

La transversalidad curricular: una alternativa para la formación en la equidad y la prevención de adicciones y violencia en profesionales de la salud

Cross-cutting curriculum: an alternative for training in equality and the prevention of addiction and violence in health professionals

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Resumen

El profesional de la salud, por participar directamente en el cuidado de la salud de los individuos, esta llamado a participar en los múltiples fenómenos de salud pública que afectan el bienestar de la población directa e indirectamente, con consecuencias sociales de gran impacto a nivel global; tal es el caso de las adicciones y la violencia, fenómenos complejos de abordar. En este sentido, organismos internacionales y nacionales establecieron la necesidad de transversalizar dentro de los programas educativos en salud, temáticas vinculadas con el consumo de drogas, violencia y la

equidad. Para llevar a cabo lo anterior, es necesario identificar claramente la epidemiología de los fenómenos a nivel mundial, de América Latina, Nacional y local, de manera tal que los futuros profesionales puedan 1) identificar el fenómeno y actuar cuando lo reconozcan en los pacientes o usuarios de los sistemas de salud y 2) los identifiquen y actúen cuando los fenómenos se presenten en ellos mismos, considerando la perspectiva de género. Con base en lo anterior, es que se desarrolla el presente documento, mostrando de manera general la relevancia de abordar en los currícula de pregrado y posgrado, las temáticas ya señaladas, de manera tal que se cuente con los elementos necesarios para su abordaje en la vida diaria.

Palabras clave: genero, violencia, adicciones, derechos humanos, curriculum, salud.

Abstract

The health care professional, to participate directly in the health care of individuals, is called to participate in multiple public health phenomena that affect the welfare of the population directly and indirectly, with great social consequences of global impact ; such is the case of addictions and violence, to address complex phenomena. In this sense, international and national agencies established the need to mainstream within the education health programs, topics related to drug use, violence and equity. To accomplish this, it is necessary to clearly identify the epidemiology of the worldwide phenomena, Latin America, National and local levels so that future professionals to 1) identify the phenomenon and act when they recognize in patients or users of health systems and 2) identify and act when the phenomena occur in themselves, considering the perspective of gender. Based on the above, is that this document is developed, showing the relevance generally addressed in the undergraduate and graduate curricula, thematic already mentioned, so it has the necessary elements for its approach in daily life.

Key words: Gender, violence, addictions, human rights, curriculum mainstreaming, health.

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Introduction

Currently, violence and addictions, have a strong impact on the lives of individuals, the family and society. In particular, college students have progressively attracted the attention of researchers in the field of health, because they frequently present different difficulties that affect their well-being and prevent them from an appropriate adaptation, what can occur in disorders of mood, risk and antisocial behaviours that can be consolidated in maladaptive patterns and severe personality disorders (Cova-Solar et al., 2007).

The professional qualification is a society growing requirement, what to study?, it can be a factor of stress among students preparing for a profession, academic life represents an increase of responsibility, anxiety and competitiveness, coupled with the fact that many students require work (De Lucena and cols., 2012), what can influence negatively in the student-teacher relationship, expectations and perceptions of their own potential to learn certain content, or its actual performance. In this context, the academic pressure of University life is given from considerable changes in relation to the system of school education (Rioseco cited by Cova-Solar et al., 2007).

In the area of health and particularly in nursing, this academic stress increases as the student progresses in his studies, by high work loads, but also to coincide with a stage of life in which many changes happen in your life such as separation from family, the incorporation into the labour market and adapt to an unusual medium (Pulido, 2011) as it is the hospital environment. Therefore, triggers that involve changes in the routines of everyday life of nursing students, can be threatening and in many cases, the coping towards them is not assertive and can generate problems in their health whether physical or mental, or both (Lazarus and Folkman, 1984).

