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RESEARCH ARTICLE

**TRAINING OF HUMAN CAPITAL IN HEALTH AND SOCIAL REPRESENTATIONS: CASE STUDY IN HOSPITALS OF 2° LEVEL OF THE AREA EAST OF THE STATE OF MEXICO**

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**ABSTRACT**

The focus of this work is to analyze from a medical perspective the multiple aspects that guide the criteria that assumes the training of health professionals. This research is based on the theory of social representations; this theory is referred to an epistemology of the sense common, which allows to interpret the reality-the knowledge every day, product of social interactions. Within this theoretical framework, it worked with the approach process, which focuses on the content of the representation in terms of its meaning and significance. It was a descriptive study, qualitative, cross-not experimental, with interviews semi-structured with three axes categorical (training, bonding and regulation). The sample was obtained in a manner not probabilistic, they interviewed 12 subject, six heads of teaching and six medical in training attached to the institutions that agreed to participate in the research. From the crossroads of knowledge, the experiences and opinions of education managers and doctors in training, is develop that the training of the professional of the health still framed in the paradigm positivist (hegemonic biomedical). Of this form is evidence a worldview in the training of the medical and an approach to this reality training, that allows carry to the reflection all those aspects forgotten that dan by made a conformation infinite and dogmatic of medical and thus, placed in the context to the actors main (universities, institutions of health, decision makers of decisions, executing or responsible of the training).

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**INTRODUCTION**

Priority problems to resolve in the area of human resources for health are: the deficit of personnel in health at international, national and local levels, inadequate geographical distribution of the professionals, the imbalance in the composition of teams and an incongruous profile to the stage of health presenting the population (Rigoli, Rocha y Foster, 2005). In this sense, the prospective development of the National Health System (NHS), it puts the spotlight on the formation of human capital in health, as a cornerstone for the needs in this area in the coming years, which is of vital importance to take into consideration the peculiarities of regional and local to that characterize the federal entities and the country itself.

So that the training of doctors, nurses and other health professionals, it is considered an elementary process to carry out the organization of any health system; these actors are a component fundamental, both of the Administration as of the implementation of the services assistance and training (Pierdant y Grimaldo, 2013), they are also the central axis so that it fulfills the main objective, it is to ensure the conditions of health of the population, through the establishment of procedures both preventive, educational and timely care (Nigenda, Magaña y Ortega, 2013).

In Mexico, as in the majority of them countries of the world, the trends or models of training have presented modifications own of it evolution historical, economic, social, demographic and educational of the country (García, 2014). According to the analysis of Frenk and collaborators (2011), at the beginning of the 20th century model flexeriano of medical education which laid its foundations in the biological dimension of the disease prevailed (Casas y Rodríguez, 2014), where is emphasized the curriculum scientific, with predominance of them knowledge encyclopedic, the training is carried to out in escenarios university; later in the middle of the same century, is consolidated the formation based in problems in which privilege the work of them centers academic and finally, at the dawn of the 21st century began talking about skills-based model which requires the formation of a large system joint, main for their full development.

While the training model has been modified, vocational education has not developed at the pace of the new challenges (risks infectious, environmental and behavioral); mainly by count with a curriculum fragmented, outdated and static that produces graduates poorly equipped. The problems are systemic: a lack of coordination between them skills and the needs of them patients and of the population; poor work in team, meetings episodic instead of a care of health continuous and a predominant orientation towards them hospitals to expense of the attention primary (Frenk, *et al* 2011).

The formation of them professional of the health involves the confluence of them spaces academic and of them institutions of health, in both and low logical different is performs it training and it practice profesional (Jarillo, Mendoza, Salinas, 2011 [cited por] Casas, 2012); where the relationship between both sectors has been close in the area operating (allocation of clinical/distribution of students, medical fields internal of undergraduate and interns on social service), but without having joint long-term efforts in the aspects of planning, assessment and innovation, creating unfavourable conditions for both sectors (García, 2014).

Therefore, the SNS and the system national education (SNE) should unite their efforts to achieve a training integral, and so provide to them individuals the knowledge, the skills, skills and attitudes that you allow resolve them problems and needs of health of them collective. To the get these features the professional acquires the value of human capital, where the education must be seen as an investment productive both in it social as in it individual (Juan y Villalpando, 1994).

In this context, the research in the area of health professions presents challenges as well as opportunities that allow a glimpse of a much larger picture of the formation process, which can be useful for decision-makers in order to achieve policies in health, education and labor according to the trends of health scenarios as determined by the panoramic epidemiological and demographic transition. Based on these considerations, the following questions arise What think those executing or responsible of the training current of them professional in health? and How perceived the doctor your training?

The exploration of this worldview will allow to establish general and specific characteristics of the formation, as well as the possibility of application of the study in a similar context to define common and specific problems.

