JUSINDO, Vol. 7 No. 2, 2025
p-ISSN: 2303-288X, e-ISSN: 2541-7207

Systematic Review on Hierarchical Culture and Symbolic Violence in Medical Education Environment

Iddo Posangi
Universitas Samratulangi, Indonesia
Email: iddoposangi@unsrat.ac.id

Keywords: *hierarchical culture; symbolic violence; medical education*

ABSTRACT

The medical education environment is often characterized by a strong hierarchical culture, where power imbalances have the potential to give rise to various forms of symbolic violence that are difficult to detect directly. Symbolic violence within medical education systems can negatively impact the psychological well-being of students and medical staff, as well as disrupt the learning process and professionalism within the institution. The aim of this study is to comprehensively review existing literature regarding the role of hierarchical culture in creating and sustaining symbolic violence in medical education environments, as well as to identify its effects on the well-being and professional development of learners, in order to formulate strategic recommendations for more equitable and supportive structural changes. This study uses the Systematic Literature Review (SLR) method to examine in depth the culture of hierarchy and symbolic violence in medical education. SLR was conducted systematically and transparently to identify, assess and synthesize relevant scientific evidence, while assessing the quality of the findings to gain a comprehensive understanding. Data were collected through documentation techniques on scientific literature and documents, enabling the identification of historical and contextual patterns of symbolic violence. The results of the systematic review indicate that the entrenched hierarchical culture in medical education often triggers subtle yet significant symbolic violence. This symbolic violence emerges through hidden mechanisms of domination, such as language, attitudes, and social norms that position certain parties as morally, ethically, and professionally superior. The most commonly reported negative impacts include psychological pressure, decreased motivation to learn, and the creation of an academic environment that is unconducive to the development of competencies and the well-being of medical students.

Coresponden Author: Iddo Posangi
Email: iddoposangi@unsrat.ac.id

Introduction

In a social arena, power exercised through symbolic violence cannot be separated from the role of language as the main means of symbolic communication. Language not only functions as a means of conveying messages, but also acts as a mechanism of domination that works subtly and is often not realized by the perpetrators and victims. Through the use of language, power structures can be maintained and reproduced without having to use direct

physical violence (Winarto, 2020). Symbolic violence is a form of oppression that takes place subtly and hidden through cultural norms that are considered normal. In contrast to direct or physical control, this violence works invisibly and is often not realized by victims or perpetrators (Putri et al., 2019).

Power imbalances are often used by certain parties to assert their dominance, whether through moral, ethical, religious, gender or ageist perspectives. This kind of hegemony creates a space where one group feels superior to another. This phenomenon reflects the operation of symbolic violence that works subtly but systematically, and can ultimately trigger the emergence of more tangible violence in the form of economic, social, psychological, and even physical. Symbolic violence infiltrates various aspects of life, especially when social relations take place in unequal conditions. One of the most obvious examples can be found in the medical education environment, where hierarchy and authority often create an imbalance in relationships (Apriansyah, 2021).

A survey involving 594 members of the British Medical Association revealed that 220 respondents claimed to have experienced bullying. The same thing also happened to 833 participants in a specialist medical education program (PPDS) in Canada, which showed that more than 75% of them were victims of bullying. In the medical student environment, bullying most often comes from patients, paramedics, fellow students, other medical personnel, and study program managers (Scome, 2024).

In accordance with Law Number 29 of 2004 concerning Medical Practice, all medical personnel, including those who are still in the education period, are obliged to comply with ethical principles and be responsible for every action taken (Wahyudi, 2024). Therefore, all forms of violence, especially sexual violence, cannot be justified under any circumstances. This becomes even more serious when it occurs in the medical education environment, which should be a safe space and uphold the values of professionalism and integrity.

Previous research conducted by Hamui-Sutton (2023) states that power imbalances, discriminatory comments against gender minorities, and impunity for acts of violence exacerbate insecurity and encourage the normalization of violence in hierarchical systems. Therefore, institutional strategies such as non-violent communication, strict sanctions, support for victims, and collective reflection are critical to building a safe, inclusive, and violence-free clinical environment.

