A Cross-Sectional Study on Perceptionand Awareness Regarding Violence Against Doctors Among Medical Students and Interns

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***Abstract*—Background: Violence against healthcare workers is a growing concern in Indian teaching hospitals. Understanding medical students' awareness and perceptions is critical for developing preventive strategies.**

Aim: To assess the awareness, perception, and attitude of medical students and interns regarding violence against doctors and preventive measures.

Methods: A cross-sectional questionnaire-based study among 231 medical students and interns using a 25-item structured Google Forms survey covering demographics, legal awareness, perceptions, personal experiences, and preventive strategies During a period from March to May 2026.

Results: Verbal abuse was the most common form of violence (53.7%); emergency departments the highest-risk setting (41.1%). Patient death (30.7%) and treatment delays (29.9%) were the leading triggers. 68% knew violence is legally punishable; 71.9% were aware of the Medical Protection Act. 61% had witnessed violence. Stricter legal enforcement (39.8%) and communication training (27.3%) were favored prevention strategies.

Conclusion: Emergency departments are at highest risk and verbal abuse predominates. Strengthening legal protections, improving communication training, and enhancing hospital security are essential.

***Index Terms*—workplace violence, healthcare workers, medical students, doctor safety, verbal abuse, Medical Protection Act**

I. INTRODUCTION

Violence against healthcare workers is a recognized global public health crisis. The WHO identifies healthcare settings among the most hazardous workplaces, with physicians and nursing staff as frequent targets of physical assault, verbal abuse, and psychological harassment. In low- and middle-income countries, structural deficiencies and inadequate legal safeguards amplify this burden.

In India, high-profile incidents of mob violence particularly in government and teaching hospitals—have repeatedly disrupted medical services. Teaching hospitals are uniquely vulnerable: they serve as referral centers for critically ill patients and as training grounds for students and interns who routinely face aggressive situations without adequate de-escalation training or awareness of their legal rights. The psychological consequences—anxiety, burnout, and disillusionment can profoundly affect the healthcare workforce pipeline.

Despite growing policy-level recognition, systematic data on how medical students perceive and respond to violence remain scarce. This study was designed to assess their awareness of legal frameworks (including the Medical Protection Act), identify perceived forms and locations of violence, examine emotional responses, and evaluate support for preventive strategies.

II. MATERIALS AND METHODS

Across-sectional, observational, questionnaire-based study was conducted in a teaching hospital. A structured 25-item Google Forms survey was distributed to MBBS students across all academic years and interns via academic batch groups. Participation was voluntary; informed consent was obtained digitally. A total of 231 participants completed the survey after pilot testing on 15 students. The questionnaire covered: demographics (age, gender, year, residence); legal awareness; perceptions of violence type, location, and causes; attitudinal Likertscale items; personal witnessing and emotional

impact; and preventive strategies. The study followed STROBE guidelines and was conducted per the Declaration of Helsinki with institutional ethical clearance in February 2026. Data were analyzed using descriptive statistics in Microsoft Excel and expressed as frequencies and percentages.

III. RESULTS

3.1 Demographic Profile

A total of 231 participants completed the survey. Interns formed the largest cohort (38.5%), followed by final-year students (22.1%). The majority (38.5%) were aged 20–22 years; 52.8% were male and 46.3% female; 67.5% resided in the hostel.

Variable	Category	Percentage (%)
Age Group	< 20 years	11.3%
	20–22 years	38.5%
	23–25 years	35.1%
	> 25 years	15.1%
Gender	Male / Female / Other	52.8% / 46.3% / 0.9%
Academic Year	Intern / Final Year / 3rd Year / Others	38.5% / 22.1% / 13.4% / 25.8%
Residence	Hostel / Day Scholar	67.5% / 32.5%

Table 1: Demographic profile of study participants (n=231)

3.2 Legal Awareness

68% of participants acknowledged that violence against doctors is legally punishable in India, and 71.9% were aware of the Medical Protection Act. However, 25.1% remained uncertain about specific legal protections, indicating a gap in legal literacy in medical education.

3.3 Perceptions of Violence

Domain	Top Response	Percentage (%)
Type of violence	Verbal abuse	53.7%
	Physical assault	21.6%
Location	Emergency department	41.1%
	Ward / ICU	20.3% / 16.7%
Trigger/cause	Patient death	30.7%
	Treatment delay	29.9%
	High hospital bills	16.0%
Highest-risk dept.	Emergency / ICU	27.7% / 18.4%

Table 2: Perceptions of type, location, and causes of violence

Verbal abuse predominated (53.7%); emergency departments were the highestrisk site (41.1%). Patient death and treatment delays together accounted for over 60% of perceived triggers.