In this regard, several studies have found that the most common mental disorders in college students are depression, anxiety disorders, alcohol abuse and psychoactive substances, but also highlighted other emerging issues such as suicidal ideation, eating disorders and self-injurious behavior and disorders of the Personality; chronic diseases, heart disease and immune system failures and additionally, school failure and poor academic performance (Micin, 2010; Pulido, 2011).

These disorders also are associated with personality characteristics that students possess and can be de-regulatory tonadoras or significant disturbances in personal and social sphere, so that students require a comprehensive reinforcement by the universities, in order to avoid unhealthy behaviors, such as drug use and violence.

With respect to consumer behavior, in the last twenty years the use, abuse and dependence of snuff, alcohol and other drugs has become one of the biggest problems of public health and safety in the world with serious consequences to the individual, family integration and social development (CONADIC-SSA, 2011). Besides being the main public health problem in developed countries and developing countries, as it affects the family, economic and social spheres, has also been shown that increased consumption corresponds to pharmacological drugs medicated auto and alcohol know-rado or combined with them that they can be caused by adult personality that carries its own history (Bermudez-Herrera, Silva, Priotto & Sampaio, 2011).

In connection with the violence, the literature indicates that health services are not far from the phenomenon of violence; health workers in violent behavior have been identified in emergency rooms, psychiatric hospitals, homes for the elderly and in places of pre-hospital care (Franz Zeh, Schablon, Kuhnert, & Nienhaus, 2010; Gates & Gillespie, 2011). In these institutions, violence has become a vicious cycle in which users, providers and future health professionals are involved, either as victims or as aggressors (Paravic & Rodriguez, 2013).

In this sense, it is necessary that nursing workers, are documented in this subject for two reasons: 1) to possess the elements necessary to identify the violence experienced by patients both female as male and 2) to be able to recognize when violence is being caused or experienced by themselves.

The above raises then, the need to develop an open, flexible and diversified curriculum that favors the reduction of the problem in which students are immersed, so that through the curriculum TRANSVER-salidad a relationship can be established between school learning and learning necessary for life.

Currently, one of the fundamental aspects for the development of a society is the gender perspective is outlined as same transverse axis from the education policy in both curricula, and institutional programs developed at different educational levels. Only an educational approach that seeks to have an impact on the relations, actions and results should necessarily more equitable from the mainstreaming of gender as suitable to facilitate gender sensitization and training of students means.

EDUCATIONAL INTERVENTION CURRICULUM PERSPECTIVE

Violence and addictions two problems that are intertwined

Harmful use of alcohol is a global problem that threatens both the individual development and social. WHO (2012), she reported that worldwide, 2.5 million deaths occurring each year of which corresponded to around 320,000 young people between 15 and 29 years old. In the case of the Americas, the average per capita alcohol consumption was 8.7 liters, ranking above the global average of 6.2 liters (PAHO, 2012), while the average per capita consumption in Mexico was 7.7 liter there were 4 million 168 thousand 63 people who had alcohol abuse or dependence, with most men (3 million 497 thousand 946 people), however, adolescent women with alcohol dependence were more than adult women (National Institute of Psychiatry Ramon de la Fuente Muñiz; National Institute of Public Health, Department of Health, 2011a).

On the other hand, the National Addiction Survey 2011, it was estimated that 21.7% of the Mexican population between 12-65 years was 26.4% active smoker and former smoker; the average age of onset is 20.4 years, with a daily consumption of 6.5 cigarettes and 11.4% of smokers who had developed addiction. In the survey that assets and adolescent smokers who smoked daily, beginning their consumption to 14.1 years and smoke 4.1 cigarettes a day, encontrando 8.1% addicted to nicotine it is emphasized. An important aspect is the report of exposure to environmental smoke snuff, which has increased 6.9% in the last three years, with the consumption of snuff at home (the major source of exposure), followed by the workplace and school (National Institute of Psychiatry Ramon de la Fuente Muñiz National Institute of Public Health, Ministry of Health, 2011b).

