

## Reflections between Ethics, Pedagogy and Violence within the Health Personnel

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### Annotation

The relationships between ethics, pedagogy and violence were clarified to account for a training need in which the doctor has as main character, in most aspects of learning, the coercion of the student. The interaction between medical expertise and student ignorance reflects the focus of direct pedagogy, the fundamental problems that arise require attention. There are few works that evaluate violence in health institutions caused by staff against the staff itself, this phenomenon has had little visibility, however, there are studies that show important data. The institutional order of medicine, the effects on professionals are of various circumstances, it dissolves in the meanings of medical staff, residents are a vulnerable group in the IMSS given the socio-political and academic conditions in which they find themselves - for example- Since in many occasions these groups are opposed to the cooking of the subjects with greater hierarchy, this is impotent for doctors because they must assume the conditions to continue with their academic and professional development.

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### Ethics and Violence

Violence problematizes a schematic failure for the subject, the resolution of the itself can not only be sentenced from a punishment, it is even tautological think about punishing a violent subject since it would be using violence, this paradigm hinders the conceptualization of violence as an exercise that subjects to the others within an intentionality. We often believe that violence

has as an end the obtaining of certain objects, some monetary gain or a superficial demand for superiority. And here the problem of violence, the physical is leaves aside for aspects of a symbolic nature where ethics, society, contexts, jurisdiction.

Some institutions have tried to define violence, WHO defines violence such as the deliberate use of physical force or power,

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whether threatening or effective, against oneself, another person or a group or community, that causes or is very likely to cause injury, death, psychological damage, developmental disorders or deprivation [1]. This definition, although very plausible, omits fundamental aspects in relation to power, history and psychological flows that determine, confirm or deny such act.

The concept of violence has gone through so many schematizations, definitions and analysis that is very broad and complex to give an exact definition that allows develop the subject without there being theoretical or practical gaps, however, there are consensus on its concept, the interesting thing is that these consensus generally focus the exercise of violence as an activity that breaks into the body of another, that is, physical violence, however, there are other ways of exercising violence, Bourdieu tells us that all power of symbolic violence, that is, all power that manages to impose meanings and impose them as legitimate by disguising relationships of force on which its own force is founded, adds its own force, that is, properly symbolic, to those relations of force [2]. This is essential, since put aside physical violence to impose something and give rise to a representation abstract about violence. These impositions become schemes that a subject reproduces, that is, the truth of the “dominant” is transcribed in the victim to its distribution. This creates a problem because physical violence is situated as a act that it is possible to identify given its properties and in symbolic violence not, since one is more careful with this effect. Physical violence turns into many occasions on the axis that determines whether a subject is involved in violence or not.

Also the idea of the use of force is usually problematized, not so much to deny it, but to consider that physical force does not sufficiently account for the fact, different facts: moral constraints (personal, group, cultural), power relations (without considering here that this term is also problematic, “Amorphous” Weber would say) –which in themselves structure and naturalize relationships of violence - psychological coercion and even blackmail can be important as vehicles of violence [3]. This way of thinking to violence more Beyond a physical spectrum opens reliefs on the “exercise” of violence in different areas: educational, work, family, etc.

The mutilation of violence arises from dissatisfaction, rejection, discontent, non-complacency with the dominant state of affairs in our societies and in our time: it is necessary to point out that this is a dissatisfaction with ethical content, that is, we interpret it to mean the aspiration to be better, to live in a way that we consider best, to prefer attitudes that optimize effectively the possibilities within our reach to find ourselves more satisfactorily in that desired condition<sup>4</sup>, this does not justify the act, it does not appeal to a position of absolute complacency, it is an edge that allows to understand the violence as something proper to the human, because of this character it is not possible to “get out of violence”, or denying it, this recognition intensifies the position of recognizing that the subject can take charge of his evil / being in culture.

