# Ethical-pedagogical care in the process of professional socialization: towards ethical education<sup>1,2</sup>

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# **ABSTRACT**

This case study aimed to analyze the ethical dimension of the education of health professionals, more specifically, dentistry students. Interviews were conducted with professors, academic activities were observed and focus groups were conducted with students. Data triangulation provided deep knowledge on the reality and revealed elements of the hidden curriculum that influence ethical education, like care, which is considered in this article as the discussion focus. Some aspects related to it, like university hazing and high costs for the purchase of dental equipment, are considered as analyzers of higher or lower pedagogical-ethical care developed by professors and institutions. When discussing other ways in which care and the lack of it are materialized, problems that imply the necessary reflection on the teacher's performance are also revealed, demanding interest, commitment and also qualification. These reflections intend to instigate the creation of strategies in order to improve the experienced situations, so that they become ethical conditions in the teaching-learning process.

**Key-words:** Socialization; Higher Education; Human Resources Formation; Ethics; Bioethics.

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# Introduction

Throughout the 1980s, the most updated concepts and conceptions of socialization gradually emerged and were summarized in the expression "social construction of reality". From then onwards, the distinction between primary socialization and secondary socialization enabled that the concept emancipated itself from the school and child field, being successfully applied to the professional field in connection with social change issues. Nowadays, socialization can be defined as...

... the process of construction, deconstruction and reconstruction of identities linked with the diverse spheres of activity (mainly professional) that each person encounters throughout life and of which they must learn to become actors (Dubar, 2005, p.XVII).<sup>3</sup>

Professional socialization is a specific type of secondary socialization that consists of the process of internalization of institutional and specialized subworlds, which are partial realities in contrast with the basic world of primary socialization that takes place in childhood. It encompasses the acquisition of specific knowledge and of roles that are directly or indirectly rooted in labor division, which includes a symbolic vocabulary and universe that convey a world view (Berger, Luckmann, 1985, p.184-185).

Merton contributed to the onset of the construction of the field of sociology of medical and health education when he understood the medical school as a social system that was responsible for the socialization of the profession and for sharing its values (Nunes, 2007, p.163, 167). According to the author, the medical schools become guardians of the basic values for the effective practice of medicine when...

... they transmit the culture of medicine and develop it. Their task is to model the freshman into an effective medicine practitioner, to give him the best available knowledge and skills and to provide him with professional identity, so as he comes to think, act and feel like a physician. [...] In the social interaction with the others at school, in the exchange of experiences and ideas with their peers, and in the observation and evaluation of the behavior of their instructors (more than merely listening to their precepts), the students acquire the values that will be basic to their professional life. The ways in which these students are molded, both by intentional circumstances and by circumstances that were not planned in the academic environment, constitute the greatest part of the socialization process (Merton, Reader, Kendall, 1998, p.140).

<sup>&</sup>lt;sup>3</sup> All the quotations were translated into English for the purposes of this paper.

Hughes has also given his contribution to the sociological approach to professional identity. When this author studied medical education, he formulated a model of professional socialization, conceived both as an initiation to professional culture and as a conversion of the individual into a new conception of himself and of the world, that is, into a new identity. In his model, three mechanisms of professional socialization were explained: initially, an "almost alienation" of the student from his lay understanding of the profession. Professional education would be learning about the professional work, the profession, about the possible careers to follow and the image of oneself, considered as the basic elements of professional identity. Subsequently, the installation mechanism is observed in the duality between the ideal model of the profession (dignity, image and value) and the practical model (daily tasks and heavy work). The selection of a reference group, anticipating desired positions and legitimating capacities, is an important mechanism developed in the management of this duality. This implies the acquisition, which is also anticipated, of the norms, values and behavior models of the reference group members. The final mechanism would be that of adjusting the conception of oneself, that is, raising one's awareness of his capacities and tastes; firstly, the individual identifies the possible careers to follow and then he chooses the reference group in which he will enroll (Dubar, 2005, p.182-184; Hughes, 1998, p.136-139).

Considering that every profession has a specific culture and, therefore, specific values, Rego (2003, p.58-59) argues that the professional socialization process includes more than the education and training that occur with direct learning through didactic teaching. It includes the "lessons of the hidden curriculum", which involve the influences of all the social relations established in the teaching-learning process, the subliminal messages that the students absorb in the relation with teachers and in the organization of the classes (Cortina, 1995, 2003), and the effects of care production for the other and for oneself, which is connected with the development of attitudes, values and ideologies. The hidden curriculum consists, therefore, of the transmission of a particular culture by means of socialization processes through which the student takes for himself, as if they were his, the modes of behavior and the dominant values of the professional or social group. It is an almost imperceptible process that takes place simultaneously with formal learning, through which the student incorporates the social/professional culture, identifies the attributes that have professional prestige and acquires a scale of values (Galli, 1989, p.345).