The National Council Against Addictions (CONADIC, 2011), said that about 150 people die daily because of any of the 40 diseases related to smoking and it was estimated that the country spent about 30 billion pesos annually to care these health problems. Moreover, in urban populations, one in three children under 18 years of age reported that ingested alcoholic beverages, while this proportion in rural populations it was 14%. Consumption was more frequent between 18 and 49 years, an estimated 2,841,303 people were alcohol dependence and 18% of them required specific treatment, equally mentioned that in emergency rooms ME-Dicas the high level of income injuries (21%) it is associated with alcohol consumption.

Alcohol is the potentially addictive substance used most frequently by young adults, more than 50% of people between 18 and 29 years had consumed alcohol at least once in the last month in Mexico City found More than half of women and about two-thirds of men in age of higher education receive regularly consumed alcoholic beverages (Diaz et al., 2008), whereas in adolescents in general population, the drug was the main predictor of the presence of suicidal ideation, and this has been reported in young higher education at similar rates in both genders (27% of women and 30% for men), but with differences in predictive variables suicidal ideation; esteem is the protective variable suicidal ideation; in men, the predictor of aggressive responses are coping with family problems and women, social stress with the peer group (Rosales, Córdova y Ramos, 2012).

ENA in 2011, it is documented that the City of Mexico (23.6%) and Central (18.8%), Region reported the largest pre-valence to high alcohol consumption, while consumption of snuff for the Federal District is the region with the highest prevalence (20%), followed by the Western region (16%) and thirdly the Central region (14.6%), ie, Querétaro was located in the regions of highest consumption of alcohol and snuff.

At the World Drug Report (UNODC, 2011), it mentioned that despite the efforts and focus on reducing drug demand, consumption in recent years continues to rise and having serious effects, worldwide for 210 million people use drugs and almost 200,000 of them die from tobacco use every year.

In this context, smoking and alcoholism are the most widespread drug addiction in modern societies possibly derived from positive meaning that the consumer is, hence, its use and abuse is increased among young people, in such a way that smoking and alcoholism are the first and third leading cause of years of life with disability (PAHO, 2008; Manrique-Abril, Ospina and Garcia-Ubaque, 2011).

An important consumption of alcohol and snuff among adolescents aspect is the social permissiveness, as far as young people agree that at his age it is normal that risk behaviors are performed, the greater the probability that involved in drug use, so attitudes of tolerance or acceptance with the use of legal substances, reinforce this group behavior (Palacios and Cañas, 2010).

Thus, many social phenomena related to physical and mental health of individuals, have been linked to the initiation and progression of drug use, where the social network (friends, relatives, acquaintances) can constitute a factor of risk (Galvan, Serna and Hernandez, 2008), due to the meaning that members of a social group give the alcohol and snuff.

Therefore, the use of addictive substances among adolescents university is emerging as a public health problem, why should be a priority issue on the agenda of educational institutions, health and legislative, due to the enormous impact of mental illness in the world and in Mexico.

On the other hand, as another public health problem, it is recognized that the extent of violence which extends not only to vulnerable populations or economic constraints, but also a phenomenon that exists in professional, such as the health personnel, so that, as noted above, must be documented on these issues, starting from university education.

In this sense, it is necessary for workers in the area of health, specifically nursing is documented in this subject for two reasons: 1) possess the elements necessary to identify the violence experienced by patients both female as male and 2) be able to recognize when violence is being experienced by this.