Violence has several ethical, political and cultural highlights, and is visible only in its resistance from domination, and being symbolic (which can happen from what physical to the abstract)

implies an unfolding so that it is reproduced, violence does not is the traditionalization of a natural component, it does not imply an animal act that open intentions. The discourse of the analysis of violence implies a justification psychological-social, the violent person acquires a framework of justification that passes through the psychology, by medicine and justified by jurisdiction. The sample of violence within politics it would enter the order of the passions, the violent is pure power that seeks to destabilize others, passionately devour them to the willows of what mundane. Therefore, the effect of violence coerces the subject, it has the ability to influence unthinkable ways that determine specific paths about accessing the truth, blurring or devouring the other. The disappearance of another would have to do with the manifestation of an imposition. The violence therefore has a vertical political axis that will determine the (institutional) mechanisms that will serve to determine the interest of the violent subject. The perpetrator therefore to de starting from its absolute that brutally imposes.

Ethics and violence are two categories that overlap with each other, it is one constant dispute, the real ethical problem posed by violence is not problem of recourse to violence, the problem of entering violence –because ‘In violence we are’, whether we like it or not - but rather how to get out of violence [4]. In this approach highlights that outside of violence from an ethical conception of the human being, a resolution based on specific knowledge. Of course It is not a systematized postulate to solve violence because it is already we have internalized, we are part of the violence.

Ethics like violence has changed its meaning, historically it implies something very different from what would be posed politically, however, it does not mean that be dissociated conceptions of the same word. Among so many Badiou authors at the beginning of his text entitled “Ethics” makes a very interesting analysis because assigns a circumstantial category to ethics, begins with the assertion of that ethics concerns, in Greek, the search for a good ‘way of being’ or the wisdom of action [5]. In this sense, ethics is a part of philosophy, which it orders practical existence according to the representation of the Good. Likewise, he points out the specific temporal character and that adds the way in which thinkers problematize since among the moderns, for whom the question of the subject is, since Descartes, central, ethics is almost synonymous with morality, or - Kant would say practical reason (differentiated from pure reason or theoretical reason). It is about the relations of subjective action, and its representable intentions, with a Law universal. Ethics is a principle to judge the practices of a Subject, be this individual or collective subject. It will be observed that Hegel introduces a fine distinction between ethics and morality. Reserve the ethical principle for immediate action, while that morality concerns reflective action. He will say, for example, that ‘the order Ethical consists essentially in the immediate decision’. The current ‘return to ethics’ takes the word in a very vague sense, but certainly closer to Kant (ethics judgment) than Hegel (ethics of decision).

These ideas broaden the spectrum about ethics and situational character would imply the relationship with violence, in any case, if violence appears as a form of alter the rhythm of things, people or wills, interrupts the flow of a homeostasis, ethics must appear to generate a statute of control. East this aspect concerns dangerous

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notions insofar as the deformation of violence itself, that is, controlling it implies an institutional character that is perceived from anthropological way with the control of the passions (which later religion will see its foundations in it), the sacrifice is fetishized and therefore we have the stories of the great heroes doing the act for the good of humanity or else they mimic and it is sealed, psychoanalysts would say, “it is sublimated”, by saying it, ethics acquires a Such an important character in the face of violence that one has to refer to it.

In truth, ethics today designates a principle of relationship with ‘what happens’, a vague regulation of our commentary on historical situations (ethics of rights of man), technical-cinematic situations (ethics of the living, bio-ethics), social situations (ethics of being-in-whole), situations referring to the media (ethics of communication), etc. This rule of comments and opinions are attached to institutions and thus have their own authority: there are ‘national ethics commissions’ appointed by the state. All professions are they question their ‘ethics’. Military expeditions are also mounted in the name of the ‘ethics of human rights’ [5].

Ethics is the resource where violence slows its power, resists acts of violence, be it individual, social, political or symbolic, any type of violence is understood from a notion of ethics, in some cases of prohibition, the prohibition becomes the fencing that will abduct man’s violence, logic of prohibitions is sustained by ethics and has an effect on bodies. The violence asserts itself in prohibition, this effect spills over into verticality from one subject to another.

When violence takes effect, it is not only a conscious aspect that allows its reproduction to be identified, it is not only subjecting bodies or generating spaces of truth to promote an interest within the networks of power instituted, violence acts in all spaces and all forms of cultural and social reproduction. This means two points, the first is the fact that violence does not appear spontaneously in a space or body and the second, that violence builds the way in which ethics resists it. Ethics also functions as a provisional act that avoids the act that violence executes, although strategies are proposed that prefigure the violence, it slips away so it is always a constant.

