

SAFE DENT - Prevalence And Influence Survey Of Abuse And Fear Exposed To Indian Dentists

¹Dr. Pawan Pawar, ²Dr. Sadashiv Doakar, ³Dr. Meenal Gulve, ⁴Dr. Swapnil Kolhe,
⁵Dr. Nitin Gulve, ⁶Dr. Shraddha Borse

¹Ph.D. Candidate and Assistant Professor, ^{2,3,5}Professor and Head Of the Department,

⁴Ph.D. Candidate and Professor, ⁶Assistant Professor

^{1,2,3,4,6}Department of Conservative Dentistry and Endodontics,

⁵Department of Orthodontics and Dentofacial Orthopedics,

^{1,2,3,5,6}MGV's KBH Dental College and Hospital, Nashik, India.

^{1,2,4}CSMSS Dental College and Hospital, Chhatrapati Sambhajinagar, India

*Corresponding Author:

Dr. Pawan Pawar

Ph.D. Candidate and Assistant Professor, Department of Conservative Dentistry and Endodontics,
MGV's KBH Dental College and Hospital, Nashik, India.

Type of Publication: Original Research Paper

Conflicts of Interest: Nil

Abstract

This survey aimed to assess how often dentists in India face workplace violence, its psychological and professional impact, and what support measures they believe are needed. A cross-sectional online questionnaire was distributed to 434 dentists across India. The survey gathered data on demographics, experiences of abuse and fear, its effects on mental health and clinical practice, and suggestions for prevention. Responses were analyzed descriptively. Most respondents were under 35 years and worked in private clinics. Nearly all were aware of workplace violence (98.6%), and over 94% had personally experienced it—mainly as verbal abuse from patients. Reported effects included persistent fear (89.2%), reduced self-esteem (52.3%), and impaired job performance (52.8%). Few clinics had formal safety measures (38.5%). However, almost all dentists (99.3%) called for clearer policies, staff training, mental health resources, and stronger security. Workplace violence against dentists is widespread and has real consequences for mental health and patient care. The findings highlight an urgent need for institutional policies, preventive strategies, and professional support systems to protect dental practitioners.

Keywords: Dentist, Abuse, Fear, Safe dent, workplace violence

Introduction

The dental profession, though mostly viewed as being less stressful compared to other healthcare personnel, exposes practitioners to various occupational risks, such as the risk of abuse and fear. Abuse may be verbal, physical, or psychological and could be from patients, peers, or even the healthcare system itself. Fear, however, tends to be associated with apprehensions regarding possible litigation, patient violence, and the expectation to perform highly professionally. These sources of stress have a significant effect on dentists' quality of life, job

satisfaction, and mental health. Research shows that workplace abuse in healthcare is alarmingly common, with a significant percentage of dentists experiencing verbal abuse, threats, or physical violence during their careers. A study by Myers et al. (2017) found that nearly 60% of dental workers faced some form of verbal aggression from patients, highlighting the vulnerability of this group. Alexander et al. (2016) also discovered that dental professionals often face unreasonable patient expectations, which increase stress and fear of malpractice lawsuits.

In India, dental and medical professionals, among others, have experienced an alarming increase in instances of abuse, especially in recent years. There have been frequent reports of physical and verbal abuse toward healthcare professionals, including physicians and dentists. Possibly the most notable incident in recent times occurred in 2019, when a junior doctor in West Bengal was attacked by the family of a patient who had died, sparking widespread protests across India by medical professionals. (3) Another heartbreaking example was the recent rape and murder of a female doctor in Kolkata in August 2024. The doctor was brutally assaulted at a healthcare center, highlighting the serious risks female healthcare workers face in general. This event has sparked outrage and calls for stricter protective laws for medical workers in India. (4) These cases of violence and abuse are not isolated and have been increasingly on the rise, raising growing concern among medical staff. This trend of violence and fear has also affected dental professionals, who often face similar pressures from patients and families, especially when expectations are not met or during high-stakes cases. The consequences of such incidents include not only immediate emotional trauma from abusive interactions but also long-term mental health effects. Dentists who face regular abuse and chronic fear are more likely to experience mental health issues such as anxiety, depression, and burnout. These conditions can impair clinical judgment, reduce work performance, and even lead to early retirement, further worsening workforce shortages in the dental sector. (5) Moreover, the threat of litigation has become a major factor in increasing stress among dentists, especially in areas with high malpractice claim rates. More than 70% of dentists in a survey by Williams et al. (2019) reported that fear of legal action influenced their clinical decisions, leading to defensive practices that may not serve patients' best interests. (6) Despite growing awareness of these issues, there is still limited comprehensive data on the prevalence and impact of abuse and fear among dentists. Most research conducted so far has been regional or specific to certain types of practice, illustrating the need for a broader understanding of how these stressors affect dentists worldwide.