To Appel (1982), hegemony – the preservation and control of certain forms of ideology – is produced and reproduced by the formal corpus of school knowledge and also by hidden teaching. Students learn these social norms mainly because they participate in the daily meetings and tasks of classroom life, many of which will be employed in areas of their future life, which documents that schooling contributes to the individual adjustment to a certain social, political and economic order. The transmission of scientific knowledge, disconnected from the structure of the community from which it developed and which criticizes it, makes the students internalize a view that

has little strength to question the legitimacy of the tacit suppositions about the interpersonal conflicts that guide their lives and the educational, economic and political situations. This reinforces their quietness and justifies the fundamental rules of thought that make any other view of knowledge seem unnatural.

These issues need to be explored if we want to learn how the students' ethical education occurs. They are intimately related to moral education and to the development of the capacity for criticism and reflection in the university scope, which take part in the professional socialization process.

Moral development can be understood as the process of valuing acts, behaviors and characteristics of the individual, such as the capacity to reflect on moral aspects and make personal judgments of a moral nature, choosing between what is right and what is wrong, fair or unfair, good or bad. It is through the student's moral development that the ethical dimension of professional education is processed, and it should be targeted at the capacity of autonomous reasoning that contributes to a professional action that makes this person be capable of coexisting in a democratic and pluralistic society, directed towards the search for fairer and more humanized social relations (Rego, 2003, p.48, 167).

Ethical education, or better, the ethical dimension of professional education, is understood here as the teaching/learning/experience of ethics in non-deontological bases, committed to the development and fulfillment of humanizing values and to the configuration of professional identity during the undergraduate course. That is, it involves everything that contributes to the professional thinking, acting and reacting to professional situations in a certain way or with a certain pattern of attitudes (Rego, 2003).

The ethical dimension of professional education extends from the influences of the **primary socialization** process, which begins early in childhood, until the issues directly related to the **moral development** that takes place during the undergraduate course, passing by the world of **health profession and work**, by the specificities of the **professional education in health**, by the **professional socialization** process and by the **formal and hidden curriculum.** In the interface of these concepts, the object of this research could be delimited in a conceptual benchmark (Finkler, Caetano, Ramos, 2012), directing the search for methodological strategies that enabled to understand the way in which the ethical dimension of the future health professionals, specifically Dentistry students, is being developed.

This text discusses research findings related to the thematic category "care", which emerged from the analysis of the elements present in the hidden curriculum, such as intersubjective relations (questions of power, leaderships and relationships among teachers, students and patients), professional models and academic experiences. The reflection on the care that must be provided for students, and also for their teachers, intends to point to the need of creation of strategies that humanize the professional socialization process.

#### **Methods**

When, in a real life context, one tries to apprehend a phenomenon in its totality, describing, understanding and interpreting the complexity of a concrete case based on a variety of evidences, the research is characterized as a case study (Minayo, Souza, Constantino, 2005, p.93). In fact, this definition applies to this descriptive study, as it investigated a contemporary phenomenon over which we do not have control, namely, the ethical dimension of health professionals' education. To achieve this, the qualitative approach was used.

The results presented here are part of a research that selected 17 courses or colleges, composing a sample that is equivalent to approximately 10% of the Brazilian Dentistry courses, in terms of geographic and financing distribution (Table 1).

 $\label{thm:conditional} \textbf{Table 1} - \textbf{Total colleges of Dentistry selected for the sample, by funding and by regions.}$ 

Brasilian regions	Existing	Selected	Public	Private	Total
North	13	1	1		
Northeast	28	1	1	1	5 (±
Midwest	22	2	1	1	30%)
Southeast	93	9	1	8	12 (±
South	31	3	1	2	70%)
Total	176	17 (±10%)	5 (±	12 (±	17
			30%)	70%)	(100%)

Respecting this distribution, the selection of the courses was defined intentionally, so that dentistry schools of outstanding relevance in the national scenario were included, as well as some institutions participating in *Pró-Saúde* – the National Program for the Reorientation of Professional Education in Health. This decision was made because sampling in qualitative research should assure that the choice of the locus and of the group of subjects contains the set of experiences and expressions that we intend to target with the research; therefore, the researcher's previous knowledge, experiences and contacts are points of departure. In these cases, numerical representativeness is less important than the analysis of the question-problem under several perspectives, points of view and of observation. The validity of these samplings is the capacity for giving expression to the object empirically (Minayo, 1999, p.101-3).