Although numerous studies have highlighted the presence of violence in medical education settings, there is still a gap in our understanding of how hierarchical cultures systemically perpetuate symbolic violence such as verbal abuse, bullying and social exclusion that is often invisible yet has a significant impact on the learning experiences of residents and medical students. This violence is often justified as part of the professional training process, making it difficult to identify and under-reported. Therefore, the aim of this study was to thoroughly review the existing literature on the role of hierarchical culture in creating and sustaining symbolic violence in medical education settings, and identify its impact on learners' well-being and professional development, in order to formulate strategic recommendations for more equitable and supportive structural change.

Research Method

This research uses Systematic Literature Review (SLR) to explore in depth the phenomenon of hierarchical culture and symbolic violence in the medical education environment. Systematic Literature Review (SLR) is a method used to identify, assess, and synthesize all relevant scientific evidence to answer specific research questions. This process is conducted in a systematic, transparent and reproducible manner, with the aim of minimizing bias in the selection and assessment of studies. SLR not only collects available literature, but also assesses the quality and validity of findings from each source, thus providing a strong and comprehensive foundation for decision-making or theory development in a particular field (Lame, 2019).

Data collection was conducted through documentation techniques, namely by reviewing relevant literature and scientific documents (Farild et al., 2023), thus enabling researchers to identify patterns of symbolic violence historically and contextually. The documents analyzed were records of past events, academic articles, and empirical reports related to medical education practices that contain elements of symbolic domination (Sugiyono, 2020).

Results And Discussion

Table 1. Research Results

No	Name & Year of Research	Research Objective	Research Result
1.	Leisy & Ahmad (2016)	Finding solutions to bullying in medical resident training through literature review.	The most common form of bullying is verbal abuse, especially by doctors in higher hierarchical positions. This behavior is often repeated and occurs within the existing medical training culture, adversely affecting the well-being of both residents and patients.
2.	Ningrum (2018)	Analyzing symbolic violence in new student ospek activities.	There is a strong pattern of power relations between the ospek committee and new students. This symbolic domination creates inequality in social relations that affects the unconscious acceptance of values by new students.
3.	Barbosa et al. (2019)	Examines early-career academics' perceptions of hierarchy and oppression and their impact on professional identity.	The hidden curriculum reinforces hierarchical structures and oppressive practices, including hazing. Symbolic violence occurs among students and between students and lecturers, creating an intimidating learning environment.
4.	Salehi et al. (2020)	Reviewing the role of the medical hierarchy in medical education and resident training, particularly in ENT.	Dysfunctional hierarchies create communication barriers, legitimize mistreatment of trainees, and cause moral distress and ethical dilemmas in the clinical learning environment.
5.	Colenbrander et al. (2020)	Analyzing medical students' experiences of bullying and harassment in the clinical environment.	Hierarchy, a culture of self-sacrifice and resilience create barriers to reporting violence. Students are afraid of being labeled as troublemakers that could hinder their careers, coupled with unclear reporting

No	Name & Year of Research	Research Objective	Research Result
			channels that do not guarantee a safe outcome.
6.	Akbal & Kasapoglu (2020)	Examining symbolic violence experienced by health workers in health service programs.	In daily practice in hospitals, health workers experience symbolic violence in varying degrees. Conflicts due to power imbalances create discomfort and disrupt interprofessional working relationships..
7.	Vanstone & Grierson (2022)	Explore the influence of social power and hierarchy on learning in medical education.	Hierarchy plays a major role in shaping learners' learning experiences. Social power legitimized through hierarchical structures can either support or hinder learners' academic and professional growth.
8.	Julyyanti et al. (2023)	Analyzing the process and impact of symbolic violence between students.	Symbolic violence arises due to seniority, where older students dominate and expect respect from newer students. This creates unequal social relations and pressure on younger students.
9.	Hamui-Sutton et al. (2023)	Describe resident perceptions of repressive clinical learning environment characteristics.	Abuses of power and rigid hierarchical structures shape restrictive learning environments. The resulting asymmetrical relationships can reproduce symbolic violence, but can also be deconstructed through reflective and transformative approaches.
10.	Wudda et al. (2024)	Identify potential conflicts due to seniority culture in medical education.	The culture of seniority creates tension and intimidation towards junior students. Long-term impacts include psychological trauma and decreased self-confidence, which hinder students' learning and mental well-being.

