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# Breaking the barriers: addressing dental students bullying by medical counterparts and promoting a collaborative learning environment

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The study question on the bullying of dental students by their medical counterparts is of the utmost significance due to the policy implications and the necessity for additional research. Despite anecdotal evidence showing instances of competitiveness and exploitation between dental and medical students, there is an absence of comprehensive studies on the incidence and impact of bullying specifically targeted against dental students. This research gap is concerning since bullying has a negative impact on people's mental health, academic success, and professional development. This review provides an in-depth study of the matter, allowing the policymakers better understand the scope and dynamics of bullying among medical and dental students, to enable them develop specialized policies and programs to address the problem.

## KEYWORDS

bullying, medical, dentistry, Pakistan, rivalry

## Policy brief

Bullying, which is defined as persistent attempts to intimidate, hurt, or undermine a target, is a serious issue that affects students of all academic levels and disciplines and occurs frequently in academic environments (Averbuch et al., 2021). Even while there is anecdotal evidence of rivalry and exploitation among various student groups, there is a dearth of extensive research devoted to analyzing the prevalence, and effects of bullying specifically aimed at dental students. Considering the detrimental effects of bullying on mental health, academic achievement, and professional growth, this study gap is especially concerning. This article provides a thorough review of the literature with the aim of filling the void by reviewing the studies that have already been done on bullying occurrences, their effects, and potential ways to promote collaborative learning. Bullying can be presented in a variety of manners, including intimidation, sabotage, exclusion, and verbal abuse. Students' physical and mental health may be negatively impacted by these behaviors, which may raise stress levels and lead to anxiety, depression, and low self-esteem. It could create a hostile learning environment that hinders students' ability to concentrate, collaborate, and participate in interprofessional healthcare teams. Bullying seriously impacts an individual's educational achievement, prospective employment opportunities, and personal growth. A student may alter their career choice or even abandon their program as a result of negative bullying interactions (Rivara and Menestrel, 2016). The fields of dentistry and

medicine are not exempt from bullying. It is important to underline this because there may not be a lot of specific information on the bullying situation between dental students and medical students. Although anecdotal data or personal experiences may point to instances of rivalry and exploitation, it is challenging to provide concrete statistics or make broad generalizations about the prevalence of bullying in particular between these two groups. Stereotypes concerning the limited scope of dental education, which mostly focuses on oral anatomy, may make it challenging for dental students to establish relationships with their medical counterparts in the health care sector (Crossley and Mubarik, 2002).

Preconceived notions, misunderstandings, and disparities in training and areas of specialization can all contribute to rivalry and bullying among students studying medicine and dentistry. These elements contribute to the lack of respect and understanding between the two groups. Contrary to medical students who may believe they have a broader and more well-known subject to study, stereotypes can depict dental students as having a narrow focus on oral health. These untrue notions could encourage bullying and a sense of hierarchy (Niven et al., 2022).

The disparity is further exacerbated by the diverse educational programs for dentistry and medical students. While medical students have a more thorough curriculum that includes various systems of the body and disorders, dentistry students receive substantial training on oral health, dental procedures, and maxillofacial structures. Due to perceptions that each group's area of specialty is either devalued or superior to the other, these variations in training and scope of practice can lead to misunderstandings and spark rivalries. Additionally, rivalries and bullying inside the healthcare education system can get worse due to competing for scarce resources (Victoria, 2023). There may be intense competition between dentistry and medical students for clinical placements, research opportunities, and mentorship positions as a result of these resources. As students try to outperform their friends, this competitive environment can worsen existing rivalries and lead to bullying behaviors. Research in psychology and sociology provides insight into intergroup dynamics, stereotypes, and collaboration. According to studies, professional collaboration thrives when the group sees each other positively and share a sense of purpose (Green and Johnson, 2015). Interprofessional interactions are essential in determining how dentistry and medical students interact with one another. A study by MacInnis et al. demonstrated that negative attitudes between groups frequently result from a lack of familiarity and erroneous assessments of the abilities of the other group (MacInnis and Page-Gould, 2015). Applying this understanding to the context of interactions between dentistry and medical students, it is clear that misunderstandings regarding the depth of one another's expertise may contribute to rivalry and bullying. The analysis becomes more thorough and insightful into the underlying reasons of the problem by stressing these psychological mechanisms. Effective communication, teamwork, and respect are crucial for maintaining a good and productive environment in interdisciplinary contexts, such as during clinical rotations or joint projects. However, if rivalries and prejudices continue, these exchanges may turn tense, which would only serve to further bullying.

