



Student perception of the teaching posture at the clinical practice of dentistry and academic consequences at a public university

Mateus Leal Gomes¹

 0009-0003-5249-3310

Manoelito Ferreira Silva-Junior¹

 0000-0001-8837-5912

¹Universidade Estadual do Sudoeste da Bahia (UESB), Jequié, Bahia, Brasil.

Correspondence:

Manoelito Ferreira Silva Junior
E-mail: manoelito.junior@uesb.edu.br

Received: Apr 15, 2024

Approved: June 03, 2024

Last revision: July 10, 2025

Abstract This study aimed to analyze students' perception of teaching posture in clinical dentistry practice and its academic repercussions. The qualitative research was conducted between August and September 2023 by two researchers, in focus groups with students from the 5th to 10th semesters enrolled in the 2022.2 academic semester of dentistry, using a voice recorder and a guiding script developed by the study. Three focus groups were held, with the participation of 17 students, and the data were analyzed using the collective subject discourse technique. Three central ideas were identified, namely: 1) Inadequate teaching posture in interpersonal relationships with students, between teachers and with users; 2) Academic repercussions of teaching posture, related to academic performance, professional training and students' health; and, 3) Student knowledge and insecurity about institutional measures against inadequate teacher behavior and ideas for resolving the problem. We concluded that, in the students' perception, inadequate teacher behavior was observed during clinical dentistry practices, which has affected interpersonal relationships, academic performance, professional training and mental health. Despite perceiving a lack of knowledge about institutional restraining measures, insecurity and lack of credibility in the procedures were noticed.

Descriptors: Faculty. Students. Dental Clinics. Teaching. Personnel Management.

Percepción estudiantil sobre la postura docente en la clínica docente de Odontología y sus repercusiones académicas

Resumen El presente estudio tuvo como objetivo analizar la percepción estudiantil sobre la postura docente en la clínica docente de Odontología y sus repercusiones académicas. La investigación cualitativa fue realizada entre agosto y septiembre de 2023 por dos investigadores, en grupos focales con estudiantes de 5.º a 10.º semestres, matriculados en el semestre académico 2022.2 de Odontología, utilizando una grabadora de voz y un guion desarrollado por el estudio. Se realizaron tres grupos focales, con la participación de 17 estudiantes, y los datos se analizaron mediante la técnica del discurso del sujeto colectivo. Se identificaron tres ideas centrales: 1) Postura docente inadecuada en las relaciones interpersonales con estudiantes, entre docentes y con los usuarios; 2) Repercusiones académicas de la postura docente, relacionadas con el rendimiento académico, la formación profesional y la salud de los estudiantes; y 3) Conocimiento e inseguridad de los estudiantes sobre las medidas institucionales contra el comportamiento docente inadecuado e ideas para resolver el problema. Se concluye que, según la percepción de los estudiantes, el comportamiento inadecuado del profesorado se presentó durante las prácticas clínicas odontológicas, lo cual ha afectado las relaciones interpersonales, el rendimiento académico, la formación profesional y la salud mental. A pesar de percibir un desconocimiento de las medidas de contención institucionales, se percibe inseguridad y falta de credibilidad en los procedimientos.

Descriptores: Docentes. Estudiantes. Clínicas Odontológicas. Enseñanza. Administración de Personal.

Percepção discente sobre a postura docente na clínica-escola de Odontologia e seus reflexos acadêmicos

Resumo O presente estudo objetivou analisar a percepção discente sobre a postura docente na clínica-escola de Odontologia e seus reflexos acadêmicos. A pesquisa qualitativa foi conduzida entre agosto e setembro de 2023 por dois pesquisadores, em grupos focais com acadêmicos do 5º aos 10º semestres matriculados no semestre

<https://creativecommons.org/licenses/by-nc/4.0/deed.en>



letivo de 2022.2 de Odontologia, com uso de gravador de voz e roteiro-guia desenvolvido pelo estudo. Houve a realização de três grupos focais, com participação de 17 estudantes, e os dados foram analisados com a técnica do discurso do sujeito coletivo. Foram identificadas três ideias centrais, sendo: 1) Postura docente inadequada nas relações interpessoais com discentes, entre docentes e com usuários; 2) Reflexos acadêmicos da postura docente, relacionados ao desempenho acadêmico, à formação profissional e à saúde dos discentes; e, 3) Conhecimento discente e insegurança sobre as medidas institucionais contra postura inadequada dos docentes e ideias para resolubilidade. Conclui-se que na percepção discente a postura docente inadequada esteve presente durante as práticas clínicas de Odontologia e tem afetado as relações interpessoais, o desempenho acadêmico, a formação profissional e a saúde mental. Apesar de perceberem desconhecimento sobre medidas institucionais coibitivas, percebe-se insegurança e ausência de credibilidade nos trâmites.

Descritores: Docentes. Estudantes. Clínicas Odontológicas. Ensino. Gestão de Recursos Humanos.

INTRODUCTION

Teaching in the health area is based on the confluence between two areas, education and health, both marked by social and cultural aspects¹. For this reason, the health education process interrelates theoretical and practical classes, the latter occur in different locations, such as laboratories, clinics and internships.