Of the 17 selected courses, only two private ones of the southeastern region refused to participate, and the sample was formed by 15 dentistry schools: five public ones (one in each region of Brazil) and 10 private schools (one in the northeast, one in the center-west region, six in the southeast and two in the south). Thus, we considered that the loss was not significant to the adequate composition of the sample.

From the first results, obtained by means of a questionnaire administered to the coordinators (Finkler, Caetano, Ramos, 2011), we selected the two courses whose initial classification showed that they were the most distinct ones in relation to each other concerning how they have been developing the ethical dimension of their students' education (one public and one private course, located in different regions, not identified in order to guarantee anonymity). It is important to highlight that our aim was not to compare the selected courses, but to add evidences to this national case study based on a more concrete investigation of the academic-pedagogical reality.

Semi-directed interviews were conducted with teachers and students, as well as direct observation of academic activities and focal groups with students, which enabled to triangulate the data. In all the strategies, sampling was delimited by the criterion of data saturation.

The developed methodology allowed us to understand the factors experienced in the academic environment that take part in the ethical education of the students, resulting in three large thematic categories<sup>4</sup>, among which the category called "care", which is discussed below.

# **Results and discussion**

Taking care of someone has multiple meanings, assumed in diverse ways by the professional practices, with more or less relevance, especially when we are talking about producing health care or producing knowledge and grounding about care (Henriques, Acioli, 2004). Here, we understand the care perspective as concern, attention, availability, hearing and support, and we recognize that the wellbeing, growth and the better life of the other (in this case, the student) are fundamental in the decisions about how to behave in the relations.

We depart from the premise that care in itself is one of the most relevant forms of action in the ethical education of the human being, because the person who has received care and feels that he is cared for will have more conditions to provide care. At the same time, the school is a space of shared care, of significant interventions for the construction of bonds that allow the development of care in the relations with oneself and with the others (Scortegagna, Alvarez, 2008, p.83).

Care for the students (and also the lack of care) was one of the most significant issues that emerged from data analysis. Among the perceived care, we highlight the availability of institutional support of a psychopedagogical nature and the availability of social work, as well as the adoption of the tutor as a teacher that should be closer to the class and to each one of the students, mediating the resolution of conflicts (although this role requires psychological advice so that it can go beyond judgment and common sense when it enters into the scholars' psychological universe).

Eighty percent of the problems are academicpedagogical and some twenty percent are of a personal nature, in which the tutor interferes [...] he tries to have a proactive posture. He notices when

<sup>&</sup>lt;sup>4</sup>The other thematic categories were related to "professional models, labor markets, power images and positions" and "ethics in the professional socialization process" (Finkler, 2009, p.160-207).

the student has been absent too many times, he talks to the student to find out what is going on, whether he can help (interview with teacher 1 of the private course).

Another type of care for the students is the dedication of the teachers, or at least, of some of them, translated as the support to the students' initiatives and the understanding of specificities. There is also the adaptation of the institutions' physical structure to people with special needs, or even the unrecognized but reported empathy of some teachers, who exercise putting themselves in the place of the students to act better, not to mention the concern about approaching embarrassing issues in a delicate and respectful way.

One of our students had a very strong body odor. The coordinator called him and said, "you need to improve this; if you want some help, we have a dermatologist, he can help you" (interview with teacher 2 of the private course).

He worked so hard that I think another manager... I don't know if he would do the same (interview with a student of the public course).

- Some teachers worry in the personal sense. When you are able to get close to the teacher, they are open to talk to us, so much so that we give parties and always invite them; some teachers attend the parties.
- When my grandfather died, I couldn't attend the practice. She could have not given me permission to attend it in another class, but she said "ok, you can come". She talked to me, she asked how I was, if everything was ok... (focal group in the public course).

Educating and caring are terms that complement each other. The construction of a bond between the person who educates/provides care and the person who is educated/receives care is defended by several educators who argue that, to educate/provide care, it is necessary to love, because this is the only way in which it is possible to understand and respect the other (Scortegagna, Alvarez, 2008, p.84).

However, lack of care, especially care that needs discussion and collective reflection to be planned, also emerged from the data. The moral conflict is evident in some teachers, but not all the teachers feel obliged to deal with these situations, as if the problems they perceive in the undergraduate

students' lives had nothing to do with the teachers' responsibility, with their ethical-pedagogical task, as if they did not interfere in their education.

