profession and hospital society.
* Some statements by the Länder governments that are responsible for hospitals and some other services.
* Few activities by the nursing associations, but calls on employers to improve occupational safety.
 |
| Health policy, action and future plans | * Some plans to improve protection of HCWs.
* Some plans to protect HCWs providing abortion services.
* Trade associations improved reporting and called on government to take action.
* Many hospitals, some emergency care services, and office-based physicians scaled-up or introduced private security services.
* Health policy shifts responsibility to the hospital level.
* Hospital pilot projects, e.g. training HCWs with the policy, establishing silent alarms.
 |
| Legal action | * Since 1 January 2022, attacks against staff members, organisations and cars belonging to the healthcare system are registered separately in the police statistic.
 |
| Professional associations | * The medical profession addresses the problem and strongly calls on governments to take action.
* Little efforts by the nursing profession and the Unions.
 |
| Actors engaged in the violence debate | * Medical profession and the media are major actors.
* Some action by the hospital society, paramedics, and emergency services.
 |
| Substance of the debate and action |
| What groups of HCWs are addressed? | * All groups, but particular focus on emergency and frontline HCWs including GPs and parademics, sometimes connected to vaccination provision.
* Media debate is mainly focused on doctors, emergency staff and paramedics but some reports on nurses.
 |
| Is violence connected to COVID-19? | * Some linkage to lockdown policies and social distancing measures.
* Some connection to vaccination provision.
 |
| Is gender-based and sexual violence addressed?  | * Usually no.
* Sensitivity has improved but the discourse is rarely connected to violence against HCWs.
* Some connection to the attacks against abortion services.
* Few reports mention sexual violence against nurses.
 |
| Is racialised violence addressed? | * Mostly no.
* A racialised discourse emerged concerning the offenders, which is linked to the refugee debate and primarily targeting young Arab/ Muslim men.
 |
| Is the political dimension addressed? | * Occasionally connected to radical right-wing movements and antivaxxers.
* Some connection to the radical anti-abortion movement.
* Some connection to HCW shortages and high stress and workload during COVID.
 |

Source: authors’ own table

**\*** OECD, 2023; data refer to 2021 or latest available year

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Table S3. Country case New Zealand

|  |  |
| --- | --- |
| **Item** | **New Zealand** |
| Country profile |
| Government/leader | * Jacinda Ardern, Labour party-led coalition until October 2020, then single party majority.
 |
| Funding | * Mainly taxation supplemented by 14% out of pocket and 5% private insurance.
 |
| Provision | * Hospitals publicly owned, primary care predominantly private, small business, 2010-18 decade of significant underfunding.
 |
| Total health expenditure  | * % GDP\*: 9.7
 |
| HCWF density\* practicing per 1000 | * Physicians: 3.53; Nurses: 10.91; Care personnel: n.a.
 |
| COVID-19 epidemiology  | * Cumulative deaths per million until February 2023: 482.52
 |
| COVID-19 policy | * Strongly centralized.
* Strong lockdowns nationally in 2020 and regionally in 2021.
* Successful vaccination policy, except for inequitable rollout of vaccines.
 |
| Data availability |
| Accessible data | * Only pre-COVID nationwide data.
* Some data obtained from occasional Official Information Act requests.
* Some local data from Canterbury and West Coast.
 |
| Monitoring availability for COVID-19 pandemic period | * No monitoring procedures for reporting data.
* Some data provided in response to Official Information Act requests from Nurses Union and media outlets.
* Poor evidence of trends during COVID; Nurses Union doubts accuracy of official data.
 |
| Policy and actors |
| Public debate and media | * Numerous reports, mostly local news outlets.
* Media reports mostly pre-COVID or related to data collected prior to 2020.
* Worbksafe report.
 |
| Political radar  | * New Zealand Nurses Organisation report.
 |
| Health policy, action and future plans | * Decentralised responses, District Health Board responsibility – prior to their centralisation in July 2022.
 |
| Legal action | * No specific action.
 |
| Professional associations | * New Zealand Nurses Organisation is active in raising the issue.
* New Zealand Medical Association and Resident Doctors Association.
 |
| Key actors engaged in the debate? | * Nurses organisations, junior doctors union, public service union, District Health Boards.
 |
| The substance of the debate and action |
| What groups of HCWs are addressed? | * Nurses.
* Emergency department staff.
* Mental health units.
 |
| Is it connected to COVID-19? | * Some media linkage of increased violence to COVID restrictions.
* Linkages mainly noted in 2022, during Omicron wave, and attributed to public fatigue and frustration with COVID restrictions, e.g. to hospital visitors.
 |
| Is gender-based and sexual violence addressed?  | * Not explicitly.
* Some reports mention sexual violence against nurses.
 |
| Is racialised violence addressed? | * Not defined as an aspect of the problem.
 |
| Is the political dimension addressed? | * No, but occasionally pre-COVID structural deficits of the healthcare system were mentioned, like underfunding and understaffing
 |