### **Theoretical Framework**

This research is based on the Theory of Social Representations (TSR), this theory works as a system to interpret the reality, the how them people is appropriate of them knowledge and information that circulate in the society (Restrepo, 2013).

The TRS was proposed by Moscovici (1961), which outlines an interesting and innovative methodological approach in the analysis of common sense and everyday life, could rating is as an explanation useful in the study of the construction social of the reality (Materán, 2008).

The TRS challenges the hegemony of the positivism in the methodology of the sciences social (Lavado y Setenta, 2003), and it is governed as a paradigm of explanation that recovers the social subject, holder of several identities social and agent that creates and recreates its own reality through the communication with other subject (Heshiki, Osornio Sanchez, Valadez y Dominguez, 2013).

For Moscovici the Social Representations (SR) are the set of concepts, propositions and explanations originated in the daily life in the course of interpersonal communications (Alfonso, 2007); to its time Jodelet raises that them representations social are a form of thought social that gives place to a mode of knowledge particular -the know of the sense common- which allows interpret it reality, classify them events of it life

everyday, understand and dominate the environment and build theories to explain them made that make up our world (Jodelet, 1986 [cited by] Restrepo, 2013). In this same line, Curiel (2012) mentions that the social representation corresponds to a knowledge of sense common, that must be flexible, and occupies a position intermediate between the concept that is obtained of the sense of it real and the image that the person reworked for itself, hen, representations correspond to acts of thought in which a subject is related to an object, this relationship does not consist in automatic reproduction of the object but its symbolic representation (Petracci y Komblit, 2007).

Within this framework theoretical, in accordance with Pereira de Sa (1998) there are three lines of research of the SR that are have gone profiling through the time: the classical school (focused on the content of the SR), School of Aix in Provence (focused on the cognitive processes) and the school of Geneva (is focused on the conditions of production and circulation of the SR); where the first two schools demonstrate the two approaches in that the SR have been addressed: the processual and structural.

The processual approach rests in postulates qualitative and privileges the analysis of it social, of the culture and of the interactions social, general (Araya, 2002). He procedure classic for the research from the approach processual consists in the collection of material discursive, through interviews, questionnaires or sources documentary, which is subjected to technical of analysis of content to locate the structure central of them RS (Araya, 2002 [cited by] Restrepo, 2013).

For purposes of this study, seeks to recognize as social subjects (heads of school and doctors in training), give meaning to the object of the representation, in this case the training of health professionals.

### **Objective**

Analyze the social representations that the actors (heads of teaching and physicians in training) of the 2nd Level Hospitals of the East Zone of the State of Mexico build with respect to medical training.

### **METHOD**

For the approach of this problem is raised a research qualitative, descriptive, transverse-not experimental, the study was carried out in 4 hospitals of 2 ° level of the East of the State of Mexico, the sample was obtained not-probabilistic, with the participation of 12 subjects, 6 heads of teaching and 6 medical in training, attached to the institutions that agreed to participate in the research.

Interview instrument was designed based on analytical categories, in first instance is decided to form the categories primordial starting from a partnership free of words whose purpose was find them terms or phrases related with the term "training", stage that is carried just in the Forum of Research South of the IMSS in the month of mayo 2015, space where is meet them heads of teaching of the IMSS (Mexican Social Security Institute), ISSSTE (Institute of Social Security and Services of State Workers) and the Secretariat of health. Once is obtained all the expressions, is proceeded to analyze and develop the interview semi-structured with three categories of analysis: training, bonding and regulation, subsequently, is proceeded to the validation by experts in round of 5. The

instrument was applied to teaching coordinators and clinical research and doctors in training (social service and residents).

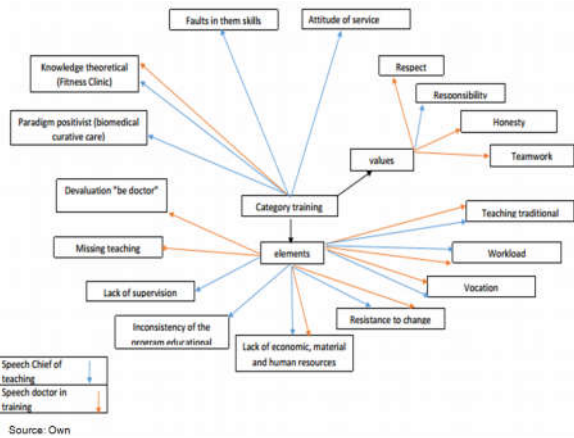


Figure 1 Sociogram - Category training

**Training:** This category was established to determine the current status of the training of health professionals, as well as analyze the elements that involved directly and indirectly with the training medical [Figure 1, Table 1].

**Link-up:** This category was defined to evaluate the relationship between the institutions involved in the process of training of health professionals [Figure 2, Table 2].

**Regulation:** The purpose of this category is identify what are the guidelines that regulate the formation of them professional of the health [Figure 3, Table 3].