Sometimes, a student that has a problem and passes from a class to another, and then to another one... it's difficult to fail a student [...] then, when he reaches the last year, the clinic, and the problems accumulate, nobody knows what to do with that student. You ask "So what? Are you going to place him out there as a professional?" Sometimes, it's a question of lack of skills... sometimes, the student is in crisis concerning the profession... (interview with teacher 3 of the public course).

You notice the strange behavior, but we... to what extent... who...? There must be some qualified professional who can approach this student to, in a certain way, raise his awareness, so that he looks for help; I can't approach him and... the person can sue me due to coercion! If I say "look, I think you need help, you must go to this support nucleus". What if I ask if he is a drug addict and he says he isn't? How will I prove it? (interview with teacher 2 of the public course).

The lack of preparation to deal with the students' personal conflicts is understandable; however, it is fundamental that the teachers meet the challenge of thinking and developing strategies to deal with such demands. In several universities, the institutionalization of psychological support groups<sup>5</sup> for students facilitates the assimilation of this role by the faculty, as they assume the responsibility for the specific therapy that the teacher is not qualified to offer and in which he frequently hesitates to get involved.

Other problems identified among the scholars go well beyond the capacity of resolution or conduction that can be offered in the scope of the courses, when the extension of the discussion to higher university levels and civil and governmental institutions is part of the ethical conduct expected by some of the teachers.

Some of the students here, we wonder if they are here to study or to sell drugs... They threaten us in the corridor... In some cases we approach the

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<sup>&</sup>lt;sup>5</sup> It is important to explain the difference between psychopedagogical support groups and psychological assistance groups. While the former deal with teaching-learning strategies, and can be constituted by teachers of the course, the latter provide direct assistance for students in conflict situation, and they must be composed of professionals who are not part of the faculty, even though they talk to university's teachers periodically. However, this interaction should be performed without harming the students' autonomy and secrecy; also, it should not be confused with the performance of expert assessments of the psychological capacity for academic-professional action.

family, and in some cases we do nothing because of the danger [...] we let them graduate quickly so that they leave the university (interview with a teacher of the private course).

One of the teachers who work in the university's management confirms the identification of drug consumption, drug dealing and even prostitution in the course. He says they refer the students to the university's program that approaches these problems (observation no.1 in the private course).

Likewise, a change in the schools' position and attitude is expected concerning another issue that can be understood as an important lack of care for the students: university hazing<sup>6</sup> – a rite of passage in the other way round, characterized by psychological violence (and frequently physical violence, too), justified as tradition, playing tricks and integration (Fonseca, 2002a).

To Fonseca (2002a), the three justifications above are false. Playing tricks presupposes explicit connivance among the participants. If there is no acceptance on the part of one of the sides, it is no longer entertainment; it is coercion. In addition, a game in which the norms are created for the exclusive joy of the stronger side, in this case, the senior students, is not legitimate<sup>7</sup>. The question of integration is also not true, because it happens as the freshman accepts that submission is a phenomenon that is evident in itself and those who do not accept it are marginalized and end up not being integrated, sometimes until the end of the course. Lastly, the author states that those who defend the argument that hazing is just a tradition are not even capable of conceptualizing it, as there is no reflection whatsoever on the practice. When some reflection is carried out, it is possible to perceive that hazing, in the context of the Brazilian society, serves the myth of the natural right of domination: those who know more have the natural right to subjugate those who know less. This learning, which begins in the first days

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<sup>&</sup>lt;sup>6</sup> In Portuguese, the word "trote" (hazing) comes from the verb "trotar" (to trot) – the horse's gait that is not its habitual one, but one that has been taught to it (many times, by means of whips and spurs). Likewise, the freshman is seen by the senior students as something (more than an animal, but less than a human being) that must be tamed, that must learn how to trot, through the use of humiliating practices (Zuin, 2002a).

<sup>&</sup>lt;sup>7</sup>Arguments that some students/freshmen like to participate in university hazing are frequently used. Leaving the first impression aside (and the naivety that usually accompanies it), it is necessary to go beyond what is said to, in between the lines of the discourse of freshmen and senior students, better understand the psychological motivations that engender hazing. According to the study by Zuin (2002b, p.252), it is possible to perceive a pleasant masochist identification in hazing, as it is the occasion in which the senior students enjoy the pain they had to repress when they were humiliated as freshmen. It is when they can sadistically exercise the desires of omnipotence of the self by means of the concretization of the legitimated collective narcissism, as everybody has their right of projecting their repressed aggressive desires guaranteed, in a situation of a truly regressive catharsis.

of university, does not end in graduation, because those who suffer and then apply hazing during the entire university period finish the course convinced of this "natural truth" and continue to apply hazing in the "freshmen of life". A tradition is not justified ethically only because it is a cultural custom. Fonseca (2002a) concludes that perverse traditions like university hazing must be reflected on and contested so that new concepts are raised, solidifying themselves into new traditions. In the studied courses, this reflection seems to be still incipient, as there are teachers and managers that accept the maintenance of hazing, even with some appreciation.