The dynamics of violence appeals to a founding control, without violence the subject remains stranded without symptoms, if ethics put a brake (it does not mean that it retains the power) to the dynamism of violence and this is emboldened by the cracks is necessary to think about managing it [6]. Girard comments that only the transcendence of system, effectively recognized by all, regardless of the institutions that make it concrete, you can ensure its preventive or curative efficacy by distinguishing holy and legitimate violence, and preventing it from becoming the object of recriminations and responses, that is, that falls into the vicious circle of revenge. To directly address the effects of violence, it is necessary to understand ethics from its dynamism and its production, in this sense, talk about Violence evokes us to speak of ethics and vice versa indistinctly.

Justice becomes a condition that ethics has to use to stop the flow of a violent act, this imperative supports the idea of the necessity of Institutions, the creation of laws that provide for what is

“just” within a system economic-cultural-social so that we avoid collective murders, wars, disputes, etc. Ethics uses justice as a means to internalize phenomena violent The way to concretely face violence in its various manifestations - through individual and collective actions, devices institutions of prevention, control and intervention - implies addressing the normative of the phenomenon of violence, preferential sphere of law and ethics, least in democratic and liberal societies (we will leave aside here, the theocratic regimes and revolutionary situations that deserve an approach specific). However, such a normative aspect is still quite obscure in ethics, Despite the effects considered negative, verifiable in reality, of the legal interventions and local, regional and international police considered consensually (or at least overwhelmingly) as legitimate.

This “unthinkable” of ethics is quite strange, because there seems to be a naturalization of the phenomenon that prevents its analysis and normative approach, which leads to the need for its “denaturalization” as a condition for its correct approach by normative science constituted by bioethics [7]. This intention it would be notorious that the ethics to abolish violence be raised from a invisible epistemology, that is, violence has channels that not necessarily are visible and ethics would be obliged to be introduced to make a wall effect, thus, such an ethical-legal exercise would take effect within the violence.

The approach that is generated from violence occasionally borders on the subject by posed as an unjust effect of the transgression of the other, but such a sense is still sketch of what violence actually involves. As an effect, violence dissipates intentionality of making one subject act on another, is timeless and implies a terrorism to the production of the other. Ethics understands violence as consubstantial to be able to make an attempt at council, ethics reconciles the violence to make sense of it. As long as society operates in this binomial violence-ethics it is possible to treat the technique of violence to make it limitable.

Only the unique founding element and that we cannot call otherwise than religious, in a deeper than theological sense, always founding among us as always concealed, although less and less so and the building founded by him waver more and more, allows us to interpret our ignorance current both with regard to violence and religion, so that the latter protect yourself from the former and hide behind it, and viceversa [6].

This cross between ethics-violence (from which the religious is derived and that Girard<sup>7</sup> has to develop more later in his text) allows us to think of possibilities that suggest an “ethical applicable”, using tools for positive effects on the subject who violates, analyzing the effects of the violent act and using logic and reason as aspects fundamental that imply a cut to violence. This exercise in ethics applicable that helps reduce violence is planned from an aspect that has as the main axis the “universalization” of reason, thus, when violence is presents, the arguments and strategies that justify the nullification of the violence must be presented to eradicate it. In the specific case of violence, the tools of “universality” and “fairness” can be applied to judge an act provided that it has significant effects on the person affected, that is the other (or recipient of the act).

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## A Violent Pedagogy

The representation of violence and its relationship with ethics are fluctuated by pedagogy, in a certain way, it can be argued that pedagogy is the means by which ethics and violence coerce to determine a certain possibility, be it of violence or of violence. ethics.

The essential aspect of pedagogy, Foucault<sup>8</sup> will say that pedagogy is “the transmission of a truth whose function is to provide any subject with attitudes, capacities, knowledge that they did not previously possess and that they must possess at the end of the pedagogical relationship. Consequently, psychagogy could be called the transmission of a truth that does not have the function of providing a subject with attitudes, capacities and knowledge, but rather of modifying the way of being of that subject.