To achieve this, first of all should be based on knowledge of the current epidemiology of the phenomenon, including not only the number of cases, but perspectives and attitudes of both men and women, so then present TARA an overview about the topic:

- In relation to knowledge with professionals in health on issues related to violence, obstetricians, nurses, residents, etc., of a General Hospital in Caracas, Venezuela were surveyed. The results found were: 87% said they know laws for the protection of women, however, it found that actually do not know the Organic Law on the Right of Women to a Life Free of Violence, 45.7 % said it had detected to this violence during the care of the pregnant woman, the doctor being the perpetrator (reported by 42.8% of participants) and nursing staff (identified by 42.5% of respondents) (Faneite Feo, & Merlo, 2012).
- With regard to the perception that nursing students have about gender violence, in a study where 265 questionnaires were applied to students of the aforementioned career, it was found that they have access to information on gender in magazines (87.2%) and specialized web pages on the subject (80.6%). Also, 95.5% said it was able to recognize forms of physical, psychological 88.7% 73.6% 28.3% sexual and other forms of violence (Macias et al., 2012).
- On Gender-Based Violence, a survey of 36 heads of Acute General Hospitals in Buenos Aires, found that 49.7% reported having little or insufficient knowledge on the subject, 33.3% indicated ignore the existence of support groups on the issue or if there are shelters for victims (32.9%), although 84% said they know places of legal advice, which contrasts with the fact that 32.5% is not aware of specific laws on domestic violence. One of the most critical was that 72.5% of participants said ignore what is the legal responsibility of health personnel when a patient receives, especially if you are a woman who has suffered violence based on gender.

As can be seen, the phenomenon is not only seen by health professionals "indirect" when receiving or serving people affected by violence or drug use way, but that they may be directly involved.

On drug use in personal health, this is a phenomenon quite well recognized and studied. Unfortunately, research on violence in the workplace are difficult to perform, since the diagnosis and testing of the phenomenon are complex, this staff fear losing their jobs, to be mixed up in legal issues, losing credibility, etc. (Miret and Martinez, 2010).

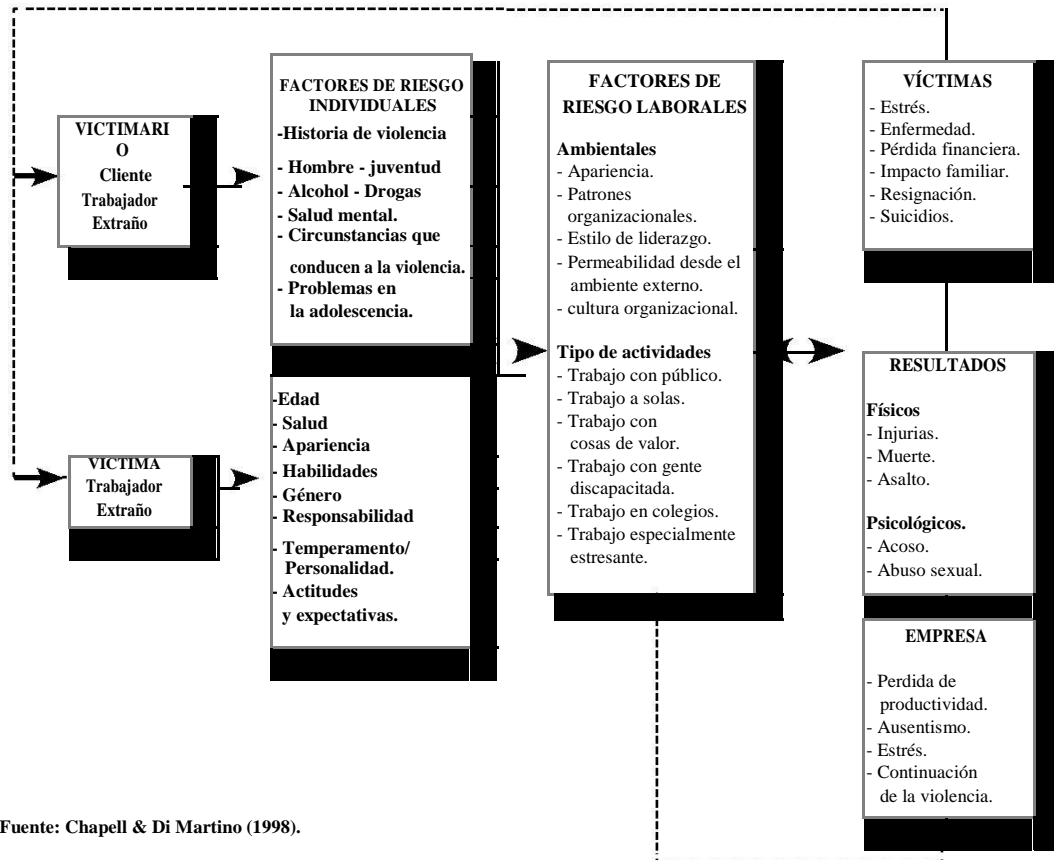
Within the field of health, Miret and Martinez (2010) recognize multiple risk factors that may promote violence.