- They paint... First they take the car keys, the cell phone, take their shoes off so that they cannot go far [...] and then they distribute these people around the busiest traffic lights in town and there the person has to [...] collect money to buy beer [...] they don't admit, don't forgive, so it's really something...
- But hasn't this generated bigger problems? (researcher)
- No, no, physical integrity is respected (interview with teacher 2 of the public course).

But how about moral integrity, respect and autonomy? How can we want the education of ethical professionals who aim at the fulfillment of a more humane life for all if the first lesson they have in the courses involves the contrary of this? Accepting hazing that is considered "mild" (the one that does not involve physical aggressions) is a way of denying or reducing the students' suffering (at least the psychological one) caused by the humiliations and subservience to which they are submitted. At the same time, it legitimates the reproduction of violence in the course, as the limits of the "mild tricks", in a collective context characterized by frequent alcohol abuse, can be easily extrapolated. Moreover, what can be "mild" to some people can be aggressive to others. How can we understand that alleged tricks can sometimes end in deaths, as has been reported by the media? It might be safe to say that the courses connive at hazing and, therefore, also at their disastrous consequences.

In view of the tragic outcomes of national repercussion, some courses have prohibited the performance of hazing inside the campus, which indicates a concern about legal responsibility for the facts, and not a decision with an ethical basis. Anyway, the prohibition of hazing inside the university walls does not exempt the institutions from their co-responsibility – if not legal, at least ethical –, as the students that get together to perform hazing, wherever it happens, do it due to the common fact that they are all students from the same course. Therefore, they carry with them more than the university's name, its values, and, in this case, disvalues. When we close our eyes to this reality, we are responsible for omission – if administrative measures were always enforced in the universities, they could interrupt the vicious circle of hazing. Thus, the teachers must accept the task of learning about what happens with the students and try to interfere in an active and efficient way

in this type of academic experience that composes the curriculum experienced by the students, which has a direct influence on the ethical dimension of their education<sup>8</sup>.

Another question related to more or less care for the students regards what is thought and what is done in relation to the economic difficulties that an increasing portion of students has been facing to remain in the course, in view of the large number of curriculum hours, which hampers to reconcile the studies and a paid job, not to mention the requirement of expensive instruments to the development of the professional competences.

Due to these demands and to the selection of students through university entrance exams that traditionally have a high number of candidates, or due to students' facilitated admission, but to private, high-cost universities, the Dentistry courses are considered elitist. This fact suggests the social and economic interests of the individuals who guided the selection and the curricular organization of the courses, as Apple (1982, p.96-100) denounced about the traditional function of the social control curriculum, which generated inequalities - in the schools as a means of cultural reproduction of class relations and in science as a rhetoric cover to hide conservative social and educational decisions.

But such reality has been changing as the candidate/vacant seat ratio in the Dentistry entrance exams has been decreasing and due to the institutionalization of the quota policy in the universities. However, only some teachers are aware of this issue, which constitutes an ethical conflict.

There is no list that exceeds three thousand reais for the purchase of instruments. Sometime ago, in some semesters instruments for cosmetic dentistry, surgery and endodontics were ordered at the same time, then the list cost 9 thousand reais. Today this is not done anymore. We try to make it as reduced as possible (interview with teacher 1 from the private course).

If Bill 3627/2004 is approved, it will force that other measures are taken, as it provides for the compulsory reservation of at least 50% of the seats of the federal universities for students who have attended High School integrally at

<sup>&</sup>lt;sup>8</sup> Still about the theme, it is worth commenting on "solidarity hazing" as an alternative to the traditional one: the predominantly assistentialistic nature of the actions, which usually involve donation of blood, clothes, food, etc., has not been able to mobilize and integrate students, as there is no direct connection between the courses' skills and the performed activities. Furthermore, assistentialism should be seen with reservation, because even though it is well-intentioned, it should be short-term and resorted to in emergencies so as not to generate a dependence that will not solve the essential problem and may discourage the communities from creating, according to their history and context, their own permanent solutions (Fonseca, 2002b). It should also be considered that the motto of altruism of these solidarity actions cannot disrespect the freshmen's autonomy over their actions; otherwise, it may invalidate them ethically when it maintains the logic of traditional hazing covered

public schools, including proportionality for ethnic/racial groups according to the proportion in each federal unit (Brasil, 2004). If the ethical conflict engendered up to now by the presence of some low-income students has not produced significant changes in the courses, the crisis that the entrance of a higher number of these students will cause will force the courses to think of urgent strategies to deal with the question, as one of the students idealizes:

My dream was to form a bank of materials here at the University. That the students' union could lend (materials) and talk to the teachers to revise the list (interview with a student from the public course).