Here the framework is clear, because there is a difference where the exercise of psychogogy has its origin in ancient Greece and Rome, where the teacher is the one who has the real speech, does this verticality continue to reproduce? The teaching exercise goes through this problem, the distance between the one who teaches and the one who learns is so tenuous that it is sometimes impossible to recognize it. We usually use the category of teaching as a space where knowledge is placed, where the truth flows in someone and discursively transmits said truth. The truth is that the intention of pedagogy implies a more exhaustive development where the person who teaches “potentiates” the skills and knowledge of the learner, this type of relationship would pose a historical evolution at the teaching level that justifies how this space of knowledge is exercised.

The educational quality and the assumption of what should be learned are unknowns that it is very difficult to designate since it is multifactorial, this causes the complexity of the phenomenon to be biased by political interests, although it is important to point out that the control of the State in the educational field is conflicted by interests, it is well known that school movements have allowed the decentralization of the dome of knowledge.

The phenomena that afflict pedagogy and that are reproduced in the classrooms are of the utmost importance, Liscano ensures that neither didactics nor pedagogy alone explain the educational fact [9]. On the contrary, they act together and synergistically make better contributions to education. While didactics deals with the relationship of the subject with learning, with representations, intellectual means, with how to learn; pedagogy focuses on the resistance between actors, power, ethics, freedom and its importance in the act of teaching, that is, of how to teach. Didactics deals with reality; pedagogy reflects.

Since we understand that there is a problem in the classroom, pedagogy is able to observe what is happening, implements strategies so that negligible activities disappear and the specific objectives of the classroom can be met. When a phenomenon such as violence appears and it is exercised by an entity with the assumption of “knower” (that is, the entity possesses the skills and knowledge to develop a certain topic), pedagogical reflection is necessary. It is unwise to generalize violence in the classroom for any specific reason, in the same way it is not feasible not to be able

to centralize some facts, this does not remove the immediate need to analyze why violence arises in a space where there is supposed to be a position by transcend the knowledge of the learner.

The classroom is a space where two subjectivities are played, within those subjectivities there is a way of doing politics, in this bet, education is a vertical exercise that configures the schemes of what is learned and potentiates, education, in its function of transfer and transmission of learning, within a certain cultural environment, seeks to instill values, although socialization recognizes, tolerates and tries to take positive advantage of asymmetric relationships [9]. When the educator is exposed to a historical intention, to a previous pedagogical reference (that is, what he learned as a student), a systematized scheme where education becomes a struggle of truths, it is very logical to think about the reproduction of violence. Now, it is not a justification for its reproduction, the reflection implies giving a twist to the pedagogical exercise that often gets into trouble for manifesting aspects of violence, even when the teacher can appeal to the “normality” of his practice, it is evident that not only does it imply a transmission of knowledge, this transfer to which it refers suggests the whole spectrum of possibilities and subjective burdens that an educator has and vice versa.

The educator is an agent of violence insofar as its historical burden, the pedagogical intervention would have to assume the charge of analyzing the very practice of teaching, the strategies applied by the educating subjects are in a dichotomy that produces knowledge in the classroom. The fundamental role of the educator transcends the relationship to make the student an ethical subject of culture. The use of violence by an educator only expresses the status of his inability to resolve the relationship between student and teacher, the provision that encourages the reference of violence has many edges, however it is required to highlight the link between violence and pedagogy that is This is largely due to the search for a specific imposition of the truth, if we mention that violence arises out of discontent and not complacency, trying - in the form of failure - to recover that order, pedagogy is the exercise in the classroom to give function to that verticality, it is possible to think that before this vertical character, the teaching subjects seek to recover those complacencies in the students, teaching has become an extension of violence. This field patents the need to rethink teaching practice from the incursion of new strategies.

Critical pedagogy refers to making possible the reduction of violence in the classroom (it must be clarified that the classroom is the traditionalist way of calling the spaces where the subject learns, since the learning exercises are built in all the spaces) making use of Again from ethics it ensures a specific order, structuring the violent teaching subject to the ethical laws that allow the community, the specificity of teaching would therefore be recovered.

