

Between mirrors: healthcare training and its production of violence

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Received Dec. 29, 2017. Approved March 28, 2018.

ABSTRACT

The goal of this research is to understand the occurrence of violence during healthcare training, its origins, vulnerable groups and mechanisms by which such violence can occur. The study was divided into a survey of the literature on the occurrence of violence in healthcare training and a qualitative research, in which a course of the health area was analyzed - dentistry. Interviews and focus group were conducted with students and teachers and were analyzed through the technique of content analysis. The results reveal several types of violence, characterized as community interpersonal violence, cultural violence and institutional violence. Such violences, it is concluded, are a part of healthcare training and constitutive of the identity construction of these future health professionals. They are trivialized or naturalized, and therefore remain unconscious and of non-immediate visibility. The method used was sensitive to capture such phenomena and the discoveries can collaborate as a subsidy so that institutional pedagogical, political and curricular arrangements are able to act on this matter.

Descriptors: Violence. Professional Training. Social Justice. Bioethics

1 INTRODUCTION

The World Health Organization (WHO)¹ defines violence as the use of physical force or

power, either as a threat or in practice, against oneself, another person or against a group or community that results in or can result in

suffering, death, psychological harm, impaired development or deprivation.

Minayo² prefers to approach it in the field of subjectivity, which means bringing this discussion to the daily reality of people, into the micropolitical space, showing that it reaches singular and also collective existences. Violence is associated with domination, in which there is the affirmation of powers legitimized by a certain social norm that gives it the social control. However, it is necessary to distinguish violence from power. For Hannah Arendt³, real power is legitimate when it occurs through argumentation and dialogue, in a way that a representation of the collective is appointed. Violence, on the other hand, is the absence of dialogue and its replacement by force. Other definitions of violence are present in the discussion on this subject, be it violence as non-recognition or denial of the other, or as a denial of human dignity or lack of compassion. In all these definitions the common point is the lack of the subject of the argumentation, of the negotiation, denied by the arbitrariness of those who promote violence⁴.

The understanding about violence, its causes, consequences and sociocultural relations are increasingly required content within the humanistic aspects of the training of healthcare professionals. However, prior to this, we must question the extent to which the practice of healthcare training itself produces violences, what are their origins, the most vulnerable groups affect by them and their reflexes in the formation of the professional who wants to be more ethical and sensitive.

This network of interactions that occurs in the university is where individuals form and transform their identities and embrace or reject ideas. The university student community builds their perspectives of how to act as professionals within the representation of professional

category built from the enculturation of their characteristics and ways of acting⁵.

Sexual harassment, physical and moral aggression towards new students, contexts of humiliation and embarrassment in teacher-student-patient relations, besides prejudices and discrimination are some forms of violence that are found in healthcare training. Thus, this study provides an analysis of the different types of violence that occur in healthcare training and its discussion, grounded in the fields of Collective Health and Bioethics.

The goal of this study was to understand the occurrence of violence during healthcare training, its origins, the vulnerable groups and the mechanisms by which such violence can occur.

2 METHODOLOGICAL APPROACH

The present study was submitted and approved by a Research Ethics Committee (CAAE: 14565613.3.0000.5243).

The research was divided into two stages: the first comprised a literature survey on violence in healthcare training. PubMed, SciELO e Periódicos CAPES databases were used to search for articles, books, theses and dissertations published in the period between 2005 and 2015, using the keywords bullying, prejudice, moral harassment, prank, teacher-student relation, student-patient relation, healthcare training. From the data collected, a table was constructed with the frequency of appearance of the types of violence in the articles, each characterized with examples.

The second stage was a qualitative study that analyzed a Dental course in a public university. Data were collected through in-depth interviews with 8 teachers (including the course coordination) and 15 students (comprising the 3 initial and the 3 final periods) and a focus group with 7 students from the 7th period. The

intention was to obtain the representation of those directly involved in the training process – students and teachers – in addition to a representative of the course coordination. To determine the number of participants, we used the saturation criterion⁶. Therefore, from this number of students and teachers, the answers would be redundant in relation to the research goals. Being a qualitative research, the criterion of quantitative representation of sample for these groups, demanded when generalizations are desired, is irrelevant. In order to identify these key informants we received help from the research participants themselves who at the end of the interview, being already knowledgeable about the content of the questions, indicated possible students or teachers who could make important contributions to the research⁷.

The interviews were performed using a digital recording system, followed by an integral transcription to enable the next stage of data categorization. The data were analyzed using the technique of content analysis⁸.