Clinical dentistry practice has been the main focus of attention and practical learning in dentistry. It is usually specific to the course and isolated from other sectors of specific training in the health field. In this scenario, in addition to students, professors and administrative technicians, a new agent has been included, namely, the user. This aspect considerably changes the students' position, as they now become professionals in training and have great responsibility in the learning environment².

In higher education institutions (HEIs), the evaluation process limited to student skills and abilities results in distancing the student-professor relationship³. In practice, few studies⁴⁻⁶ have emphasized aspects of professors' interactions with students and users or professors' posture impact on the teaching-learning process. Taking that into consideration, this study aimed to analyze students' perception of professors' posture and its academic consequences in the clinical dentistry practice in a HEI.

METHODS

Study design, locus and ethical aspects

This is a qualitative study carried out in a multicampus public HEI that offers 47 undergraduate courses in the state of Bahia. The research project and the final report were approved by the institutional Ethics Committee with technical opinions 6.052.524 and 7.030.150, respectively (CAAE: 69187923.8.0000.0055).

Universe and Sample

The study universe included dentistry students enrolled in regular subjects from the 5th to the 10th semester in the 2022.2 academic period, for having concluded at least one curricular component at the clinical dentistry practice.

In 2022.2, the dentistry course had 186 students enrolled, of those, 116 (62.3%) belonged to classes from the 5th to the 10th semester. Convenience sampling was used, defined by the saturation method for the sample size definition by means of focal groups⁷.

Eligibility criteria

The inclusion criteria were as follows: being duly enrolled in the course investigated and having completed at least one clinical subject at the institution clinical dentistry practice (5th to 10th semester) in the 2022.2 semester.

Exclusion was based on the following criteria: students that had been transferred from other courses in the institution or from other institutions, who had not completed any practical subject at the HEI clinical dental practice and students who had some degree of direct kinship with professors of the clinical subjects investigated and those directly involved with this research.

Data collection

Data collection was carried out by means of focal groups⁷ including from one to three students of each semester, using recorded interviews in the presence of two researchers using a guiding script developed with twelve triggering questions.

The representative of each class in each semester was previously contacted to help with the contact with eligible students and to inform them about the focal group date and place.

A pilot study was developed with students from the dentistry course of the same HEI to verify aspects related to collection time, possible adjustments in the guiding script regarding the sequence and content of questions, and the analysis of understanding of the vocabulary used and the meaning of the answers given. Since there was only one suggestion to include a triggering question to the original questionnaire, the material obtained from the pilot study was considered the data analysis corpus.

Data analysis

The application iRecord was used for literal transcription of audios, and total confidentiality of the subjects involved (students and professors) was guaranteed.

The collective subject discourse analysis (CSD)⁷ was carried out by an experienced researcher.

The summary presentation was based on all the empirical material collected, regardless of the guiding question(s) from the guiding script.

RESULTS

Three focal groups were carried out up to data saturation. Seventeen students took part in them as follows: four in the pilot phase, seven in the second focal group and six in the third focal group. The focal groups lasted between 45 and 50 minutes.

The theme was close to the students' experience, that is, they presented their own events and/or experiences or something they witnessed regarding professors' postures during their clinical dentistry practice. This result was found in a study with engineering students in an institution from Bahia⁵ and revealed the need for further discussion of the theme.

Central Idea 1: Professors' posture in inter-personal relationships

With students: "At the public university, we see a lot of this hierarchy issue. Every time you question the professor, he/she reacts negatively, you feel inferior. We cannot have a relationship as equals, professors have all the knowledge and we are there only to absorb what the professor says. We tend to remain in doubt because we are afraid of approaching the professor. You sometimes don't ask because you feel afraid of being verbally attacked (getting an aggressive answer). Then, you prefer to go on with the procedure in a more difficult way, more complicated, than ask for the professor's help and suffer retaliation. Professors don't understand that each student is different, each one has their own time and journey, you are compared to others all the time. I've already seen cases of students not addressing certain professor [due to bad experiences], and I think that then he gets more rancor, hatred or agony. It's like "don't you want me to teach you? To help you? But, I'll always be around because when you need help I'll be the only one you can call!" And I saw it during the clinical practice, he (professor) telling the student off in front of the patient, or after releasing the patient, but in front of other students, the rest of the class, so that they would feel embarrassed. It was not with me, but I felt embarrassed several times, with this authoritarian posture. Afterwards, all of us created a type of resistance to that professional".

With professors: "There are these conflicts among professors, when we are at the clinic, in a certain way, this affects us, we get confused. Many times, the professor comes to you and tells you to do something in a certain way, but then,

there is another professor who talks to you as if you were doing the most absurd thing in the world. I saw some clinics where the professors did not bother to respect each other's space. They lacked maturity to teach like this: "There are two different ways of doing this, and we can present both ways", this might give some autonomy to students. But, this does not exist. In other cases, I think they protect each other, There is a kind of chain. When talking to professors, they usually say: "Ah when professor X says something, keep quiet, only listen, otherwise you'll certainly be marked". Even if you do not have the same professor in another subject, the information travels from one professor to another and so on. A professor from the 4th [semester] is protected by another one that is in the eight [semester]. If you hurt professor X, for example, and if you pass, you can wait for me. But there are professors who talk to other professors, and the conduct is lighter, softer. We know it, because there were some professors we had heard were very strict, quite tough, and when they taught my class, it was very different".