**CONCLUSION**

The study still not has concluded, the part that is presents allows obtain an approach to the reality of the context in which is operate them actors primary (Heads of education and doctors in training) of the formative process.

Table 1 Category training

Category	Words or phrases	Interpretation
Training	Biologist Lack of values Loads of work Attitude of service Vocation Incongruity of PE Lack of supervision Teaching traditional	The speech of the heads of education reveals that the professional has a good theoretical background; however, it has flaws in skills and attitudes. They believe that the formation continues framed in the positivist paradigm. They consider that traditional pedagogy, the incongruity of the educational program, lack of supervision, vocation, lack of resources and excessive workload are elements that have a direct impact on professional training. On the other hand, doctors in training concern that their training is very theoretical mentioned that the values that most professionals lack are honesty, respect, and teamwork. At the same time, they refer to the workload will not allowed to carry out their academic activities.

Source: Own

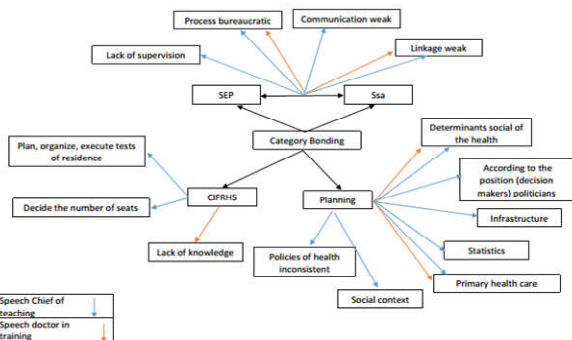


Figure 2 Sociogram - Category Bonding

It emphasizes that medical training is still framed the hegemonic biomedical model, which little favors the actual incorporation of social factors as determinants of the health-disease process. While in those speeches are manifest the need of a model humanistic, still not is has could realize of a form clear and to the end the current training of them professional of the health is an obstacle for the implementation of a care primary in health. On the other hand is highlights the lack of values in them professional, the need of update the program educational, improve the practice teaching and improve the communication main for achieve a training integral.

Table 2 Category Link-up

Category	Words or phrases	Interpretation
Link-up	Process bureaucratic Communication weak Linkage weak Lack of supervision Lack of resources Context Social Policies of health inconsistent	In the speech is identified that the bonding joint is da only as a process bureaucratic, through which cooperation agreements are established, whose purpose is to use the facilities and resources of the health institution to have students apply their knowledge. They also point out that there is a decoupling between both educational spaces, where the resources allocated are not sufficient and there is little supervision by the universities. With regard to CIFRHS, the opinions of the interviewees indicate that the institution is a legal body, which is responsible for planning, organizing and executing medical residency examinations; as well as deciding the number of places offered each year. The doctors in training are not aware of the functions of the commission.

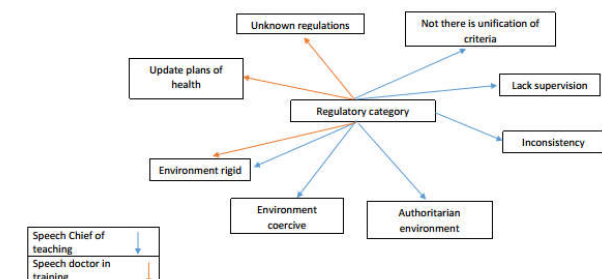
**RESULTS**

Presents the main results around three categories: a) training, b) link-up and c) regulation. Group teaching coordinators and clinical research (6 total), five were male and one female. The average age was 39 years. The six interviewees show graduate studies; Four of them with a seniority in the position less than five years, one with ten years and one with fifteen years of seniority respectively. In relation to the group of doctors in training (6 total), all corresponded to the female gender, of which three were doing service social and the rest is found in the specialty medical.

In this way a worldview in the training of physicians and an approach to this formative reality is evidenced, that allows the reflection all forgotten aspects that take for granted an infinite and dogmatic conformation of doctors and puts the main actors in the context (universities, institutions of health, decision makers of decisions, executing or responsible of the training) to bring this task to fruition.

Table 3 Regulatory category

Category	Words or phrases	Interpretation
Regulation	Lack of supervision Environment rigid Environment coercive Authoritarian environment Inconsistency Unification	The heads of education considered that the guidelines that guide the formation of the health professions are suitable, respondents considered that the big problem is that they are not applied correctly. The speeches of them medical in training reveal that these characters unknown largely them guidelines and regulations that regulate the training medical. Both physicians and the training of the heads of teaching that training is given within the health institutions is through the doctors who are at the most advanced levels where the learning environment is often rigid, aggressive, etc. They also point out that many times the professional is used, as a Human Resource to cover those spaces where there are no staff to attend the beneficiaries. However, is manifest that those professional feature with the support of the Coordinator of teaching as authority institutional.



Source: Own

Figure 3 Sociogram - Regulatory category

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