3 RESULTS AND DISCUSSION

Step 1: literature survey

Forty-seven scientific papers that approached the theme between 2005-2015 in different countries were found. Some studies discuss the consequences of stress, student depression and increased vulnerability of university clinic patients exposed to violence, up to the very reproduction of violence by students with colleagues, teachers and patients. Table 1 shows the frequency of appearance of the types of violence with examples.

Table 1. Categorization and frequency of occurrence of types of violence in healthcare courses between 2005 and 2015, as collected in the literature

Types of violence and mentioned frequency	Examples described in the papers
Prejudice (21,8%)	Sexism, homophobia, racism, social class and regional origin discrimination, gender and race stereotypes, gender discrimination.
Verbal abuse (20%)	Intimidation, shouting and verbal aggression.
Sexual harassment (15,3%)	Sexual blackmail or offensive jokes with female students.
Subtle violence (14,1%)	Use of irony, discrimination disguised as a joke, banalization/naturalization/legitimation of violence.
Disqualification (9,4%)	Moral relegation, demoralization of the student.
Humiliation (9,4%)	Embarrassment, ridicule.
Authoritarianism (7%)	Lack of dialogue, pedagogy of fear, coercion, psychological pressure.
Physical abuse (3,5%)	Prank: punches, slaps, shoves.

It was of notice that 76% of the studies refer to violence in the teacher-student relation.

Rios & Schraiber⁹, in deepening their analysis of the teacher-student relation in a medical school,

observed relationships in which the teacher places himself as the holder of knowledge and with the power to subjugate the students or patients, triggering an environment of tension, frustration, and anxieties. They emphasize that this is contrary to proposals for training geared towards a more humanistic profile of health professionals that are widely advocated.

Teaching can both help to form autonomous and ethical subjects, as it can perpetuate submissions and hierarchies, and it is noted that some students reproduce this practice of subjugation with their patients or even with colleagues and other teachers who are not authoritarian^{9,10}.

There is a concern reported in most of the studies of this survey about the banalization of the different types of violence or the invisibility of the symbolism of these violences in a training of healthcare professionals, as several authors^{11,12} discuss. They emphasize that, until then, there was no interest within the university sphere itself to deal with this subject, since it was not considered relevant enough to become a category for academic studies, but this has been gradually changing, especially concerning the violence in pranks¹³.

It is vehemently necessary to question the responsibility of educational institutions on issues of violence in university education in reaction to the naturalization and banalization, which creates a smokescreen for a serious issue within healthcare training. From an ethical perspective, it is not possible to admit connivance or tolerance with any type of violence during healthcare professionals training, since this is in conflict with the expanded concept of health itself¹¹⁻¹³.

None of the studies indicated suggestions for these problems, neither in the moral nor in the educational scope. Healthcare courses neglect and have not yet incorporated these

social justice themes into healthcare professionals training.

Step 2: Field survey analysis

Reports were obtained from students and teachers of a dentistry course through interviews and a focus group, the observations ranged from physical and moral violence to sexual harassment and coexistence in a sexist environment. These issues are little discussed in healthcare training, and we intend to shed a light on situations that are building the students' identities and in some way hampering their ability to maintain physical and moral integrity.

We will present a synthesis of the qualitative analysis of the interviews, based on a few samples of the collected statements that will illustrate the categories.

On physical violence and disrespect

By hearing just over twenty students in a universe of approximately 360, we had two different reports of physical violence carried out by teachers:

My friend, in one of the clinics, was slapped in the hand by a teacher. He picked up a wrong thing, she (the teacher) hit it like that (he demonstrates the slap in his hand and says:) No, I did not ask for that! He has never forgotten it to this day. (male student)

[...] there was a teacher who assaulted a female student. I know that the student even got a 10 in a test because she threatened to sue him, or something. He physically attacked her. Because it looks like she was messing up. It does not justify it! He told her to stop and said he was going to leave. The girl did not stop, he went there, slapped her, knocked everything over and said: I told you to stop! (female student)

There are several developments that

belong to this issue, from an education that preserves a rigid, undemocratic conformation that places the students as passive individuals who receive the mentor's teaching, until an abuse of power fed by a hierarchy of relationships that, when becoming authoritarian, does not find any institutional barrier to stop disrespectful attitudes.

The passivity, the place of subjugation and the hierarchy seen in many situations of the teacher-student relationship during this study begin as soon as the student enters the course through a ritual legitimized by the academic community in general: the prank.