Medical training in our country does not escape the general educational panorama, and aspiring doctors or specialists continue to suffer from a teaching that does not take into account what Mark Twain said in 1883: “No one can learn everything that is known; the topic is simply too big, and it also changes every day”, continues to provide medical education that points to an uncritical

and encyclopedic training. Intelligent people are assumed to learn despite obstacles in their way. To the extent that future medical teachers are taught with passive methods, they will not be prepared for other types of teaching and will be unlikely to use other educational techniques, which perpetuates the cycle. Many of the continuing medical education (CME) activities are not immune to these problems: think about the last activity you attended, how much of what you have learned there have you applied to your patients since then? [10].

The field of violent teaching is presented in many variants, be it in symbolic order (erroneous evaluations of what was learned, gestures, ridicules, gaps in what was taught, etc.) or physical (blows, direct insults, harassment, etc.), the problem consists in realizing that there is a dynamic violent space, that is, violence seeks outlets to be present and the identification of this exercise can become a pathology in which the teacher is blind to himself and his practice.

An important point is the perpetuation of the teaching condition, the specific violence indicates the lack of the teacher, the violent teacher is manufactured not to leave his fundamental space and in the face of the brutal signaling towards the student, the teacher loses affection and social bond, since the imposition of his truth is total, the annulment of the other would imply he exalts himself as the danger of him losing his truth. Teacher violence is disproportionate, there is no way to measure it precisely since it depends on the significance of this exercise for the other.

The violent pedagogical exercise transforms the looks of the students, directs and harms them, little by little the discipline shapes the ways in which the violent teacher operates to perpetuate their search for comfort and sufficiency. It is necessary to understand that pedagogy when making this reflection suggests accounting for the possibility of a horizontality among student teachers that enhances this production of knowledge using ethics as a means that allows placing barriers to the windows of violence. Teaching must fulfill a specific purpose as a guide to know, leading a subject (or student) to the interests of a teacher clarifies the weakness that pedagogy has not realized, however it clarifies the opportunity to reflect on the axes that it is possible to take to eradicate violent exercises. Thus, the encounter between a reflective pedagogy and an applicable ethics allows to reduce violence.

### Health Personnel As Recipients Of Violence

Violence is supported on some occasions by discipline, pedagogy in this sense must be careful since there are ways of coercing and limiting activities that enhance learning and strategies of submission and control (which the discipline is responsible for), says Foucault that discipline thus manufactures subdued and exercised bodies, docile bodies [11]. Discipline increases the forces of the body (in economic terms of utility) and decreases those same forces (in political terms of obedience). In a word: it dissociates the power from the body; on the one hand, it makes of this power an 'aptitude', a 'capacity' that tries to increase, and on the other hand changes the energy, the power that could result from it, and turns it into a relationship of strict subjection.

Most of the writings referring to violence refer to a series of lists that justify why a subject behaves violently, outline the dimensions

to ensure that they have an explanation, violence works in terms of culture, history, epistemology and even ontology and has different manifestations and spaces. The case of Workplace Violence is worthy of attention. The Permanent Observatory of Psychosocial Risks mentions that the increase in violence in the workplace seems to be a daily reality, but is overlooked [12]. Often it is not understood, other times it is not addressed because it "bothers" and the easy solution is chosen: remove people who are conflictive in the work environment [13]. Palma assures that in Labor Violence or BV, studies on BV have analyzed the risk of exposure that different workers have, noting that the risk of exposure to violence at work is particularly high in jobs that imply providing services to people. Thus, the health sector stands out due to the nature of work as an important facilitator for the emergence of BV. The social relevance of BV lies in the general upward trend and the serious consequences it has on a personal and organizational level.

Sarasa affirms that continuous and permanent professional training inherent to the health sciences professions requires an axis in the teacher training of the health team in the exercise of teaching; a science that offers a holistic view to understand the interaction of the components of the educational fact in a logical sequence throughout the course of training, specialization and permanent professional improvement, by providing the foundation of the specific didactics of Medicine, not only to through the conceptual contents; but through a model of values and behaviors (attitudinal dimension) and the procedural dimension [14].

The base of the formative pyramid in medical education requires the generation of general and specific competences of the profession; are relevant:

1. Teacher training
2. Attention to specific learning problems in medical sciences.
3. Innovations appropriate to teaching.