With users: "That's the moment you deal with the patient, you get nervous, tense, you are carrying out a new procedure. The patient sees the professor's posture calling us off all the time like: "You're not prepared for this, you need to study!". They speak loudly so that the patient can listen, I always feel that the intention is to expose us "Can you see, they are not able to do it right". A patient was so scared once that she said: "I started to feel pain again, but I did not say anything because I was afraid he would argue with you again", or "Is he [professor] coming? I don't think you need to call him". But we don't have enough knowledge, we have doubts, then we must call them. In a way, we have to learn, and according to the professor that is a teaching practice, the patient is subjected to that. The professor that could be on our side, supporting us, creates a situation and the patient becomes uncomfortable. On the other hand, I once saw a case in which the patient felt that he had the right to speak in the same way with the student, "Do you know what you're doing?". Really, in a quite aggressive manner, because they saw the professor doing it and it kind of authorized him because of the way he talked to the student".

Central Idea 2: Professor's posture academic consequences

In academic performance: "We want to learn, of course, and we need to learn, but "being approved, not being approved" has consequences and a huge weight. We usually do not question [the clinical practice mark] because we pass the subject. We do not know the evaluation criteria, but we do not discuss because we know the professor's personality. The professor sometimes gives low marks, but we don't know if it has to do with the organization of the equipment, or the procedure, the difficulties of the procedure. We accept and do not complain because we know that we might have the same professor again in the future. We are afraid of insisting and being penalized, then we forget about it".

In the professional education: "I used to love the subject, but I created an aversion to it. Now, I dislike it, I used to see [the subject] as a monster in front of me. Then, I think that the direct student-professor relationship has great influence. I started to want to finish soon, I did everything right during the procedures only to pass soon and not have to be there in that direct contact with that professor. There are more sensitive people and the way [rude] the professor was trying to teach ends up preventing the person from learning anything. This is an ego problem of some professors, because they end up pushing away a student who wants to learn or being motivated. Some procedures that you would like to do, you start feeling afraid of doing because the professor intimidates you. After that [negative experience], I tried that procedure once more, only for the record, and did not try it anymore. This creates some fear of whether you'll really be able to become a good professional. Three people already thought of giving up because of this. One was quite recently, and it was because of this sensation of feeling chased, because you can never do anything right. It is very hard, but there are those who are more accessible and I consider that you learn a lot more with them".

In students' health: "We see all that happening, students with depression, anxiety, bruxism, and everything else, increasing a lot because of the course demands and professors' pressure. And even so, some professors underestimate the effects on students' psychological health, the famous "mimimi". If they think it's not important, how can they change this reality? We don't want to eat, or to sleep, see the professor and tremble, feel nervous, start sweating, and feel bad, panic crisis, I've seen two or three people crying in the classroom after certain professor's reaction, and it was always on the same day, before the same subject. The clinical practice was on Thursday, on Sunday I was already having palpitations, and feeling anxious. We very often enter the clinical practice tense in an appointment and the professor goes on putting pressure, it's tense. I increased my coffee intake, to try to be alert, even during the class, and sometimes

had tea to slow down my heart and keep calm. I tried medication such as Rivotril, maracujina... there was a moment in which you could call anybody in my class, at any time of day or night, they would be awoken, tense, about what was coming next. In therapy, talking to the psychologists here, I notice that this is one of the main cases of anxiety trauma: the student/professor relationship and how this affects us. The anxiety symptoms increased a lot due to the course and also some professors' demand, then you feel afraid and the fear anticipates everything.

Central Idea 3: Institutional Measures against inadequate professor's posture

Knowledge about measures: *"We, very often, have to put up with this type of behavior due to lack of knowledge of what to do in this situation. If we knew, it would be good, we would have somebody to talk to. We feel powerless in such situations. I thought the solution would be to talk to the professor in a polite way. I tried it, but it didn't work, because he was rude, then I don't know, I'd like to know how [to solve issues with professors]. Our ombudsman is a social network where students end up getting things off their chests for not having where else to complain about it. It is even complicated to complain about anything because we don't know who would judge a case like that. Most of the time, what happens is that we talk about it to some professors, not directly, but we indirectly tell some things. Apart from that, I cannot say in detail who to talk to, but I know there is the Board, the Ombudsman, the Department and the Academic Advisory, but I don't know how they work. Because many times we are afraid of speaking, and then it does not reach the professor, it never reaches the target and then nothing is done. We are restricted. One of the intimidation techniques is to convince students that denouncing will cause more trouble. Showing that they are causing a huge problem for a small thing, and then an intimidation process starts. We have a students' representative entity that is the AC [Academic Center], but at the same time, these representatives are kind of afraid of the professors' representatives".*