I only attended one day (of the prank) because in the first day I got angry with a boy because I told him that they couldn't do those things to my hair, [...] He threw paint on my head and put something in my ear. "If we don't want to, you have to respect us." (female student)

Differently, other students expressed more pleasant perceptions about the prank:

The prank was fine. I had a choice to leave whenever I wanted. (female student)

It's a prank for fun mostly. (male student)

The aforementioned statements exemplify many testimonials about the prank collected during the research field. These testimonials are divided into perceptions of physical violence and disrespect and perceptions of feeling respected, without humiliation and embarrassment. This result is confirmed by the findings of another study in which it was applied as a questionnaire to students that should classify prank practices as "joke" or as "violence." The conclusion is that it is a joke to some and it is a violence to others¹⁴.

The anthropologist Heloísa Buarque de Almeida¹⁴ considers that in unequal societies like ours rituals of passage such as pranking

strengthen the hierarchy. So the first social rule found by students is a rule of submission. Although it is optional (the reports suggest that the prank is optional) this option is crossed by subjectivities that are related to expectations, fear of exclusion and legitimation of the prank by the university that reinforces the tradition and the intimidating environment, as posed by Akerman, Conchão, Boaretto¹¹.

It is necessary to draw attention to the lack of concern of the teachers about how the prank occurs, which in fact is treated as a separate activity, while at the same time as part of the training, although it is not seen like this:

No, I do not know, because I'm in the ninth period, ok? But I've heard of it[...] Now here they ask them to raise money on the street and they paint the person as a superhero ... Minie ... Beautiful paintings, they are cool. (male teacher)

The majority of the teachers interviewed did not demonstrate a critical or questioning thought on the meaning and symbolism of the prank, such as the roles of subjugation of the freshman in relation to the veteran, which is totally naturalized.

We have seen, therefore, that physical violence begins in the prank among students, but also occurs in the relationship of teachers with students. Such violence, which should not be tolerated in any degree in an educational institution, is inscribed in a hierarchical and marked by abuse of power relation, which needs to be problematized in healthcare training.

Sexual harassment or disrespect for gender and sexual orientation

Gender-based violence against women has been a growing debate in our society. When this violence takes place within universities, reflecting a sexist environment where university education has taken place, this debate should be

included in a guideline of ethical responsibility of this educational institution.

The following statements denote sexist and disrespectful "jokes" that reinforce a stigma of a vulgarized sexual object and that is often affirmed by our society:

(on the prank) The girls climbed to the highest part of the DCE and the veterans stood around, and you had to tell whether you were a virgin or not, which veteran you would have sex with, and you had to point him out, which position you like the most, questions like that. And you had to talk! Embarrassing! [...] Oh! About the watermelon. They take a mint drop and put it in the watermelon, then you have to catch it with your mouth. But you have to lie on the floor, face down and take the mint drop with your mouth! (female student)

They make jokes that I think are very ridiculous, obscene, anyway! (female student)

What does it mean to tolerate a ritual that ranges from violence to non-violence, respect and non-respect?

A student who was already graduating complements:

[...] and that we had to sing some songs with sexual content, men and women and, of course, the content of the songs was damn sexist, and very neurotic in the sense of that fissure about sex, which was an unsustainable thing [...] Women were totally vulnerable to these games, because it was a sexist and heterosexual prank, so it was men talking to women, even though I did not feel comfortable in this situation. (male student)

Then, the same student gives an example of the many embarrassments that have occurred during the whole course, caused by a

heteronormative and, again, sexist environment, which once more demonstrates the issue of the sexualized environment and the affirmation of a stereotyped image of the woman's body as a sexual object, during a lesson:

I remember a teacher who joked with me, he was talking about a certain position of the body in a laboratory analysis, he said something related to butt, he used the word butt, and the way he said: woman's butt, that every Brazilian enjoys woman's breast and butt.. And he asked me if I liked it. Then I said no, that I was not heterosexual. Then he looked like that (scared expression). Then I said, "Do you have any other questions, Professor?" Then he returned to the class, and said nothing more. I felt he was pushing it, forcing a joke, forcing a bad situation. (male student)

[...] For example, this teacher's joke, about breast and butt, the boys laughed at it. It was sexist and they were comfortable with it. [...] Women are very vulnerable in the interpersonal relationship between students, more as a sexual object, the stereotyped image of woman. (male student)

As a gay man, I have always been very militant, but there are also very humiliating situations in relation to this sexualized, sexist and heteronormative environment. I still feel that it exists, but I also fought it a lot. There are lots of jokes, a lot of embarrassing moments in the clinics. And I think it's precisely because of this extremely sexist power relationship [...] And the teachers, also in the clinics, they make a lot of jokes in a sexual context. (male student)

The account already provides a very elucidative analysis on this framework that

undermines the condition of being free of sexual harassment and of disrespect to gender and sexual orientation. And in these last examples, we have an affirmation of it by the act of the teacher, as it shows in the "jokes" that are part of the classes. The veteran-freshman and teacher-student relations draw the outline of a power hidden by a naturalization, somewhat invisible to the eyes of almost everyone.