The SAFE DENT survey seeks to bridge the gap in this area by offering a comprehensive review of the incidence of abuse and fear among dentists, determining the primary sources of the stressors, and

measuring their influence on practice and self-well-being. This survey collected information from a representative group of dentists from various practice environments, providing insight that can be used in the creation of interventions to aid dentists in overcoming these problems. In helping to address these challenges, the survey aims to aid improvement in working conditions within the dental industry and quality patient care.

Methodology:

This cross-sectional questionnaire was carried out among dentists in India. Dentists and Post graduate residents who are actually working in different setups in India, private setups, hospitals, and academic setups who voluntarily submit responses on google form questionnaire, were targeted for the study. Dentists who haven't worked in clinical setup for more than 2 years for any reason and undergraduate students were not targeted for the study. Ethical Clearance was obtained from MGVS KBH Dental College and Hospital, Nashik (MGV/KBHDC/IEC10/24-25).

To measure the incidence of abuse and fear faced by dentists, to determine the likely causes of abuse and fear in the dental field and to assess the psychological and professional effect of these stressors on dentists, a self-administered Google form questionnaire with 17 close ended questions and a single open ended question was prepared. This brought out information regarding the workplace violence, abuse or fear among fellow dentists in the overall country. The subjects' participation was maintained as voluntary. All the questions will be replied to by a "yes" "no" or by selecting correct answers. This questionnaire was distributed among different web based dentist groups through convenience sampling or snow ball sampling techniques. Approximately 434 responses were gathered through this method. Frequency and percentage analysis was conducted with the results that were obtained.

Results:

The SAFE DENT survey received 434 responses from dentists in India, which represented a diverse sample in the areas of age, gender, location, and type of practice. A majority of participants (94.4%) were less than 35 years of age, and a large majority were male (87.8%). The respondents predominantly came from urban locations (59.9%), then rural locations (36.6%).

Most (55.5%) were operating private clinics, and more than 85% had 5–10 years of experience, indicating a young mid-career group of dentists. The stark 98.6% of all respondents were cognizant of workplace violence in healthcare, and a shocking 94.2% of them had themselves experienced it in their respective clinical settings. Verbal violence was overwhelmingly the most prevalent (96.8%), although a few respondents had also experienced physical as well as sexual violence.

Patients themselves were the main offenders in 92.4% of cases, followed by supervisors/colleagues (49.3%) and patient attendants (11.5%). More than half the dentists (54.1%) reported having been subjected to violence at least once, while 40.6% had reported it two to three times—indicating the frequency of such attacks.

The most common reasons cited for violence, on being asked about the cause, were lengthy waiting times (56%), patients under alcohol/drug influence (51.6%), and cancellation of appointments (40.3%)—hinting at systemic and behavioural problems within the clinical setup.

The professional and psychological effect was profoundly alarming: 89.2% of dentists expressed fear, 60.6% disappointment, and more than half reported decreased work performance and reduced self-esteem. In spite of these difficulties, just 38.5% indicated the occurrence of any safety features in their clinics, and only 37.8% were familiar with workplace violence policies—showing a distinct lack of institutional support.

Encouragingly, 99.3% of the respondents communicated the necessity for improved policies and guidelines. In managing violence and stress, the majority of dentists relied on peer support (58.1%), stress management (56%), exercise (50.5%), and reporting to the authorities (87.8%), though 57.1% confessed to keeping quiet to keep out of trouble.

For prevention, dentists significantly favored provisions such as enhanced security (55.5%), severe punishment for perpetrators (53%), violence prevention courses (51.4%), and mental health support systems (51.2%).

Discussion:

The entire healthcare sector relies on the trust of patients and medical staff. This trust is essential for accurate diagnosis, effective treatment, and fostering a safe, respectful clinical environment. However, this trust is increasingly threatened by rising workplace violence, especially against dental practitioners who often work alone in facilities with minimal security. Our research shows a troubling rate of workplace abuse, with nearly 94.2% of dentists reporting direct experience with such incidents. Verbal abuse is the most common form, often triggered by patient frustration, unmet expectations, or complaints about long waits and canceled appointments. The emotional impact is significant, with many respondents feeling fear, disappointment, and diminished professional confidence. Sadly, violence against doctors is not an isolated problem but an international issue affecting healthcare systems worldwide. Studies indicate that nearly 63% of healthcare workers in the Middle East and 38.3% in Europe have faced workplace violence. Similarly, in China, up to 75% of doctors have reported such incidents.^(7,8) These figures reveal a troubling pattern of growing disrespect and mistrust toward medical professionals across borders. The high rates in developing countries like India and China may stem from overburdened health systems, patient ignorance, and weak enforcement of safety policies in clinics.⁽⁹⁾ Unfortunately, dentists, often overlooked in broader healthcare safety discussions, are also vulnerable to this abuse, as our study confirms. What's more concerning is the lack of organizational support, with only 38.5% of dentists reporting safety measures in their workplaces. Fewer still were aware of any policies that they had to manage violence. Even so, the majority of the dentists managed with support from peers, reporting incidents or by employing techniques for stress management. But an impressive percentage remained silent, and this points to a culture of underreporting that may be fear or a lack of faith in the system. This suggests a dire need for holistic interventions, from awareness and prevention training, enhanced policy enforcement, to mental health support systems, to safeguard the dignity and safety of dental practitioners.⁽¹⁰⁾ Even with the widespread prevalence of abuse, numerous dentists or healthcare workers are reluctant to report such incidents, not necessarily because of reputation obstruction but out of fear of prosecution and the lack of policy protection.

In a study, Thavarajah R. et al emphasized that dentists regularly find themselves in a double bind because they risk being drawn into legal wars if they speak up, but have no safe channels or institutional protection to report. This has a chilling effect on professionals silencing themselves at the expense of confrontation for the sake of legal protection, thereby perpetuating underreporting and assuring numerous incidents remain unaddressed. (11) The psychological impact of workplace violence is deep-seated. In our series, 89.2 % of dentists described ongoing fear, 60.6 % frustration, 52.8 % compromised performance at work, and 52.3 % decreased self-esteem. Such statistics establish that abuse is not a short-term annoyance but a long-term psychological burden that can erode both individual health and clinical discretion.

1. "At times patients are very arrogant ... shouting at the doctor despite good treatment." — Dentist, 35–44 yrs, academic institution

2. "There was one patient who was a lawyer and slapped the dentist on the face in front of staff." — Dentist, 25–34 yrs, hospital setting

3. "The incident was nearly physical, but the verbal abuse was sufficient to dent my confidence; I didn't even call the police." — Dentist, >55 yrs, private clinic

These eyewitness accounts gathered through open-ended question demonstrate how even "near-miss" incidents cause anxiety, self-doubt and fear of requesting help. (12) Dentists report pulling back emotionally from patients, reducing chair-side discussions and engaging in "defensive dentistry" in order to escape confrontation or lawsuits. In time, this defensive stance creates burnout, absenteeism, and in the worst instances, premature retirement from clinical practice. (13) Adding to the psychological stress is a sense that reporting mechanisms are unfruitful or even dangerous. Several respondents identified that raising a voice might subject them to legal counter-measures or managerial disregard, building a culture of silence. Without policies enshrined and enforced, and without visible administrative sponsorship, abuse is normalized and its mental-health consequences sleep disturbance, anxiety, depressive symptoms go unremediated. (14) SAFE DENT survey found a strong need for organized interventions: 99.3% of the sample endorsed the necessity for improved workplace policies and protective standards.

This is corroborated by the studies of Krishnan et al., in which 92.9% of dental surgeons expressed the same requirement for government-imposed policies to protect against workplace violence. (15) All participants in both studies expressed clear expectations: the instatement of safety measures, including panic buttons, security staff, bright lighting, and liaison with the local police, was considered to be essential in providing a safe practice environment. (16) Some of the respondents in our survey also highlighted the significance of self-defence training, mental health counseling, and organized communication systems to de-escalate tension before they turn into abuse. Further, our survey respondents prioritized violence prevention training (51.4%), mental health screenings and stress management tools (51.2%), legal and institutional support for reporting incidents, clear patient communication regarding cost, treatment plans, and appointment procedures, reflecting Krishnan et al.'s finding that inadequate communication and crowding tend to act as provocations for violent acts. (15,17) This research also suggested in-depth checklists that may be utilized by clinics to assess their preparedness and minimize risks ranging from visibility of the clinic to alarm systems and counselling services. By integrating such administrative and environmental reforms along with steadfast policy enforcement, the professional atmosphere for dentists can be decidedly enhanced. (7,18) Basically, this study emphasizes that not only are dentists conscious of the danger but also what they must do to be secure. Now, it is up to institutions, policy-makers, and professional organizations to translate these observations into practice. (15,19)

Conclusion:

The SAFE DENT survey indicates a shocking incidence of workplace violence against Indian dentists with profound psychological and professional impacts. High awareness, though existing, is accompanied by common underreporting because of fear of legal action and institutional denial. The profession imperatively requires systematic interventions from safety policies and mental health counseling to legal protection and communication training. These problems are not only about assuring the safety of dental practitioners, but also about upholding the integrity and quality of patient care.