But beyond the merely technical concerns about how to enable these students to complete the course, it will also be necessary to face the ethical challenge that arises, since it is possible to hear, among the teachers, a criticism against the "impoverishment" of the courses and of the profession, due to the inclusion of low-income students. This seems to uncover the intention of legitimating the current social order and the maintenance of the *status quo* of certain interested individuals by underrating the latent conflict and the changes that are necessary.

This hegemonic and interested view, which is uncommitted to the university's function as a place for the transformation of the society it should serve, takes us to an evaluation, which is also unsatisfactory, of the ethical education of our teachers. If, to learn how to provide care, our students need to receive care, the same can be stated in relation to their teachers.

The teachers' qualification, interest and performance influencing the ethical dimension of professional education was another point that emerged from data collection. It is evident that there is great variation in the extent to which the teachers dedicate themselves. Some teachers engage in the planning of academic activities, try to have an active and collective participation and act in a self-critical way, while others show less interest and commitment.

They seem to be... a sect, because they sell their soul to the university, that is, they really dedicate themselves [...] the teachers in the class have a posture of great seriousness (interview with a student from the public course).

This is my life and my life cannot be lived in a frivolous way [...] I don't teach only for those who want it, you know? I still try to raise the awareness of the ones who don't want to. I teach a lesson and I want everybody to pay attention! I want everybody to read... I know that I want too much. Sometimes, I say: "I have to fight to be a teacher, I have to fight to teach!" [...] Some teachers come here to get their

salaries (interview with teacher 4 of the private course).

As the teachers are viewed as models of professional action (Martínez, Estrada, Bara, 2002), their conducts, which can be more or less responsible and committed, and the care they provide for the patients of the universities' dental clinics and for the students themselves end up influencing the education of their students, their judgment of what is right and what is wrong, of what is normal; in short, of what is acceptable. Besides, the teachers' higher or lower dedication also reflects on the institution's enthusiasm concerning the curriculum changes and on the possibilities of advances as the faculty's awareness is raised and they engage in the task.

Thus, it is possible to understand the different levels of changes in education performed by the Dentistry courses, that is, why in some universities the changes have been superficial, while in others they have been significant. But the different views and interests which are sometimes favorable to the maintenance of the *status quo* are also relevant.

It is interesting to see the following: the curriculum reform was desired by all... Certain teachers, certain disciplines, the most traditional ones inside the clinic [...] effectively participated, but not with the same view... I didn't have this view [of the importance of multidisciplinary and integrated work] and I thought that they did not modify the view, either (interview with teacher 4 of the public course).

Some teachers resigned because they couldn't adapt to this new style: it's more flexible, it's interdisciplinary, you talk more, you reveal your thought... (interview with teacher 4 of the private course).

On the other hand, the students (almost all are still adolescents) behave, generally speaking, in an undisciplined and disrespectful way, showing lack of interest and motivation. With certain attitudes, they seem to want to defy the teacher, in a way that is similar to what children do when they test the limits established by the parents. It is necessary to remember that professional socialization is a process of education or moral development, like primary socialization in early childhood, in which the passage from coercion to cooperation, that is, from submission to the external orders (heteronomy) to autonomy is an essential point.

Although Piaget considered that socialization was limited to childhood and that adolescence would be the biographic period of conclusion of this process, Dubar (2005, p.4-30) pointed to the need of considering socialization as a permanent and more complex process, as it lasts

throughout life. When students show that they are not autonomous yet, that they have not internalized the social norms by the processes of assimilation and accommodation, as Piaget explained, it is necessary that the teachers take care of this process effectively, stimulating them to reflect (with themselves and, at the same time, with the others) so that they develop their moral autonomy.

However, the students – avid for someone who helps them structure and develop – are used, predominantly, to the paternalistic education of primary socialization, that in which "the father" decides for his child's wellbeing, but without the child's participation or agreement. Perhaps this also explains why the teachers who are stricter, more paternalistic and less open to dialog and negotiation are frequently the most valued ones by the students.