Research studies have repeatedly demonstrated that bullying has a detrimental effect on mental health in a range of educational environments, including dental schools (Averbuch et al., 2021). Bullied students are substantially more likely to feel stress, anxiety, and

depression as a result (Rivara and Menestrel, 2016). Continuous exposure to bullying behaviors may have a negative impact on a student's overall health and ability to handle the challenges they face during their education journey (Averbuch et al., 2021). Additionally, bullying can have a detrimental effect on a student's sense of self-worth and self-efficacy. It affects their self-esteem, confidence, and self-belief. Students studying dentistry who are bullied may encounter negative situations that make them distrust their own skills and undermine their confidence. This may have an impact on their academic performance and professional growth, which may decrease their drive and commitment to their education (Haraldstad et al., 2019; Averbuch et al., 2021).

The study by Rivara and Menestrel (2016) raised awareness of the negative consequences of bullying on academic advancement in dental education (Rivara and Menestrel, 2016). Bullied students may experience a decline in their academic performance, including lower grades and substandard exam scores. The stress and anxiety brought on by bullying may hinder their ability to concentrate, focus, and effectively absorb information, which may impair their ability to acquire and retain information (Rivara and Menestrel, 2016). Students' personal and professional development may be hampered by bullying's emotional distress. Dental students who are bullied may withdraw more frequently, be less engaged in class, and be less eager to assist patients (Gusfre et al., 2022). The fear of being singled out or humiliated may limit their desire to take chances and consider new opportunities, which ultimately hampers the development of their clinical skills and their ability to work effectively with other members of a dental team (Haraldstad et al., 2019; Averbuch et al., 2021). There is strong evidence that people who experienced bullying during their education were more likely to choose career choices that limit interprofessional interactions, potentially limiting their ability to advance and make contributions (Cantone et al., 2015).

There is an undeniable association between bullying events and higher levels of psychological discomfort, including depressive and anxious symptoms, according to studies on bullying and the psychological health of dental students (Rivara and Menestrel, 2016). Another study by Batool (2023) assessed the relationship between bullying victimization and students' academic achievement and self-esteem. The research showed a link between bullying victimization, self-esteem, and academic success, showing that bullying victims had lower self-esteem and less successful academic careers (Batool, 2023). These studies demonstrate how bullying negatively affects students' mental well-being and ability to advance professionally. In addition to the immediate effects on mental health and academic performance, the negative implications may have long-term effects for career choices and success in the field of dentistry.

In conclusion, the review of previous studies emphasizes the extent to which bullying is among dental students. Given its detrimental impact on mental health, academic achievement, and professional development, the dearth of thorough research on this topic is alarming. The issue is made worse by psychological dynamics, intergroup misunderstandings, and rivalry. A comprehensive strategy is required to address these problems. A comprehensive approach can be taken into consideration in order to alleviate the problem of bullying and foster a collaborative learning environment. These proposals can be put into practice in dental and medical schools alike, while also including the provincial government in developing plans and policies. Some of these include:

1. Implement comprehensive training and advocacy initiatives on bullying avoidance and group learning for students studying dental and medical school. These interactive sessions should be aimed to inform students of the negative impacts of bullying and foster an atmosphere of empathy and cooperation.
2. Develop and enforce anti-bullying policies and measures at medical and dentistry schools. These regulations should clearly outline bullying practices, sanctions for perpetrators, and victim assistance programs. Encourage the use of reporting systems, and preserve the privacy and safety of those who come forward to report bullying.
3. Establish mentorship programs by providing an advice and assistance to students, fostering a welcoming and productive learning atmosphere.
4. Promote cooperation, respect, and understanding between the two professions by supporting multidisciplinary initiatives that pair up students from the faculties of medicine and dentistry to tackle shared health-related issues, creating a sense of unity and a shared objective.
5. Develop and implement faculty development initiatives fostering a collaborative learning environment. Strengthen the capacities of faculty members about the consequences of bullying while providing them the tools they need to deal with and stop bullying. Encourage them to act as an inclusive role model and to act quickly to stop bullying.
6. Allocate funds and support research projects that investigate the occurrence and effects of bullying in order to bolster the development of evidence-based solutions.
7. Involve the decision makers in the formulation of strategies and policies to address bullying in medical and dental schools. Engage with the appropriate authorities to set rules, oversee the application of anti-bullying measures, and guarantee adherence.

Removing obstacles and addressing harassment of students by peers calls for an all-encompassing strategy. Medical and dental schools in Pakistan can establish a setting that prioritizes deference,

teamwork, and the wellbeing of students by putting awareness campaigns into effect, developing policies, encouraging mentorship, encouraging interdisciplinary collaboration, investing in faculty development, and collaborating with the provincial government. The critical need for studies that examine the experiences and impacts of bullying dental students face from their medical counterparts is highlighted by the lack of precise facts and figures. By increasing public knowledge of this specific aspect of bullying, authorities can implement regulations that support a respectful and cooperative learning environment, ensuring the success and welfare of dental students.

## Author contributions

WQ: conceptualized the topic, literature review, correspondence, and drafted manuscript. MQ: reviewed manuscript, literature review, and final review. AN: literature review and final review. All authors contributed to the article and approved the submitted version.

## Conflict of interest

The authors declare that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.

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