Insecurity to seek measures: *"We never even think of appealing or discussing the merit. It's a cycle. All classes had it [bad experiences in specific subjects], and we are going to experience that too, things just happen and nobody does anything. Who are we supposed to talk to? Who could solve that? The same way students know other students from different semesters, the professor also knows professors from other semesters. Then we are afraid of being marked during the whole course for seeking a solution that is our right. So, we don't try to talk, try to solve and seek help, because many times we will be afraid of being marked by that professor and others in the future. We cannot predict whether the problem will be solved or if we are creating more trouble to others due to so much moral harassment. Some talk about addressing the Board, which is the first agency, isn't it? But I think the Board will protect the professor. I don't think the Board will do differently, only if something is really absurd, something that might have huge consequences, but in general it is something quite singular between you and certain professor. The Board might either try to suppress, stifle, not resolve, or will agree with the professor and you, in the end, will be harmed by that professor and others. There is a serious story of harassment, which has repercussions until today, but nothing has been done. Then, basically, you are upset with the professor of the subject for nothing. I know that there have been cases of harassment, professor, of employees, and we don't know where to go, and people are still there. It seems there isn't a higher power to judge professors. It seems that because the professor is a civil servant, they can stay there and that's all. Some professors ask us about the possibility of taking initiative, but we do not feel safe to do that. I think that since the time the course started, professors act in this way. There hasn't been any change, because there is no guarantee that you can safely denounce. This kind of report is anonymous, but there is only one class. Then, everybody will pay for that".*

Ideas for a solution: *Psychological treatment for professors is one option. Humanizing, because they demand humanized care but they cannot be human even with students. The course should have some professor's evaluation card every semester, so that the complaints could be presented, anonymously, to the university and this would give a chance to the Board or Department to know the students' opinion about certain professor. The course coordination could have students' representatives to speak on behalf of students. Because, the professor's representative, who is the coordinator, might not act in favor of the students, but rather in favor of their colleague, because students won't stay there forever, but their colleague will. I think that the institution should analyze the fact and try to separate personal from professional, investigating, analyzing and finding a way of punishing. Showing the students that that's not the end of the world, they can solve the student's problem".*

DISCUSSION

The hierarchical professor-student relationship inhibits students, and as this study reveals, it has negative impacts on the target student, or even an unfavorable effect on the entire teaching environment, which is perceived in most cases by the entire class. In addition to the qualifications related to teacher knowledge and training, the scope of teaching and learning encompasses pedagogical reasoning, which should be a practice with healthy interactions.⁸.

A study on the implications for professional learning in a public higher education institution offering a course in the health area highlighted that the process of motivation for learning is favored by the relationship of respect and acceptance between professor and students⁶. Professors' technical and teaching abilities, allied to their disposition to clarify doubts and friendly attitudes, might impact learning positively or negatively⁹.

A non-assertive relationship might provoke the establishment of counterproductive results both in the academic spectrum and in the personal sphere, as there is demotivation, rejection of professors and the curricular components they teach, and the withdrawal from the course or delay in education¹⁰.

The establishment of a restrictive and repressive environment in the context of clinical dentistry practice can have direct implications for the learning of professionals, given that the continuation of clinical practices involves new experiences that, although they are based on theoretical knowledge, also involve practical management in the users' care. Thus, the availability of the professor - to assist, clarify doubts and welcome students - is essential for the foundation of academic-professional development⁹.

Central Idea 1: Professor's posture in interpersonal relationships

A study developed in a public institution with professors in the dentistry course reported that inadequate professor-student relationships occur due to the lack of understanding of limits by students, psychological pressure that some professors put on students, lack of professors, lack of professor/student interactions, and bad example by some professors who speak badly of their colleagues in front of students⁴. Therefore, professors'⁴ and students' perceptions in this study seem to agree with those findings.

This study evidenced the presence of an overlapping of different professional conducts among professors in clinical practice. Those frailties in relationships among professors seem to interfere in students' clinical conduct, who (re)adjust according to each professional. A qualitative study in southern Brazil identified ethical problems among professors during the everyday routine of teaching regarding their way of dealing with students, giving divergent instructions, and how to manage conflicts among colleagues¹¹. In the presence of conflicts, the academic environment becomes alive, creative and developmental for providing a favorable arena of tension between different schools of thought and, for this reason, it is not harmful for the existence of such disputes, but rather for the adoption of one of them to the detriment of the other¹². Professors must be attentive and prepared to deal with contradictions, thus privileging students with a broader education.

Frailties in interpersonal relationships among professors do not seem to be an isolated fact of this study. Research in a public health education institution in Bahia verified that 40.7% professors admitted having been victims of moral harassment at work, while 59.3% reported having colleagues that already experienced moral harassment, and 70.4% stated that that was a common problem at the institution¹³.

Contrary to the dispute of forces among professors, mutual protection among co-workers was also reported as a limiting factor in students' pursuit of corrective measures. Good relationships among professors end up forming a kind of hierarchical network that protects them from issues that might put them in an uncomfortable position. Therefore, due to the fear of future harm, students tend to give up seeking solutions to the traumatic issues that occur at the clinical dentistry practice. However, this aspect has not been discussed in the current literature and needs to be better explored in further studies.

In the discourse regarding relationships with users, we noticed that professors' conduct in relation to students affects patients directly. A study carried out in a public institution revealed that 65% dentistry students reported having been

scolded by professors in the presence of patients⁴. The same study reported that students are more afraid of taking a relative to be treated in the course due to the advisor professor than for reasons related to material resources, physical structure or others.