3.4 Attitudinal Findings

Statement	Agree / Strongly Agree (%)	Neutral (%)	Disagree (%)
Violence against doctors is increasing	67.5%	23.5%	9.0%
Poor communication is a major cause	55.4%	35.1%	9.5%
Government hospitals face more violence	55.0%	29.0%	16.0%
Media portrayal negatively affects public	58.4%	35.5%	6.1%
Security measures are adequate	37.2%	39.4%	23.4%
Doctors need conflict management training	71.4%	21.2%	7.4%

Table 3: Attitudinal Likert-scale responses (n=231)

A strong majority (67.5%) affirmed violence is increasing. 71.4% supported conflict-management training, and 90.5% believed effective communication with patient families can prevent violence.

3.5 Personal Experience and Emotional Impact

61% of participants had personally witnessed violence against a doctor. Verbal abuse was most frequently observed (42.4%), followed by threats (16%) and physical assault (13.9%). The predominant emotional response was helplessness (31.6%), followed by anger (17.7%) and fear (16.0%) underscoring the profound psychological toll on medical trainees.

3.6 Career Impact and Preventive Strategies

35.1% reported that fear of violence directly influences their specialty choice, with a further 35.5% indicating it 'possibly' does suggest violence fears may quietly reshape workforce distribution toward lower-risk specialties.

Preventive Measure	Percentage (%)
Strict legal implementation	39.8%
Communication training	27.3%
Enhanced security measures	18.9%
Public awareness programs	14.0%

Table 4: Most effective preventive measure as perceived by participants

IV. DISCUSSION

This study provides a comprehensive snapshot of awareness and perceptions among medical students a group uniquely exposed yet understudied. The preponderance of interns (38.5%) is notable: interns bear substantial clinical responsibility while receiving the least institutional protection.

The identification of verbal abuse as the dominant form (53.7%) aligns with national literature reporting rates of 40–70%. The emergence of online harassment (5.9%) as a recognized category reflects the evolving digital dimension of workplace violence. Emergency departments' near-universal recognition as the highest-risk setting corroborates established evidence, owing to their combination of critically ill patients, emotionally overwhelmed families, time pressure, and open physical environments.

The finding that patient death and treatment delays together account for over 60% of perceived triggers reflects the inherent tension between family expectations and critical illness realities. In resource-limited settings where delays may be systemic, these triggers are especially difficult to address without broader structural reforms. The role of high hospital bills (16%) further highlights financial vulnerability as a conflict catalyst.

The near-universal belief (90.5%) that effective communication can prevent violence is actionable: it strengthens the case for structured communication skills training particularly around delivering bad news and managing distressed relatives as a core medical curriculum competency. Similarly, 71.4% endorsing conflict-management training suggests students feel they must equip themselves given perceived inadequacy of institutional security.

Perhaps the most consequential finding is that 70.6% of participants indicated fear of violence either definitely or possibly influences their specialty choice. If violence fears are systematically steering trainees away from emergency medicine, surgery, obstetrics, and critical care, the workforce distribution consequences could be severe. This 'shadow curriculum' effect warrants urgent attention from medical educators and policymakers.

The preference for strict legal enforcement (39.8%) as the top preventive strategy reflects a widely shared sentiment that existing laws are inadequately enforced. The significant support for communication training (27.3%) reveals nuanced understanding that prevention must be multi-pronged. Limitations include cross-sectional design, convenience sampling, and single-institution scope; future studies should employ stratified multi-institution designs with qualitative components.

V. CONCLUSION

Violence against doctors is widely recognized by Indian medical students as a serious and growing problem. Emergency departments carry the highest risk; verbal abuse predominates; and patient deaths, treatment delays, and communication gaps are the leading triggers. 61% of students personally witnessed violence, reporting predominantly helplessness. Fear of violence is silently shaping specialty choices, threatening workforce distribution. A multipronged, stakeholder-driven response is urgently needed.

#	Key Finding	Recommendation	Responsible Actor
1	90.5% believe communication prevents violence; 55.4% cite poor communication as a major cause	Structured communication training (bad news delivery, managing distressed relatives) as core curriculum	Medical colleges, curriculum bodies
2	71.4% support conflictmanagement training; security perceived inadequate by 23.4%	De-escalation modules for trainees; enhanced ED/ICU/ward security (CCTV, panic systems, 24-hr personnel)	Hospital administrators, institutions

Table 5: Summary of key findings and recommendations

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