Why has violence represented a health problem within the same medical personnel derived from the generational clash? The consultation of these issues reveals that the didactics and teaching itself are not only crossed by a generational aspect, in this way, In a review by Rodríguez he comments that at the teacher level, the teacher must open up gaps in the traditional ways of conceiving the curriculum and knowledge [15]. He must take control of the subjects and their teaching methods, as well as being able to determine the type of relationship - community and intellectual. A first step for this purpose is to transform the materiality of the classroom: configuration, spaces, relationships, knowledge, dispositions. The teacher must take in his hands the cultural reality of teaching and distance himself from forms or molds that pigeonhole or reduce it (as in the case of texts or manuals).

Internal violence is exercised between actors in the medical field, including health personnel (students, doctors, nursing personnel, among others) and patients. These actors occupy different positions of power in the medical field, which is structured both symbolically and materially. The symbolic structuring is reflected in the hierarchies established based on criteria such as the prestige of the actors' medical specialty, the prestige of the institution where they work (it has much more symbolic weight to be a subspecialist at the National Institute of Nutrition than in a hospital of IMSS

zone), and the shift in which it works (the doctor on the morning shift is more “important” than the one on the evening shift and the night shift). The material structuring of the field occurs through the organization of medical institutions through clear lines of authority and follows two axes simultaneously: the academic and the administrative [16].

In sum, Gallego et al. found that the highest percentages of aggression or intimidation by the teacher towards the student occurred after being expelled from the classroom (25.8%), followed by scolding (22.5%) and public corrections (19.3%) [17]. To a lesser extent, indications and indirect (7%) and threats (6.4%). These actions of the teacher are taken by some students as manifestations of violence towards them, which leads them to feel excluded and sometimes, does not generate any reflection in relation to their behavior, rather, they assume it as a way to free themselves from a class in which they are not comfortable and find it uninteresting.

Violence in this sense becomes hegemonic, and as Castro and Villanueva say HIV (Hegemonic Internal Violence) occurs between actors in the medical field and, by resting on the hierarchies that structure the field, has broad legitimacy that is expressed as passive acceptance or recognition that “that’s the way it is [18].” This type of violence is part of the habitus of health professionals, which is acquired during professional training. However, the approach does not describe the purity of doctors exposed to certain hegemonic violence, the intention is to reflect on why the subject who exercises violence does, even with that, Castro and Villanueva developed a table where they specify what Hegemonic violence is like [16]:

Terms that refer to HIV:

- Abuse of power
- Health care abuse
- Sexual harassment
- Threat to personal identity
- Bullying
- Burnout
- Quality of care
- Quality of the work environment
- Dehumanization
- Discrimination
- Medical error
- Ethical lapses
- Student abuse
- Medical negligence
- Patient satisfaction
- Violation of patient rights
- Violence (or harassment) at work
- Horizontal or lateral violence
- Obstetric violence
- Vertical violence

HIV can be physical, psychological, or symbolic. The importance of these manifestations is that they are always linked to a subjective process, which implies accounting for the social-cultural and historical process in which the subject develops. The violent demonstrations are vertiginous in act and depth, since the complexity of the phenomenon is such, eradicating it would be

complicated, however it is not impossible. It is not an isolated problem of the health system or of an institution, it is a problem in its structure, where all the political-economic and social factors intervene [18]. Vitolo assures that more and more, domestic violence and street violence pass to health institutions. Structural deficiencies in care systems, easy accessibility to weapons, abuse of illicit substances, poverty, marginalization and discrimination have been cited as possible contributing or precipitating factors.

There are few studies that evaluate violence in health institutions caused by the staff against the staff themselves, this phenomenon has had little visibility, however, there are studies that show important data on the phenomenon of violence within the health sector, however some Analysis proposals suggest that instead of being considered a problem within the health sector, it is a problem at the labor level, whatever the field of assignment, the reality is that violence affects within the institutions, in Bogotá, Colombia, Luna et al. conducted a qualitative research on the vision of health workers regarding violence, in which they identified 3 forms of violence, structural, direct and cultural [19]. The participating workers expressed how the current structure of the Colombian health system has generated a negative impact on their forms of hiring and working conditions; Similarly, some political factors related to the election campaigns for representatives to the government and legislative bodies, as well as the entry of new managers to hospitals, produce considerable alterations in the job stability of health workers, violating the right to decent work.