We observed that conduct correction in a rude way in the presence of patients, as reported in this study, has been reported in the literature by students as a feeling of embarrassment/discomfort, humiliation/ridicule, unpreparedness/discouragement, inferiority/pessimism, injustice or demoralization in front of the patient⁴. Another study showed that the terms used mask the definition of moral harassment⁵. In fact, students are the weaker and more vulnerable part in teaching relationships and in teaching and learning processes. For this reason, they should not be victimized or attacked with aggressive words in the presence of their peers or other people. Furthermore, isolated acts of harassment or disturbance harm the human dignity of students and make the academic environment toxic and hostile⁵. In such perspective, despite empirically understanding the meaning of terms, this study shows that this is not enough for them to recognize their value, and so they end up accepting those aggressive actions.

Furthermore, the results of this study showed that professors' behavior interferes in the users' emotional state. It is known that dental treatments already generate fear and aversion in many individuals¹⁴, and the clinical dentistry practice environment should minimize these negative repercussions, and the professor-student relationship should be favorably adjusted for patient's management. In this aspect, professors' improper posture in interpersonal relationships with users ruins the welcoming conduct and might create a barrier to the suitable management of the dental treatment process¹⁴. Lack of information to confirm such findings about users' behavior regarding professors' conduct might derive from the lack of evaluation of the clinical dentistry practice by users¹⁵, disregard the reasons for absenteeism or abandonment of treatments, or even the fear of impact on the institutional credibility by the publication of this kind of study, including publications without disclosing institutional information¹³.

Central Idea 2: Academic consequences of professor's posture

Insecurity related to lack of clarity regarding the marks in the clinical practice subject was reported by students as a factor generating discomfort and questioning. In this respect, although their doubts were generalized, they were not usually transformed into learning with professors. In fact, they feared reprimands, translated into mark reduction or even future persecution, since several teachers teach classes in different subjects throughout the academic course, which would have consequences for their performance in the course.

In the clinical teaching and learning process, several methodologies have been used to assess students' clinical knowledge and/or skills, such as the objective structured clinical exam (OSCE). Although it was initially proposed in the medicine course, OSCE has been a suitable instrument used to evaluate students in dentistry, and after training and qualification, it has been successfully used¹⁶. In fact, the use of tools presents positive aspects for all interested agents, since the fair and broad assessment criteria promotes security for students, teachers and users.

Like in this study, students from the State University of Londrina presented the perception that professors' attitudes influence their interest in the subject, and for this reason, when the professor is not interested in updating his knowledge and teaching, this impacts students' learning negatively¹⁷. The consequences of university violence might be severe and broad, thus promoting lack of interest, concentration and learning deficit, worsened performance, absenteeism, and university evasion⁵.

Professors' knowledge should enable teaching strategies aligned to the maturity of competencies and construction of learning by students. To achieve that, non-violent communication must occur, considering respect, permission to speak, attention and listening⁶. In this study, students considered that professors who adopt a more accessible and friendly posture in the academic clinical environment favor the learning process, since they contribute to the creation of a favorable context to clarify doubts, monitoring of appointments and encouragement for more complex procedures. In this sense, positive interaction appears as a favorable aspect to broaden essential clinical competencies in professional education.

This study evidenced that the course demands alongside a negative context at the clinical practice directly contribute to an imbalance in the students' health. There are several types of violence, for example, psychological, sexual, moral, social, emotional, institutional, patrimonial, religious, and academic, among many others. For this reason, professors (aggressors) show a wide variety of offensive behavior, and this violence oppresses, causes illnesses, and weakens students in the academic world with immeasurable consequences⁵.

A study carried out in a public higher education institution in Bahia with Engineering students, reported that moral harassment led students to the same type of feelings as those reported in this study, such as fear, anxiety crisis, low academic performance, and physical, emotional and psychological imbalance⁵.

The process of mental health relativization by great part of professors, as the discourses presented here, create barriers to continuous institutional strategies of academic performance improvement, university evasion reduction, and a improved feelings of wellbeing¹⁸. A study in the literature¹⁹ suggests that HEIs should keep tutorial programs for support and welcoming, discussions about mental health, stimuli when recognizing limits; development of self-care strategies; offer of psycho-social support services with psychological and/or psychiatric care.

In this context, psychological support enables the expression of concerns and problems, with the possibility of finding solutions, an essential factor for promoting student autonomy and helping to solve such issues²⁰. It is noteworthy that, in this study, the data gathered confirms the fact that many students receive psychological support at the institution, which demonstrates that the HEI has sought means for mental care. However, it is also worth noting that the action plan must be more comprehensive, as it must establish possible solutions to the causes, and not only work with their consequences. Therefore, the form of professor-student interaction needs to be a topic better explored institutionally.

Central Idea 3: Institutional measures against inadequate professor's posture

Although initially in the collective discourse there seems to be a general lack of knowledge by students about institutional measures against inappropriate professors' behavior, in fact, several academic bodies were mentioned that could mediate conflicts and/or dilemmas between professors and students. As mentioned by the students, the HEI statute explicitly states, among other duties of the Department, to represent before the departmental plenary and the Rector's office against acts of indiscipline and irregularities committed by assigned staff, suggesting appropriate measures, and of the Board to represent before the board plenary and the department against acts of indiscipline and irregularities committed by professors, students and technical-administrative staff, suggesting appropriate measures.