Efectos sobre la persona	Efectos sobre la organización
- Disminución de la motivación, implicación y rendimiento laboral	- Incremento del absentismo laboral y pérdida de horas de trabajo
- Disminución de la autoestima	- Descenso de la calidad de la asistencia
- Despersonalización	- Deterioro del ambiente laboral
- Síntomas psicósomáticos	- Deterioro de la imagen institucional
- Alteraciones emocionales	- Incremento de los costes por medicina defensiva
- Pensamientos negativos sobre sí mismo, la profesión y la organización	- Insatisfacción de usuarios y profesionales
- Afectación de los rendimientos cognitivos	- Deterioro de la relación entre profesionales y usuarios
- Conductas de evitación en el trabajo	- Conflictos laborales
- Afectación a la realización profesional y personal	
- Afectación de las relaciones personales y sociales	

Table 1. Risk factors of violence in health institutions

Source: (Miret & Martínez, 2010)

One way to carry out the study of workplace violence is through the Interactive Model of Violence (Chappell & Di Martino, 2006), which is shown in Figure 1.



Fuente: Chapell & Di Martino (1998).

Figure 1. Interactive Model of Violence

This model shows that the circle of workplace violence is surrounded by many aspects that influence it, such as individual risk factors and those related to the environment. In this sense, it is identified that both the user of health services as the worker himself, can be victims or perpetrators and the consequences of violence can be reflected in emotional family physical aspects, among others, ranging beyond the personal, coming to the institution itself.

Particularly now called workplace violence, it is a situation that affects, at the institutional level, the organization, difficult human relationships, limited quality care, among other things, generating

personal consequences as stress, traumatic stress, burnout syndrome, Start or increased consumption of snuff and other drugs (Miret and Martinez, 2010).

As previously stated, it is important that schools take actions that lead to con-trarestrar the conditions that the future may have an impact on their physical and mental health, but also in the quality of care they provide to their users health services, as the social and economic cost of mental illness is high, it impacts on the productivity of the country by preventable disability or premature death, as well as fami-liar dysfunction resulting from emotional overload that these disorders occur, requiring higher social and health benefits.

Thus, within the graduate curriculum, should review and analyze who are focused content-two (Miret y Martínez, 2010):

- Build health and safety programs to consider management commitments and participation of workers in the warning signs.
- • Security training.
- • Formation of safety committees.
- • Health and risk prevention.
- • Monitoring and reporting.

Gender perspective

Currently it is known that the processes of transformation that demand social development are made by women and men generally differentiated. The genres are biosocioculturales groups, historically built from the identification of sexual characteristics that classify human beings bodily, and differentially assigned a set of functions and behaviors.

According to Marcela Lagarde (1996) is a complex determinations and economic, social, legal, political and psychological, that is, cultural features, creating what in every age, society and culture are the specific contents of being man and a woman. In this way the barriers to access and retention of women and men in education are different according to gender.