This result supports the hierarchical problematic character, or badly hierarchical, that supports the substantial intentionality of the violence. Well, the different forms of hiring generate discrimination and alter the quality of employment. Direct violence for the perpetrators is expressed in physical, verbal or psychological and sexual terms. Psychological violence has manifested itself in various ways: verbal abuse with loud words and high tones, in the reduction of the possibilities of expression and participation, there have been cases of people expressing dissatisfaction with their working conditions and they have been suspended or The contract has not been renewed, in the discriminatory treatment for being a contract, temporary, provisional or permanent [19].

A study carried out by Chagoyen in Seville, Spain, found that of the 127 assaults (both verbal and physical), only 13 were registered, which reveals a clear underreporting of cases [20]. According to the results of my study, I do not get statistically significant values that relate gender, professional category or seniority in the current job and having received aggression in the last 2 years, unlike other researchers. However, if it is statistically significant in workers with seniority in the job between 1 and 5 years and receiving verbal attacks with a  $p < 0.05$ . When defining an approximate profile of the aggressor, my study agrees with others in the results obtained: the majority were men aged between 31-40 years. Most of the unrecorded assaults were because they consider it as a daily part of their work, followed very closely in frequency for not knowing where to communicate it.

Subjects who reproduce violence within the health system (whether due to the institutional hierarchy, knowledge or influence peddling) expose the phenomenon as inefficiency because they do

not know how to act in such a situation repels the symptom, a study made in Coruña by Martínez for example, it shows the clear need and urgency to detect and implement strategies for violence, nurses were interviewed and in the results found that 68.3% of the nurses who covered the survey declared to have suffered a aggression, with verbal violence being the type with the highest frequency (37.2%), followed by the combination of verbal and physical aggression (18.6%), psychological (6.9%) and physical (4.8%) [21]. The most frequent aggressor is the patient himself (32.4%), relatives (26.9%), co-workers (8.3%) and others (0.7%). Of the nurses attacked, 35.6% have felt support from the company and only 20% of those who have been victims of violence against themselves have reported.

Violence in health personnel in Mexico is not distant from the case that we were presented with in Coruña, many may be the factors that prevail in the exercise of violence, argumentative distortions of violence for its use is so common that not even the Violator accounts for that position. The disadvantage is that being in a position where the perpetrator exercises a certain power in the other, it becomes an intrinsic relationship in which it is difficult to persuade oneself (from the point of view of the victim), so when an intervention takes effect it is directly in the subject who makes use of violence, although the literature could argue that the victim should be empowered, the intention is to see the problem from the person who provokes it. The subject that violates in effect can be considered vulnerable to their contexts, but the notion of ethics crosses us all, this allows us to think that it should have an effect on said subject.

For Cervantes violence and crimes in the country (Mexico) against doctors, nurses and residents are on the rise [22]. Between 2013 and 2017, there were seven murders of medical interns and residents and 19 doctors or nurses, 9 cases of physical attacks (from beatings to attempted murders), 2 disappearances, 3 assaults on health centers, 25 doctors assaulted and 71 professionals threatened. There are two basic causes: deficiencies in the health system that generate dissatisfaction and violent acts by organized crime. Under the circumstances, violence has negative effects on health personnel. It is important to note that even when medical personnel are in constant stress and in danger of being affected, it is necessary to add the working-pedagogical conditions in which doctors develop, since the system has many shortcomings, it is a factor for violence also is presented from within the institutions, that shows that it is a real problem that is growing.