Source: authors’ own table

**\*** OECD, 2023; data refer to 2021 or latest available year

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Table S4. Country case United Kingdom

|  |  |
| --- | --- |
| **Item** | **United Kingdom** |
| Country profile |
| Government/leader | * Boris Johnson, Prime Minister for the conservative party from 2019-2022, prominent figure in the successful Vote Leave campaign for Brexit in the 2016 European Union. (EU) membership referendum.
 |
| Funding | * General taxation supplemented by National Insurance contributions (NICs).
 |
| Provision | * NHS system, massively underfunded.
 |
| Total health expenditure  | * % GDP\*: 11.9
 |
| HCWF density\* practicing per 1000 | * Physicians: 3.18; Nurses: 8.68; Care personnel: 18.47
 |
| COVID-19 epidemiology | * Cumulative deaths per million until February 2023: 3,212.72
 |
| COVID-19 policy | * Strongly decentralised and multi-stakeholder based.
* Moderate to strong lockdown and social distancing policies; public funding to mitigate social effects; vaccines available and easy accessible.
 |
| Data availability |
| Accessible data | * Some studies; a 2021 NHS staff survey of almost 600,000 responses from 220 NHS trusts.
* Government plans for violence and abuse data from across the NHS to be reported nationally based on 2018 Assaults on Emergency Workers (Offences) Act (Department of Health and Social Care.
 |
| Monitoring availability for COVID-19 pandemic period | * No monitoring policies.
* Pre-COVID data available; national data collection on NHS staff disbanded in 2016; but data available on the ambulance sector.
* Poor evidence of trends during COVID-19; YouGov 2022 reported significant rise in recent years.
 |
| Policy and actors |
| Public debate and media | * NHS staff survey 2021 does not report evidence of an increase in attacks.
* Media reports mostly pre-COVID.
* 2022 media reports suggest that health professionals, specifically paramedics are being attacked every hour due to slow response times.
* Assaults on NHS staff in Scotland have increased by 34% since 2019.
 |
| Political radar  | * 2021 [National Violence Prevention and Reduction Standard](https://www.england.nhs.uk/publication/violence-prevention-and-reduction-standard/).
* Spring 2022 campaign #WorkWithoutFear.
 |
| Health policy, action and future plans | * NHS England are working with NHS trusts to establish a consistent, coherent approach to inform evidence-based solutions for collecting data on violence, with an aim to improve data collection across all trusts and analyse data fields to ensure alignments to the NHS Violence Prevention and Reduction Standard.
* Open source, desk-top exercise to explore what data, evidence and research are available; focus on incidents against NHS staff, causation, themes and trends, and sectors and staff groups most at risk.
* People Plan for 2020/21 to explore ways to protect NHS workers and deliver a safe and inclusive working environment.
 |
| Legal action | * No specific action during COVID-19, but pre-COVID.
* 2018 zero-tolerance approach aims to protect the NHS workforce against deliberate violence and aggression from patients, their families and the public, and to ensure offenders are punished quickly and effectively.
* Assaults on Emergency Workers (Offences) Act 2018.
 |
| Professional associations | * NHS.
* British Medical Association.
 |
| Key actors engaged in the debate? | * NHS, doctors, nurses associations, hospitals, paramedics, the media.
 |
| Substance of the debate and action |
| What groups of HCWs are addressed? | * All groups, but particular focus on doctors, nurses, and paramedics.
 |
| Is it violence discourse connected to COVID-19? | * Usually no explicit connection as violence was an issue pre-COVID, e.g. due to long waiting hours and underfunding.
* Evidence that attacks are still present during COVID, yet controversial evidence concerning an increase.
 |
| Is gender-based and sexual violence addressed?  | * Not explicitly addressed.
 |
| Is racialised violence addressed? | * Ethnicity was the most common characteristic associated with harassment and discrimination from patients in primary care.
 |
| Is the political dimension addressed? | * No explicit connection to the Johnson government and/or Brexit, as understaffing and underfunding have been major problems of the NHS pre-COVID since years.
 |

Source: authors’ own table

**\*** OECD, 2023; data refer to 2021 or latest available year

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