To the eyes of the following female student, it did not pass imperceptibly, when asked if there were situations of sexual harassment, she responded immediately:

Ah! Yes! It happens (sexual harassment). We were all watching the class, we were talking about bruxism, so (a female student) said that while she's watching a movie and she's gnashing her teeth. Then the teacher said, "Oh, I can look at it for you, you just have to invite me to watch a movie with you." In front of the whole class! Then she was shocked, right? He said: "No! You have to respect me!" [...] (and the teacher continued) "If you want we'll go to the clinic, but only if I am allowed to play!" [...]. And he's always like this with everyone, with the cutest little girls, then?! Blondies and such, and...wow! There's one there! It's a lot of gibberish. So much that he does all of her stuff. [...] you see that it's a different relationship! (female student)

On the other hand, the students of the focus group consider the sexual connotation games to be somewhat trivial in the relationship between teacher and students, as one participant puts it: *A little slack is given... some playful things ... (that the teachers do)* (focal group). While making this statement the student does not show any sense of indignation or disapproval, and the rest of the group did not manifest itself differently.

These attitudes are considered natural and

even inevitable, according to one teacher:

I think today the teacher, especially I think the younger male teachers, handsome men... the girls, mostly women, because it is the majority that dominates dentistry, I think they (male teachers) are very resilient. (laughs) I would give a grade 10 to them (the male teachers)! (female teacher)

This teacher's statement instigates many insights to understand the consequences of the sexist society in which we live and that still preserves a discourse used not only by men but also by women to obscure contexts that are always at the limit of sexual harassment and that sometimes have these limits exceeded. We are, however, within an educational institution that, moreover, forms healthcare professionals.

Sometimes we also talk in informal conversations and the guy talks, praises attributes, and this and that... So far so good ... I think if it does not go beyond that, that's fine. Now, to take advantage of the vulnerability of the other, that is serious. Now, it's not just here, I think everywhere there is going to be someone with that profile. (male teacher)

This teacher visualizes a limit of what one can and can not do, a limit that is not based on a very clear principle. The informal conversation among teachers about student's *attributes* can turn into *inappropriate jokes* in the classrooms, clinics, labs, or become sexual harassment through embarrassing games. As a student put it, *the environment is conducive to sexual harassment*, and when the environment is already legitimized by the course, nothing is lacking to accumulate embarrassing and humiliating situations that can lead to lawsuits:

I have heard about it before. I think there's a teacher who received a work leave, suffered a lawsuit. It's a teacher

that the students used to say committed sexual harassment. I think he is not here anymore. (female teacher)

A case I heard about concerned a male teacher with a female student. There was a lawsuit and another one of moral harassment as well, always from teacher to student. (male teacher)

There is also a report of harassment between a male teacher and a female patient, who was "persuaded" not to make a complaint:

A case that a certain patient wanted to make a complaint about sexual harassment and then they called the people involved and the people came and said: let it go, it was not like that, then it came to me and it did not go beyond that, but the patient wanted make the complaint. It was a teacher-patient. She was persuaded to leave things as they were. (male teacher)

This type of violation in asymmetric relations increases gender and social class vulnerabilities and exposes the university to a delegitimization of its human, ethical and socially fair education role.

Attitudes with sexist connotations and sexual harassment need to ignite the debate about social markers that produce inequalities within university education. And, for the training of healthcare professionals, this becomes a curricular guideline. As Marques et al¹⁶ put it, it is worth emphasizing the daily dimension of these disrespectful acts within the university education that, in general, are tolerated by those who participate, especially when they involve asymmetric relations of power, originating a kind of invisible violence that, in the great majority of the times, never get to be assumed, verbalized or denounced by those who suffer it. Several voices at times express embarrassment and indignation about events of sexual

harassment, sexism, sexualized and heteronormative environments. At other times, one perceives the trivialization, the naturalization or the affirmation of it.

4 FINAL CONSIDERATIONS

The present study showed a sample of the various forms of violence that operate in a healthcare training course and in the interactions within it, such as physical violence, abuse of power, lack of respect for gender and sexual orientation. Much of what was reported was within the day-to-day scope of pedagogical processes, materializing as jokes, pranks and comments that reproduce a sexualized, sexist and heteronormative environment. In some cases they are explicit manifestations, but for the most part they occur in the midst of invisibility, weaving nuances, nevertheless they leave their marks on what is taught and how it is taught. As naturalized practices they prevail as a part of this training.