The teachers' behavior reinforces the problematic situation when it allows the students' indiscipline, both by ignoring it and by not taking measures to effectively interrupt the vicious circle that is established between their bad behavior and the teacher's attitude. All this takes us to the fundamental role of the teacher in the ethical dimension of professional education, because if he discourages respect for himself and for the colleagues who want to learn when he is permissive, he contributes for this to go unnoticed in the students' life: one more lost opportunity, as many students do not "bring" this education from home.

Concerning the teacher, as he did not have the opportunity or was not interested in making a deep reflection on the ethical-pedagogical aspects of the academic activities, he employs only his judgment in what should be a reflected and intentional pedagogical attitude. In the same way that he learned how to teach his subject, the teacher should also have learned to work with values and behaviors. As this intentionality would collaborate in the construction of the students' personality in an integral way, it would be a pedagogical task in its most complete sense (Martínez, Estrada, Bara, 2002, p.18).

The observed reality shows that many teachers feel lost: they know they must do something, but they do not know what or how. Even though they may be well-intentioned, their willingness is not enough: they must prepare themselves to it. In this sense, the Model of Ethical Learning in the University, proposed by Martínez, Estrada and Bara (2002, p.23-40), which argues that university learning should be in itself an ethical learning, may be of great value.

Moreover, the teachers (and the other people involved in the courses, like the employees), must feel backed up institutionally to have firmer attitudes towards the students' immature or unethical behaviors, because reduced autonomy favors the posture of those who close their eyes or ignore the problems as a form of self-protection and increments the psychological strain of the people involved.

Finally, it is necessary to meet the challenge of taking care of the caregivers/educators and qualify them to the education of people with the same attributes. This requires that each one of the people involved performs, within himself, an entire humanization process, which includes the acquisition of knowledge about the broad world of values, the development

of certain skills, like interpersonal communication and emotional self-control, the capacity for hearing and empathy, and, mainly, the improvement in attitudes and character traits, with psychological and human maturation (Gracia, 2004, p.93-102).

#### Final remarks

If, during the process of professional socialization, the interactions between those who are learning and those who are teaching to socialize start to be more observed, and if the teachers are more aware of the consequences of their actions, then their attitudes will be able to be intentional and planned, which would significantly contribute to an ethical, careful and humanized academic experience.

In this sense, understanding the care that one has for the students to show what they lack, observing the teachers' dedication and the difficulties they perceive, distinguishing permissiveness from tolerance and flexibility in the pedagogical routine, and identifying the instructions and care that the teachers themselves lack are exercises of criticism and reflection that enable the optimization of the situations experienced in the professional socialization process. These situations may favor a greater autonomy of the teachers, which, in turn, may favor the construction of a greater autonomy in the students.

In view of what has been exposed, we conclude that it is necessary to search for these strategies, not only for them to be approached with the students, but also with the teachers, with the intention of contributing to their reflection and ethical-humanistic qualification, so that they can deal better with the moral development that is necessary for autonomy and for the ethical dimension of their students' professional education.

The discussions raised in the present paper corroborate the results of other publications, but do not apply only to Dentistry education. The reflections can be analyzed in the specific contexts of the other professional health areas that share today countless challenges in the construction of the new political-pedagogical projects and of the academic curricula. One of these challenges is exactly the development of excellence in care – for the subjects of our health actions and for the subjects of the teaching-learning process, students and teachers.

#### References

APPLE, M.W. O currículo oculto e a natureza do conflito. In: APPLE, M. W. (Org.). **Ideologia e currículo**. São Paulo: Brasiliense, 1982, p.125-57.

BERGER, P.L.; LUCKMANN, T. A construção social da realidade: tratado de sociologia do conhecimento. Petrópolis: Vozes, 1985.

BRASIL. Congresso Nacional. **Projeto de lei 3627/2004**. Institui Sistema Especial de Reserva de Vagas para estudantes egressos de escolas públicas, em especial negros e indígenas, nas instituições públicas federais de

educação superior. 2004. Disponível em: <a href="http://portal.mec.gov.br/arquivos/pdf/ref\_projlei3627.pdf">http://portal.mec.gov.br/arquivos/pdf/ref\_projlei3627.pdf</a>. Acesso: 08 ago. 2012.

CORTINA A. **O fazer ético**: guia para a educação moral. São Paulo: Moderna, 2003.

DUBAR, C. **A socialização**: construção das identidades sociais e profissionais. São Paulo: Martins Fontes, 2005.

FINKLER, M. **Formação ética em Odontologia**: realidades e desafios. 2009. Tese (Doutorado) — Curso de Pós-graduação em Odontologia, Universidade Federal de Santa Catarina, Florianópolis. 2009.