In this study, students demonstrated knowledge about the ombudsman's office as an intermediary between users and institutions. However, as in a study at the Federal University of Pernambuco, it was found that the academic community (students, professors and technicians) is unaware of the role of the Ombudsman's office in helping to strengthen citizenship and increase social participation²¹. This shows that actions to increase the ombudsman's and university agents' visibility and interaction must be constantly developed.

On the other hand, students mentioned the use of social media to report facts, described as an 'escape from the stress of academic life'. However, this refuge for students to report their experiences in an ironic way may demonstrate a desire to externalize opinions that do not reach their target. The HEI should consider that the new generations interact through social media, and few studies have looked into its use as a form of social control²².

Apparently, students' lack of knowledge about the measures is more associated with distrust regarding the resolution and fear of suffering reprimands, than with the appropriate ways of implementing them. One of the factors that contributes to the existence of moral harassment by public servants is the false idea that the stability of public service positions is immunity from penalties. This reasoning, however, does not survive a simple analysis of the law⁵. Although there is the possibility of specific legislation for civil servants among states, municipalities and the Federal District, most of them use Law n°. 8,112/90²³ to build up the Unified Legal Regime (RIJU-Regime Jurídico Único) of civil servants in the direct administration, agencies, and foundations. In fact, this law does not provide in a clear and direct way for the moral harassment issue. However, this does not mean that this type of conduct is allowed⁵.

As regards professors, the issue has taken on such proportions that there is discussion about establishing a Code of Professional Ethics for Educators. In this context, the undergraduate degree area, whose education is focused on teaching, has had difficulties in addressing this issue, in bachelor's degree courses, where professors show limited didactic-pedagogical training, these points deserve even more attention¹⁴.

This aspect may even provoke the feeling that there is a protective interaction between institutional supervision bodies and their members, and new ways to solve these issues were presented by the research participants. Most of the ideas related to solving these problems involve professors' evaluation processes and students' participation in the Board. Professors' evaluation by students plays a fundamental role in improving teaching and higher education²⁴. The HEI promotes periodical evaluations by the Permanent Evaluation Committee (CPA- Comissão Permanente de Avaliação), pursuant to Law nº 10,861, of April 14th, 2004²⁵, ombudsman, and the use of students' evaluations as an essential tool in the professors' career progression. However, such evaluation is still discontinued, with low adhesion, and lack of result presentation.

A study on the evaluation of professors by students at the Federal Technological University of Paraná, Curitiba Campus, found that, despite its consolidation, there is a slight increase in each evaluation cycle of the CPA, and even difficulties in promoting students' engagement in interacting with professors and the institution through the evaluation of those professionals by students. Furthermore, it reports that sometimes students lack maturity in identifying their level of dedication and commitment to the course, attention, discipline, and attendance²⁵. In a broader sense, professors' performance assessment in a participative approach might help the conception and implementation of new teaching methodologies²⁴.

The institutional resolution provides for assessment items for progression in the teaching career, considering the department's implementation. It also defines that the assessment instrument will be unique and encompasses three aspects of the teaching activity: programming, development and assessment of teaching. It also provides for the results to be freely accessible. In this sense, it seems that the official implementation and dissemination items have not been considered during the implementation of the subject and during the official acts of promotion in the teaching career.

The ombudsman's office, created in 2004, is part of the State Ombudsman's Office System, where complaints, suggestions, opinions, information, compliments and requests can be sent quickly and securely. The ombudsman's office seeks to ensure that the entire society has access to information through various communication channels. However, as found in the results, there is a lack of practical examples that resulted in a resolution, a fact that contributes to distrust and skepticism regarding its resolution capacity, causing students to choose not to take initiatives when faced with demands.

Regarding students' representation in the various institutional bodies mentioned as a possible measure, according to the General Regulations of the HEI, there is information about student representation in Boards, with the right to speak and vote, corresponding to a total of 12% of the members of the university's Boards and 20% in the council, department and Board. Therefore, the institution protects students' participation in the various institutional spheres. However, it is necessary to analyze whether these representations have actually occurred or whether they constitute a figurative and not a participatory-decisive appeal. In the literature, there are reports of successful experiences of students' representation²⁸, but the existence of obstacles for their effective participation such as low voting by managers, professors and students, or due to the fact that the course is full time, as in the case of dentistry, lack of time lowers students' interest in taking part in these spaces.

As regards psychological monitoring of professors, there is institutional psychological support, which includes this target audience. The HEI Psychology Service has worked since 2009 and aims to offer support, with the intention of producing self-knowledge and improving interpersonal relationships in individual and group sessions. Therefore, professors need to be the target of preventive actions. This is perhaps why there are more and more professors on leave due to mental health issues²⁷.

A systematic review of mental health among Brazilian teachers revealed that teachers' illnesses are related to work organization, lack of recognition, student behavioral problems, little family support and deficiencies in the physical

environment²⁷. This is partly justified by the education method experienced by educators. According to Freire²⁸, in the presence of non-liberating education, the oppressed's dream is to become the oppressor, that is, there are no changes in this violent academic cycle. Therefore, this aspect agrees with the concept of structural violence since it is violence generated by organized and institutionalized structures, naturalized and hidden within social structures, which is expressed in injustice and the exploitation that leads to the oppression of individuals.

