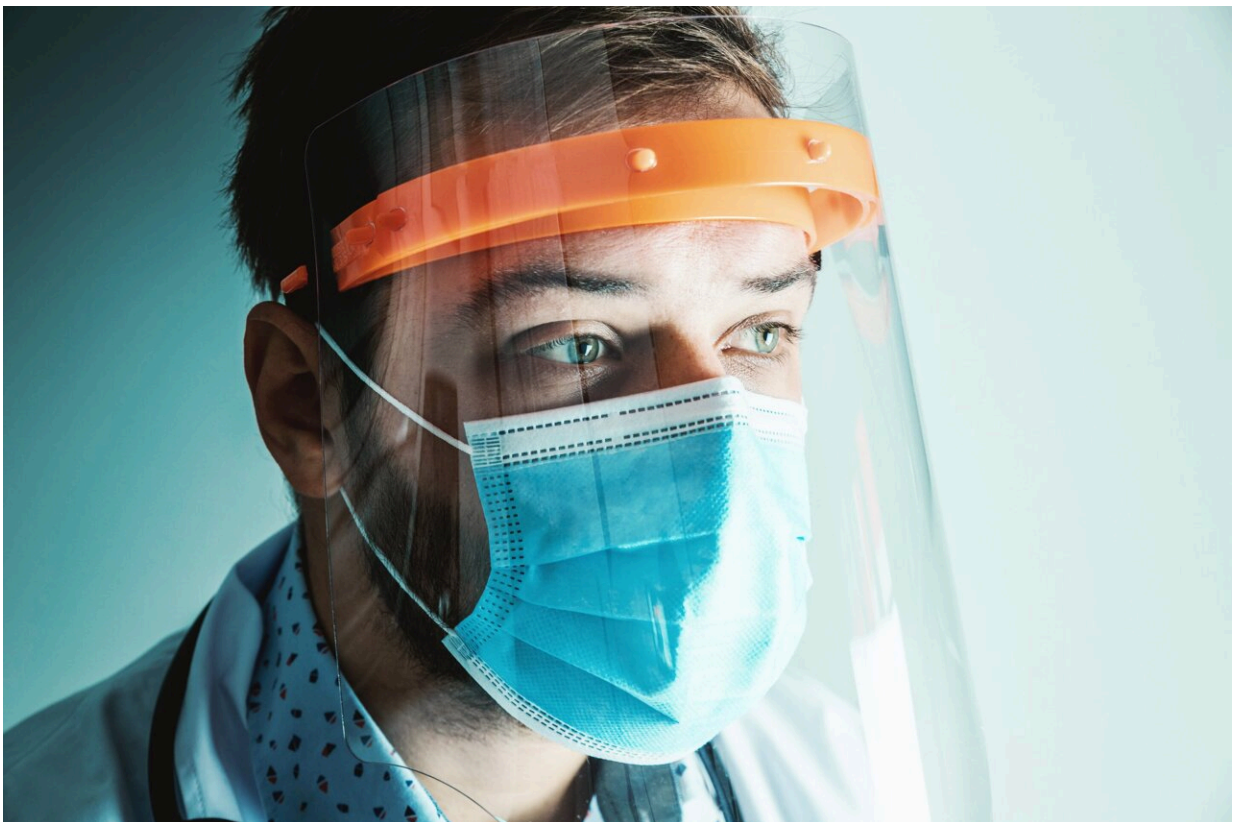


# One in three US public health workers reports feeling threatened by the public while working during pandemic

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A new study in the *American Journal of Preventive Medicine* documents the record levels of non-physical violence directed at public health

workers on the frontlines of the COVID-19 response and the impact of the public anger and aggression on these workers' mental health. While the pandemic's effects on healthcare and other frontline workers are well documented, this study is one of the first to explore its impact on the public health workforce, an occupation that has not historically been at risk for workplace violence. Researchers found that one out of three public health workers surveyed had experienced at least one form of workplace violence.

"The negative effects of the COVID-19 pandemic on workers have been documented and the research on psychological impacts is building," said Hope Tiesman, Ph.D., Research Epidemiologist with the Division of Safety Research at the National Institute for Occupational Safety and Health (NIOSH), Morgantown, WV, U.S., and lead author of the study.

"Public [health](#) workers do the important work of disseminating information and services to the public; making sure their health and well-being are addressed in the face of [workplace violence](#) is important for their mental health and for the health of the nation in future public health crises."

Dr. Tiesman was part of a team of researchers at the US Centers for Disease Control and Prevention (CDC) that developed, conducted, and analyzed an [online survey](#) to understand the prevalence of non-physical workplace violence against [public health workers](#) from March 2020 to April 2021, and assessed the impact on their mental health. More than 26,000 state, tribal, local, and territorial public health workers responded to the survey, which included questions on demographics, level of workplace violence, other workplace factors, and mental health issues such as depression, anxiety, [post-traumatic stress disorder](#) (PTSD), and suicidal ideation.

The findings of this novel project show that nearly one in three of these essential public health workers experienced at least one form of

workplace violence—including receiving job threats or being bullied, harassed, or stigmatized—in the course of their work to inform and protect the public. This unprecedented workplace violence took its toll on the workers' mental health.

The investigators found that workplace violence was associated with a 21% greater risk of reporting depression or anxiety, a 31% greater risk of reporting PTSD, and a 26% greater risk of reporting [suicidal thoughts](#), even after controlling for illness including COVID-19, losing a family member to COVID-19, and other stress-producing factors during this crisis. The more workplace violence they experienced, the greater the impact on their [mental health](#), which is detrimental to both the individuals and the communities they serve.

Several work factors were associated with increasing workplace violence, such as increasing hours worked per week and increasing interaction with the public.

Addressing the need to develop mitigation approaches to the growing problem, Dr. Tiesman said, "As successive public health emergencies unfold, it is crucial that we ensure that our public health workforce has been empowered to defuse the hostility, harassment, and threats they encounter through training, workplace support, and greater communication after incidents occur. It is also important to increase the capacity of public health departments to prevent, respond to, and follow up on incidents experienced out in the field. A better understanding is needed of the scope and consequences of workplace violence, as well as differences across the types of public health agencies, geographic locations, and sociodemographic groups."

**More information:** Hope M. Tiesman et al, Workplace Violence and the Mental Health of Public Health Workers During COVID-19, *American Journal of Preventive Medicine* (2022). [DOI:](#)

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