The World Health Organization has shown with scientific evidence that gender is a social determinant of health that impacts the risk and vulnerability, as well as diagnostics, demonstration and development of disease, care and treatment, including the accessibility to health services for women and men. Sociocultural differences between men and women are certainly those that have greater weight as determinants of health status of both; which they have been less considered, and the least recognized as a source of inequality and de-advantage for women. These differences, historically constructed, referring to distinctions in the way the two are educated, the roles and stereotypes of behavior that remain socially acceptable for men and women, the way they relate to each other and, in particular, the position of power and dominance of men in front of the subordination and powerlessness of women, influencing the accessibility and control of health goods and services. All this is known as gender inequities in health impact.

In Mexico, even if the health system has made significant progress in terms of Social Health Protection, pre-sents some weaknesses in the backwardness and emerging risks and health problems due to the gaps in health care and women and men. Currently, life expectancy reaches 78 years for women, while for men is 73 years. However, while living longer, women have higher morbidity problems and years of healthy life lost men. Also, the gender gap and the impact of this social determinant of health are observed through health information disaggregated by sex since 2003:

- The risk of dying from diabetes is greater in women and second leading cause of lost years of healthy life
- Accidents and homicides are major causes of death in men, as a result of higher risk behavior and violence. The risk of men dying in an accident is almost four times that of women.
- Cancer of the cervix and breast cancer are the ones that cause more deaths in women, while in men it is the trachea, bronchus, lung and prostate cancer.
- In indigenous communities, the leading cause of death for women is diabetes, followed by the mica-ischemic heart disease, cerebrovascular disease and liver cirrhosis.

- In addition, the risk of dying from liver cirrhosis is 1.8 times higher among indigenous women in the rest of the population.
- In sexual and reproductive health and rights, the current problems oriented towards inadequate care and quality of health services
- The mortality of women with HIV / AIDS has had a slight increase between 1997 and 2004, even if in men decreased by 14% over the same period.
- Damage related to family, sexual and gender violence.

The biggest cause of healthy life years lost in women is unipolar depression, which is usually associated with violence. The differences in the distribution of the proportions of the causes of deaths among men and women also indicate some differences in the risks more clearly associated with gender, as women and men play consider-harbors feminine or masculine activities, and live and conceive risks differently, such as socio-cultural construction of masculinity means that men link their bodies with the hardness, strength and violence, ingest more alcohol and snuff, and have a more competitive attitude that leads to more risk especially in the most productive stages of their lives.

According to the data presented, it is of great importance to consider not only the relative-res risks and damage to health between men and women, especially biological differences in conditions that affect both sexes, but its association with socio-cultural factors clearly differentiated by gender.

The curriculum mainstreaming in the area of health.

The document prepared in 2006 by the Association of Universities and Institutions of Higher Education (ANUIES) "Consolidation and Change of Higher Education in Mexico, Diagnosis and Proposals" indicated that higher education promotes as central improve the quality, equity and the social relevance of university studies and has set the goal of improving the quality of education and

ensure the quality of each and every one of the processes and educational, administrative and management results, in order to train scientific professionals, scholars and specialists in the different areas of knowledge, training of citizens, values, attitudes and skills based human significance to development had social and economic development, through the generation of knowledge, seeking to stay ahead of humanistic, scientific and technological, social responsibility.

In this sense, it has insisted that higher education is central to the generational transmission of met-ment and production, creation and its historical responsibility to promote critical thinking and cultural change in favor of democratization and social justice. Therefore, it is essential to incorporate equal opportunities for higher education, particularly the access, retention and promotion of women who constitute half of the population of our country.

Moreover, it is noteworthy that in the Declaration of the Regional Conference on Higher Education in Ame-America and the Caribbean (2008) where he participated implied that Mexico was "to satisfy the increasing social demands for higher education is required deepen equity policies for admission and implement new public apo-yos students. " "We need to promote respect for and defense of human rights, including combating all forms of discrimination, oppression and domination; the struggle for equality, social justice, gender equity".