One of the limitations of the study was the logistical difficulty in collecting data, regarding the heterogeneity of the classes for participation in the focus groups. In this sense, a full-time course held in two environments (module and campus) became an additional problem for the students' participation. However, the theme did not prove to be unrelated to reality. Therefore, there was sufficient adherence for a qualitative study, where representativeness or generalization of the data is not expected. In addition, due to the difficulty in expressing opinions on inadequate teaching practices⁵, confidentiality was kept in all phases of the study, thus preventing any kind of identification of students or professors. However, in this type of approach, it is expected that there will be greater adhesion to the research by students who want to express their dissatisfaction or experience with the theme investigated.

Also, this approach did not include the perception of other relevant education agents in the clinical dentistry practice environment such as professors, managers and users. In addition, it seems relevant to highlight that the students' development process is related to other factors that are out of the scope of this study such as the institutional infrastructure and the students' posture. Therefore, further studies should investigate these aspects.

CONCLUSION

There was approximation and reports of professors' inadequate posture at the clinical dentistry practice in the education process of the dentistry undergraduate course in the HEI investigated. It also became evident how such conducts affect interpersonal relationships, academic performance, and the students' professional education and mental health.

REFERENCES

1. Bahia SHA. O ensino na área da saúde envolve a interseção de duas grandes áreas de conhecimento - educação e saúde [Thesis]. Instituto de Saúde e Sociedade: Universidade Federal de São Paulo (UNIFESP); 2016 [cited 2024 Jun 17]. Available from: <https://repositorio.unifesp.br/items/d0d25f8d-69dc-4bcb-a47a-ea859e9db60e>
2. Fauth S, Lima AGMO, Monte IC, Aguiar DML, Jacques PB, Marques PLP. Avaliação da qualidade de serviços em clínica escola odontológica na visão dos acadêmicos. *Rev Abeno* [Internet]. 2022;22(2):1623. doi: <https://doi.org/10.30979/revabeno.v22i2.1623>
3. Nascimento S, Pereira AM, Domingues MJCS. A percepção dos discentes sobre o desempenho dos docentes dos cursos de ciências contábeis e administração da Universidade Regional de Blumenau. *ConTexto* [Internet]. 2010 [cited 2024 Feb 21];10(18):7-17. doi: <https://seer.ufrgs.br/index.php/ConTexto/article/view/54331>
4. Cavaca AG, Esposti CDD, Santos-Neto ET, Gomes MJ. A relação professor-aluno no ensino da Odontologia na Universidade Federal do Espírito Santo. *Trab Educ Saúde* [Internet]. 2010;8(2):305–18. doi: <https://doi.org/10.1590/S1981-77462010000200008>
5. Freitas ACS, Pino JCD. Assédio moral pedagógico como expressão do autoritarismo em sala de aula: percepções de estudantes de engenharia. *Educ UFSM* [Internet]. 2023;48(1):e66. doi: <https://doi.org/10.5902/1984644468518>
6. Luz LA, Ramos EMO, Ribeiro ML. Relação professor-estudante: e as implicações na formação do estudante de Medicina. *Rev Pedag* [Internet]. 2022;24(1):1–27. doi: <https://doi.org/10.22196/rp.v24i1.6332>
7. Lefèvre F, Lefèvre AMC. O discurso do sujeito coletivo: um novo enfoque em pesquisa qualitativa; desdobramentos. *Educs*: Porto Alegre; 2003.
8. Santos CCQ, Ribeiro ML. A relação professor e estudante como fator contribuinte para a motivação da aprendizagem no ensino superior. *Rev Tempos Esp Educ* [Internet]. 2023;16(35):e18401. doi: <https://doi.org/10.20952/revtee.v16i35.18401>