It can be observed that there is a need to shed some light on this issue in training, so that this theme is part of a dialogue between teachers and between teachers and students. A construction of a critical viewpoint on these issues is what pedagogical arrangements can offer. The challenge is to recognize the training institution's role of responsibility regarding these aspects.

Here we ought to discuss belonging, recognition, sexism, misogyny, social exclusion and a lot of other necessary things know as they occur in daily life. Knowing this, we open ourselves to learn otherness, to have more just and equitable relations and to respect the history of the other, in their differences, and learning with them.

ACKNOWLEDGMENTS

To the Coordination for the Improvement of

Higher Education Personnel (CAPES), for the granting of a Doctorate scholarship.

RESUMO

Entre espelhos: a formação em saúde e sua produção de violência

O objetivo da pesquisa é compreender a ocorrência de violência durante a formação em saúde, quanto à suas origens, grupos vulneráveis e mecanismos pelos quais podem ocorrer tais violências. O estudo dividiu-se em uma etapa de levantamento da literatura sobre a ocorrência de violência na formação em saúde e outra de pesquisa qualitativa, na qual analisou-se um curso da área da saúde - odontologia. Foram feitas entrevistas e grupo focal com estudantes e professores, analisadas por meio da técnica de análise de conteúdo. Os resultados desvelam diversos tipos de violências, caracterizadas como violências interpessoais comunitárias, violência cultural e violência institucional. Conclui-se que tais violências fazem parte da formação em saúde e compõem a construção da identidade destes futuros profissionais de saúde. Tais violências são banalizadas ou naturalizadas, portanto pouco conscientes e de visibilidade não-imediatas. O método empregado foi sensível para captar tais fenômenos e os achados podem colaborar como subsídio para que arranjos institucionais pedagógicos, políticos e curriculares possam atuar sobre isto.

Descritores: Violência. Formação Profissional. Justiça Social. Bioética

REFERENCES

1. Organização Mundial da Saúde (OMS). Relatório mundial de violência e saúde. Genebra: OMS, 2002. [Accessed 22 Nov. 2017]. Available at: <https://www.opas.org.br/wp-content/uploads/2015/09/relatorio-mundial-violencia-saude.pdf>.
2. Minayo, MC. Violência e saúde. Rio de Janeiro: Fiocruz; 2010. 132p.
3. Arendt, H. Sobre a violência. São Paulo: Civilização Brasileira; 1999. 167p.
4. Zaluar A, Leal MC. Violência extra e intramuros. Rev Bras Ciênc Soc. 2001; 16:145-64.
5. SiqueiraVHF, Fonseca, MCG, Sá, MB, Lima, ACM. Construções identitárias de estudantes de farmácia no trote universitário: questões de gênero e sexualidade. Pro-Posições. 2012;23(68):145-59.
6. Fontanella BJB, Ricas J, Turato ER. Amostragem por saturação em pesquisas qualitativas em saúde: contribuições teóricas. Cad Saúde Pública. 2008; 24(1):17-27.
7. Vinuto J. A amostragem em bola de neve na pesquisa qualitativa: um debate em aberto. Temáticas. 2014; 22(44):203-220.
8. Bardin L. Análise de Conteúdo. Lisboa: Edições 70; 2008. 281p.
9. Rios IC, Schraiber LB. A relação professor-aluno em Medicina - um estudo sobre o encontro pedagógico. Rev Bras Educ Méd. 2012; 36(3):308-16.
10. Cruz GV, Pereira WR. Diferentes configurações da violência nas relações pedagógicas entre docentes e discentes do ensino superior. Rev Bras Enf. 2013; 66 (2):241-50.
11. Villaça FM, Palácios M. Concepções sobre assédio moral: Bullying e trote em uma escola médica. Rev Bras Educ Méd. 2010; 34(4): 506-14.
12. Akerman M, Conchão S, Barreto RC. “Bulindo” com a universidade – um estudo sobre o trote na Medicina. Porto Alegre: Rede UNIDA, 2014.
13. Rego S, Palácios M. Abusos na escola médica. Rev Bras Educ Méd, 2014; 38(4): 417-8.
14. Delgado M. Na mira do trote. Rev Piauí. 2015; 101:32. [Accessed 22 Nov. 2017]. Available at: <http://piaui.folha.uol.com.br/materia/na-mira-do-trote/>.
15. Marques RC, Martins Filho ED, De Paula

GS, Santos RR. Assédio moral nas Residências Médica e não Médica de um hospital de ensino. Rev Bras Educ Méd. 2012; 36(3):401-6.

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