In this respect, in 2009 the higher education institutions and public, national and state universities and their representatives in the "First National Meeting of Public Universities. Pathways to Gender Equity in the Institu-tions of Higher Education ", organized by the University Program for Gender Studies at UNAM, the Equity and Gender Commission of the Chamber of Deputies and the National Institute for Women, with the intent to reach a consensus aimed at promoting equal opportunities for women and men who make up the communities universita-rias, declared that:

"The universities and institutions of higher education and, following principles and national and interna-tional regulations, in particular the General Act on Equality between Women and Men, are committed to promote in its internal rules of operation, equal opportunities between men and women and to promote it in society. In conse-quently, the set of institutions offering higher education in our country should be interested in gender mainstreaming organically. " Cross-cutting

issues as Zuniga (1998: 10) "curriculum are referred to current issues that are closely related to principles, attitudes and values"; therefore, the transverse-ity curriculum refers to the attitudinal and axiological present in different subjects or subjects considered transversal issues constitute an essential element in any educational program, given that cross all dimensions of the person, encouraging integrity and giving it direction, leaving behind the traditional curriculum divided in plots of knowledge and leading to global knowledge.

Monclus (1999, cited in Moreno, 2004) suggests three possibilities to achieve the aforementioned objective, with any item or issue that permeates the entire curriculum: "The first cross-cutting themes are presented as content-cen has reference to problems and conflicts of great significance, occurring at present and deal with the urgency of making personal and collective positions (...). Secondly, they are mainly related content values and attitudes, through its programming and development as well as their analysis and understanding of reality; it is intended that students develop their own judgments to the problems and social conflicts, with capacity to adopt attitudes and values that are based on assumed rational and free behavior (...) Third, they are content to be developed within curricular areas, and that in a dual perspective, that is, bringing them and contextualizing in relacionados areas with reality and the problems of today's world, and giving them a functional value or immediate application regarding the understanding and possible positive transformation of these problems as well as reality itself."

Mainstreaming refers to a curriculum strategy by which some axis or priority issues in the education of our students, permeate the whole curriculum, ie, are present in all programs, projects, activities and curriculum covered Institutional Education Project of an educational institution. The curriculum involves transverse-ity as stated Fernandez (2003) "the use of new strategies, methodologies and necessary forms of organization of content."

Moreno (2004) understands the curriculum mainstreaming as "the set of characteristics that distinguish one model whose curricular content and learning purposes beyond traditional disciplinary and thematic areas, developing new spaces that sometimes cross the curriculum in different directions, in others serve axis around which the others revolve learning, or imperceptibly and beyond disciplinary boundaries permeates the curriculum of values and attitudes that constitute

the essence of personal development, both individually and socially " .

In the case of the School of Nursing of the Autonomous University of Querétaro (UAQ-FEN) is mainstreaming constitu-yo as a strategy for making the concerns and experiences we have with respect to violence and drug use, It can permeate the processes of formation of health professionals as an integral element for the implementation, monitoring and evaluation of their university work, so that they can benefit from it in terms of equal and inequality is not perpetuated. In this sense, the FEN-UAQ established as institutional policy, mainstreaming gender in all curricula: Master of Science in Nursing (2009), Bachelor of Enfer-ticidal (2011), in the Specialty Public Health (2012) and Bachelor of Physiotherapy (2013).

The curriculum mainstreaming thus becomes a tool of pedagogical intervention that allows us to incorporate the educational discourse defined guidelines for the generation of other ways of looking at reality in graduated-dos, thus, it is intended to participate in the development of a college culture of equity and equality, be aware, fair and therefore more ethical people. Ie impact through the university education of our graduates in a positive social change, which not only contributes to counteract the public health problems afflicting our society, but to transcend through vocational training. We know that the mainstreaming process is slow and long-term, which requires the participation of all those involved in the curriculum. His approach involves overcoming resistance and needs of routine; as well as their subjective and personal implications. In other words, major efforts are needed to translate gender mainstreaming rhetoric to reality and practice in the classroom.

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