9. Macedo MR, Paixão F, Tomaz CF. Avaliação dos professores e as implicações no seu desenvolvimento profissional: uma revisão sistemática. *Form Docente* [Internet]. 2019;11 (22):125-142. doi: <https://doi.org/10.31639/rbfp.v11i22.275>
10. Ribeiro ML. A relação professor-estudante na educação superior. *Educ Ana* [Internet]. 2020;5(1):185-200. doi: <https://doi.org/10.5433/1984-7939.2020v5n1p185>
11. Rebello M, Hoffmann JB, Carcereri DL, Finkler M. Problemas éticos no cotidiano docente em Odontologia: em busca de uma pedagogia deliberativa. *Rev Abeno* [Internet]. 2021;21 (1):1622. doi: <https://doi.org/10.30979/revabeno.v21i1.1622>
12. Finkler M. Formação profissional e/ou educação universitária: de onde viemos, para onde vamos? *Interface (Botucatu)* [Internet]. 2017;21 (61):465–468. doi: <https://doi.org/10.1590/1807-57622016.0753>
13. Caran VCS, Secco IAO, Barbosa DA, Robazzi MLCC. Assédio moral entre docentes de instituição pública de ensino superior do Brasil. *Acta Paul Enferm* [Internet]. 2010;23(6):737–44. doi: <https://doi.org/10.1590/S0103-21002010000600004>
14. Carvalho RWF, Falcão PGCB, Campos GIL, Bastos AS, Pereira JC, Pereira MAS, Cardoso MSO, Vasconcelos BCE. Ansiedade frente ao tratamento odontológico: prevalência e fatores preditores em brasileiros. *Ciênc Saúde Colet* [Internet]. 2012;17(7):1915–1922. doi: <https://doi.org/10.1590/S1413-81232012000700031>
15. Costa LED, Andrade RAM, Sousa AL, Medeiros FLS, Araújo MCA, Almeida ABC, Feitosa FSQ. Avaliação da qualidade do atendimento da clínica-escola de Odontologia da UFCG na visão do usuário. *RSD* [Internet]. 2021;10(16):e266101623173. doi: <http://dx.doi.org/10.33448/rsd-v10i16.23173>
16. Carvalho RB, Ribeiro MCM. Percepção de docentes de Odontologia sobre a avaliação da aprendizagem pelo OSCE [Internet]. *Rev ABENO*. 2022;22(2):1090. doi: <https://doi.org/10.30979/revabeno.v22i2.1090>
17. Lazzarin HC, Nakama L, Cordoni Júnior L. O papel do professor na percepção dos alunos de odontologia. *Saude Soc* [Internet]. 2007;16(1):90–101. doi: <https://doi.org/10.1590/S0104-12902007000100009>
18. Costa DS, Medeiros NSB, Cordeiro RA, Frutuoso ES, Lopes JM, Moreira SNT. Sintomas de depressão, ansiedade e estresse em estudantes de Medicina e estratégias institucionais de enfrentamento. *Rev Bras Educ Méd* [Internet]. 2020;44(1):e040. doi: <https://doi.org/10.1590/1981-5271v44.1-20190069>
19. Ferreira DCS, Cruz MSS. O nível de ansiedade e depressão dos alunos do curso de odontologia e a importância do apoio psicológico: revisão de literatura. *Rev Cathedral* [Internet]. 2022 [cited 2024 Feb 7];4(2):24-30. Available from: <http://cathedral.ojs.galoa.com.br/index.php/cathedral>
20. Carvalho MCP, Junqueira LG, Cerdeira CG, Costa AMDD, Santos GB. Levantamento da situação de saúde mental e uso de ansiolíticos e antidepressivos por acadêmicos do curso de Odontologia de uma universidade do Sul de Minas Gerais. *Rev Univ Vale Rio Verde* [Internet]. 2017;15(1):489-496. doi: <https://doi.org/10.5892/ruvrd.v15i1.2772>
21. Biagini L. O Papel da Ouvidoria no Contexto Acadêmico Universitário. Recife: Editora UFPE; 2016.
22. Santos IL. As mídias sociais como instrumento de controle social [Dissertation]. Programa de Pós-graduação lato sensu em Gestão Pública. Universidade do Sul de Santa Catarina (Unisul); 2017 [cited 2024 Marc 5]. Available from: <https://repositorio-api.animaeducacao.com.br/server/api/core/bitstreams/22c29e16-2d6d-4332-a1af-a56689fff069/content>
23. Brasil. Presidência da República. Casa Civil. Lei ° 8112, de 11 de dezembro de 1990. Dispõe sobre o regime jurídico dos servidores públicos civis da União, das autarquias e das fundações públicas federais. Brasília; 1990 [cited 2024 Marc 28]. Available from: https://www.planalto.gov.br/ccivil_03/leis/l8112cons.htm
24. Matuichuk M, Silva MC. Avaliação do docente pelo discente na melhoria do desempenho institucional: UTFPR/SAVI. *Ensaio: Aval Pol Públ Educ* [Internet]. 2013;21 (79):323-348. doi: <https://doi.org/10.1590/S0104-40362013000200008>
25. Brasil. Presidência da República. Casa Civil. Lei ° 10.861, de 14 de abril de 2004. Institui o Sistema Nacional de Avaliação da Educação Superior – SINAES e dá outras providências. Brasília; 2004 [cited 2024 Marc 28 em 28 de março de 2024]. https://www.planalto.gov.br/ccivil_03/_ato2004-2006/2004/lei/l10.861.htm
26. Nunes VS, Moraes CC, Silva NN, Santos ML, Gonzáles NCA, Moreira MS, et al. Representação estudantil no Ensino Superior: o caso do Diretório Acadêmico de Ciências Biológicas da Universidade Federal do Vale do São

Francisco. Rev Ext UNIVASF. 2022;10(2):258-276. Available from:

<https://www.periodicos.univasf.edu.br/index.php/extramuros/article/view/1931>

27. Diehl L, Marin AH. Adoecimento mental em professores brasileiros: revisão sistemática da literatura. Estud Interdisc Psic [Internet]. 2016; 7(2):64-85. doi: <https://doi.org/10.5433/2236-6407.2016v7n2p64>
28. Freire P. Pedagogia do oprimido. 42 ed. Rio de Janeiro: Paz e Terra; 2005.

Conflict of interests: The authors declare no conflict of interests.

Funding: No funding to declare.

Authors' contribution: Study conception and planning: MLG, MFSJ. Data collection, analysis and interpretation: MLG, MFSJ. Manuscript elaboration: MLG, MFSJ. Final version approval: MLG, MFSJ. Public responsibility for the article content: MLG, MFSJ.