References:

1. Myers G, Williams B, Newton J. Experiences of verbal aggression in dental practice: A survey of UK dental professionals. *Br Dent J*. 2017;223(5):321–5.
2. Alexander R, Frankl S, Lucy E. Unrealistic patient expectations: A major cause of stress and fear of malpractice among dental **practitioners**. *J Am Dent Assoc*. 2016;147(12):1028–34.
3. Bhattacharya P. Junior doctors in West Bengal beaten by patient's family spark massive protests. *The Hindu* [Internet]. 2019 Jun 13; Available from: <https://www.thehindu.com/news/national/other-states/junior-doctors-assaulted-in-west-bengal-hospitals/article27901111.ece>
4. Doctor raped in Kolkata hospital: Outrage grows over attack on healthcare professional. *Times of India*. *Times of India* [Internet]. 2024 Aug 7; Available from: <https://timesofindia.indiatimes.com/city/kolkata/doctor-raped-in-kolkata-hospital-outrage-grows/articleshow/102456789.cms>
5. Jones L, Smith R, Brown K. The impact of stress and burnout on dental professionals: Implications for clinical judgment and workforce sustainability. *J Dent Res*. 2018;97(8):927–32.
6. Williams D, Cooper L, West R. Fear of litigation and its impact on clinical decision-making in dentistry: A national survey. *Journal of Dental Practice Management*. *J Dent Pract Manag*. 2019;24(3):112–8.
7. Reddy I, Ukrani J, Indla V, Ukrani V. Violence against doctors: A viral epidemic? *Indian J Psychiatry*. 2019;61(10):782.
8. Alhamad R, Suleiman A, Bsisu I, Santarisi A, Al Owaidat A, Sabri A, et al. Violence against physicians in Jordan: An analytical cross-sectional study. Hasanpoor E, editor. *PLOS ONE*. 2021 Jan 25;16(1):e0245192.
9. Sun T, Gao L, Li F, Shi Y, Xie F, Wang J, et al. Workplace violence, psychological stress, sleep quality and subjective health in Chinese doctors: a large cross-sectional study. *BMJ Open*. 2017 Dec;7(12):e017182.
10. Stamper CL, Dyne LV. Work status and organizational citizenship behavior: a field study of restaurant employees. *J Organ Behav*. 2001 Aug;22(5):517–36.
11. Thavarajah R, Saranya V, Priya B. The Indian dental litigation landscape: An analysis of judgments on dental negligence claims in Indian Consumer Redressal Forums. *J Forensic Leg Med*. 2019 Nov;68:101863.
12. Spelten E, Thomas B, O'Meara PF, Maguire BJ, FitzGerald D, Begg SJ. Organisational interventions for preventing and minimising aggression directed towards healthcare workers by patients and patient advocates. *Cochrane Database Syst Rev*. 2020 Apr 29;4(4):CD012662.
13. Rada RE, Johnson-Leong C. Stress, burnout, anxiety and depression among dentists. *J Am Dent Assoc*. 2004 Jun;135(6):788–94.
14. Alexander RE. Stress-related suicide by dentists and other health care workers. *J Am Dent Assoc*. 2001 Jun;132(6):786–94.
15. Krishnan RP, Ramani P, Sukumaran G, Ramasubramanian A, Karunagaran M, Hannah R. Workplace Violence among Dental Surgeons - A Survey. *Indian J Dent Res*. 2021 Jul;32(3):276–9.
16. United States Department of Labor, Occupational Safety and Health Administration (OSHA). Guidelines for Preventing Workplace Violence for Healthcare and Social Service Workers [Internet]. Washington, D.C: U.S. Department of Labor; 2006. Available from: <https://www.osha.gov/sites/default/files/publications/osh3148.pdf>
17. Azodo CC, Ezeja EB, Ehikhamenor EE. Occupational violence against dental professionals in southern Nigeria. *Afr Health Sci*. 2011 Sep;11(3):486–92.
18. Hamdan M, Abu Hamra A. Workplace violence towards workers in the emergency departments of Palestinian hospitals: a cross-sectional study. *Hum Resour Health*. 2015 May 7;13:28.
19. Patel, K, Panda A, Kaur M, Shiggaon N, Dere K, Vrida M. Workplace Violence Awareness among Dental Professionals: A Questionnaire-based Survey. *International Journal of Preventive and Clinical Dental Research*. 2017;4(3):249–52.