There is a study carried out by Alba and presented at the XVIII International Congress of Accounting, Administration and Computer Science (UNAM), the results they found are interesting and very explanatory since they found that specifically in the case of the medical area of hospitals we found that the labor accident occurs almost always or always (3%); generally, avoiding the possibility of maintaining social contacts and discrediting or preventing the doctor from maintaining his personal or professional reputation [23]. Another form of harassment that occurs is to reduce the possibility of communicating adequately with others, although it happens "rarely" it happens to one in five doctors and "sometimes" to 14% of these personnel. They also concluded that if there is workplace harassment, in the public hospitals of

the Federal District that were studied, it occurs - regardless of the scope of work (general services, medical, paramedical and administrative) -, in 4% of cases it always or almost always occurs; sometimes in 11% and rarely in 21% of cases; Therefore, it is important to eliminate it since it produces negative effects on both workers (frustration, addictions, sleep disturbances, physical disturbances, anxiety, apathy, low self-esteem, depression, chronic mental fatigue, recurrent psychosomatic illnesses, impotence, social and personal insecurity, irritability, family disintegration, deterioration of social life, tension and poverty).

The effects on professionals are of various circumstances, it dissolves in the meanings of medical personnel, residents are a vulnerable group in the IMSS given the socio-political and academic conditions in which they find themselves - for example - since on many occasions these groups they are opposed to the knowledge of the subjects with higher hierarchy, this is impotent for the doctors because they must assume the conditions to continue with their academic and professional development.

A study by Sepúlveda et al. found important data on what happens in the Health Sector in Mexico within the IMSS, for example, it was found that In the section that explores the personal perception of workplace harassment, 46% of the individuals stated that they had suffered harassment during their residence (n = 64); however, 19 episodes occurred on a single occasion, for which they were eliminated based on the definition of workplace harassment; therefore, 45 self-reported episodes (32%) were finally considered [24]. Thirty-one of them were reported by women (F: M ratio of 2.2: 1). Thirty-one of the students were single (68.8%) and there was an almost equal relationship between pediatric residents (n = 22) and branch specialty residents (n = 20); three residents did not specify a specialty. Most of the episodes occurred in the second degree (n = 24), third degree (n = 12) or first degree of branch specialty (n = 6). Six episodes occurred in the last grade of the specialty. Thirteen students suffered bullying in more than one academic grade.

In addition to the problems of violence registered, it is undeniable that the link between hierarchy, violence and health occurs as a recurrent phenomenon, since the findings found highlight this problem that is part of a poorly implemented pedagogy, following with Sepúlveda et al. found that teachers were the main perpetrators of abuse (24%), followed by senior residents (21.5%) and female medical personnel (13.7%) [25]. Five residents reported abuse by relatives of patients or the patients themselves. Twenty-nine residents checked more than one option (64.4%). The events occurred more frequently in the second year of residence (n = 24), in the third year (n = 12), as well as in the first year of branch specialty (n = 11). Fifteen residents responded that the harassment occurred in more than one academic year. Thus, it is important to make the pedagogical strategies of medical teachers visible within a work structure, how they are implemented in students, since they are the ones who receive the impact of the exercise of violence.

Vítolo refers to some recommendations such as Train staff on an ongoing basis [18]

- Definition of violence
- Institution policy and support

- Identification of possible situations of violence
- Communication techniques
- How to respond to aggression
- Procedures for reporting assaults
- Develop a response plan; the management of the institution must prepare in advance plans to deal with attacks against professionals and help all those affected by it.
- Develop a notification and registration system. All workers should know how and where to report these incidents, without fear of retaliation or criticism. Reports of such incidents should be reviewed periodically as indicators to improve safety measures applied at work.

The Government of the Mexican Republic published on its page a protocol that helps institutions to identify, attend and / or eradicate violence, in the end, health personnel have a certain contract, this makes them a worker, their assignment to X institution does not depend on practice, the emergency of turning to see the phenomenon in the personnel dedicated to health occurs in both the prevalence and effect of the violence exerted, that hegemonic violence that has been constituted fluctuates through the corridors of hospitals, clinics, units, centers, etc [18]. For what specifically in the field of health we can say that there is a serious problem that is constantly manifested, Ferrari et al. have commented that in this field the need to explore how psychosocial factors affect quality has also been accentuated life of workers, in aspects such as the psychological demands of work, the effective-ineffective form of social support and leadership in it, contractual insecurity and in the performance of the role and the degree of recognition of the institutions to their workers [25]. In particular, the health work environment has been identified as one of the areas with the greatest risk for the mental health of its workers.

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