FINKLER, M.; CAETANO, J.C.; RAMOS, F.R.S. A dimensão ética da formação profissional em saúde: estudo de caso com cursos de graduação em odontologia. **CSCol**, v.16, n.11, p.4481-92, 2011.

\_\_\_\_\_. Um marco conceitual para o estudo da dimensão ética da formação profissional em saúde. In: HELMANN, F. *et al.* (Org.). **Bioética e Saúde Coletiva**: perspectivas e desafios contemporâneos. Florianópolis: DIOESC, 2012. p. 171-189.

FONSECA, A.A. **A estratégia da dominação**: trote universitário favorece lógica de opressão social. *Portfólio André Azevedo da Fonseca*, 2002a. Disponível em: <a href="http://azevedodafonseca sites uol com br/domicacao1 html">http://azevedodafonseca sites uol com br/domicacao1 html</a> Acesso, em:

<a href="http://azevedodafonseca.sites.uol.com.br/domicacao1.html">http://azevedodafonseca.sites.uol.com.br/domicacao1.html</a>>. Acesso em: 08 ago. 2012.

\_\_\_\_\_. Calourada com responsabilidade social. *Portfólio André Azevedo da Fonseca*, 2002b. Disponível em:<<a href="http://azevedodafonseca.sites.uol.com.br/atitude.html">http://azevedodafonseca.sites.uol.com.br/atitude.html</a>>. Acesso em: 08 ago. 2012.

GALLI, A. Argentina: transformación curricular. **Educ. Med. Salud**, v.23, n.4, p.344-353. 1989.

HERINQUES, R.L.M.; ACIOLI, S. A expressão do cuidado no processo de transformação curricular da Faculdade de Enfermagem da Universidade do estado do Rio de Janeiro. In: PINHEIRO, R.; MATTOS, A. *Cuidado*: as fronteiras da integralidade. Rio de Janeiro: Hucitec, ABRASCO, 2004, p.293-305.

HUGHES, E.C. The making of a physician: general statement of ideais and problems. In: MACKAY, L.; SOOTHILL, K.; MELIA, K.M. (org.). Classic texts in health care. Oxford: Butterworth-Heinemann, 1998. p.136-39. GRACIA, D. Como arqueros al blanco: estudios de Bioética. Madrid: Triacastela, 2004.

MARTÍNEZ, M.M.; ESTRADA, M.R.B.; BARA, F.E. La universidad como espacio de aprendizaje ético. **Rev. Ibero-Amer. Educ.**, n.29, p.17-44, 2002.

MERTON, R.K.; READER, G.G.; KENDALL, P.L. Some preliminaries to a sociology of medical education. In: MACKAY, L.; SOOTHILL, K.; MELIA, K. M. (Org.). Classic texts in health care. Oxford: Butterworth-Heinemann, 1998, p.140-2.

MINAYO, M.C.S. O desafio do conhecimento. São Paulo: Hucitec. 1999.

MINAYO, M.C.S.; SOUZA, E.R.; CONSTANTINO, P; *et al.* Métodos, técnicas e relações em triangulação. In: MINAYO, M.C.S; ASSIS, S.G.; SOUZA, E.R.(Orgs). **Avaliação por triangulação de métodos**. Rio de Janeiro: Fiocruz, 2005. p.71-103.

NUNES, E.D. Merton e a sociologia médica. **História, Ciências, Saúde – Manguinhos**, v.14, n.1, p.159-72, 2007.

REGO, S. A Formação Ética dos Médicos: saindo da adolescência com a vida (dos outros) nas mãos. Rio de Janeiro: Fiocruz. 2003.

SCORTEGAGNA, H.M.; ALVAREZ, A.M. O Cuidado permeando as ações educativas com vistas a um viver-envelhecer qualificado. In: SOUSA, F.G.M.; KOERISCH, M.S. (Org.). **Cuidar-cuidado**: reflexões contemporâneas. Florianópolis: Papa-livro, 2008. p.77-90.

ZUIN, A.A.S. **O trote na universidade**: passagens de um rito de iniciação. Cortez: São Paulo, 2002a.

O trote	no curso	de pedagogia	e a prazerosa	integração	sado
masoquista. Educ.	<b>Soc.</b> , v.23	3, n.79, p.234-54	4, 2002b.		

Translated by Carolina Siqueira Muniz Ventura. Translation from **Interface - Comunicação, Saúde, Educação**, Botucatu, v.16, n. 43, p. 981-993, 2012.

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