Acts of violence that occur in the educational environment are a serious problem that requires immediate handling and systematic prevention efforts. This phenomenon, especially in higher education, has developed into a bad habit that has become part of the institutional culture. Violence in education is no longer just an incidental act, but has formed a pattern of habits that are repeated and inherited (Atikasari et al., 2024). One of the central issues raised in many academic studies is the existence of a very strong hierarchical culture in the education system, especially in the field of medicine. The medical education environment is known to have a highly hierarchical structure, where position and authority are strictly determined based on education level, seniority level, and professional experience (Salehi et al., 2020). According to this structure, new students or entry-level learners are often positioned in a subordinate position that is vulnerable to pressure, intimidation, and even symbolic violence from those in the upper levels. Research conducted by Colenbrander et al. (2020) shows that the medical profession in general is characterized by a strong hierarchical culture.

The field of medical education contains a hierarchical structure that places medical students at the bottom, followed by koas (professional students), residents (doctors who are specializing), and consuls (senior specialists who also act as lecturers). This structure creates a strong culture of seniority, where seniors are responsible for mentoring juniors who are still

lacking experience. However, this also opens a gap for bullying, especially when supervision of the professionalism of seniors does not go well (Wahyuni & Reswari, 2024).

Research by Wahyuni & Reswari (2024), shows that cases of bullying in the specialist medical education (PPDS) environment still occur frequently and are a serious concern. Rigid hierarchies strengthen a culture of seniority that risks being used for unethical actions against juniors. A number of previous studies have stated that this hierarchical structure has a major effect on the learning process and work experience of medical students (Vanstone & Grierson, 2022; Salehi et al., 2020; Leisy & Ahmad, 2016). When power is abused in hierarchical relationships and offensive clinical interactions occur, this can create a learning environment that is not conducive and limits learner development (Hamui-Sutton et al., 2023).

The culture of hierarchy in medical education can go beyond its formal function as a tool to maintain academic and clinical order. In practice, this hierarchy has the potential to perpetuate forms of symbolic violence that are not always realized, either by the perpetrators or the victims. The medical education environment, which should ideally be a space for developing professionalism and ethics, is often characterized by unequal power relations between seniors and juniors. This inequality reflects the difference in status and also creates a fertile space for the emergence of symbolic violence in various forms.

An explanation of symbolic violence can be understood through Pierre Bourdieu's theory, as explained by Ningrum (2018). Based on Bourdieu's framework, symbolic violence is the result of an unbalanced power relationship, where the dominant party is able to dominate the weaker party without having to use physical violence. This power is institutionalized in social relations, including in educational settings, and operates seemingly “naturally”, as if it is a natural part of the learning process. Habitus or patterns of thought and action formed from previous social experiences also reinforce acceptance of this domination. For medical education, this habitus can be seen in students' passive acceptance of harsh treatment from seniors as part of the “maturing process”.

Furthermore, Bourdieu (2003) in Julyyanti et al. (2023) defines symbolic violence as a form of violence perpetrated against social agents with the involvement of the agents themselves, meaning that this violence takes place subtly and covertly, and is often not recognized as a form of violence. Symbolic violence works through symbols, language, norms, and practices that are legitimized by culture and institutions, making it appear as something natural. In medical education, this can take the form of harsh public reprimands, unfair assignments, disregard for rest rights, marginalization of student opinions, and mental pressure wrapped in narratives of “character building” or “hereditary traditions” in the medical world.

These practices tend to be taken for granted because they have become part of the entrenched structure of social relations, and are justified as part of the professionalization process. As in James Scott's resistance theory cited by Ningrum (2018), students or residents who are in a subordinate position often do not fight openly, but choose subtle forms of resistance because the power they face is symbolic and hidden. Based on this framework, symbolic violence is not only about direct violence, but also about how social structures force a person to accept unfair treatment as normal.

Symbolic violence is an experience that is not uncommon for health workers to experience during their duties (Akbal & Kasapoglu, 2020). Research conducted by Rinaldi (2019) identified two main causes of symbolic violence in the LDK environment of

Muhammadiyah Makassar University students. First, there is a class difference where seniors see themselves as more powerful than juniors. Second, the tradition of seniority that has become a hereditary culture, which is basically a way of educating with methods of pressure and domination.

Hierarchical culture in this case can be understood as a social system in which individuals or groups are classified and treated differently based on their position in the power structure. For the field of medical education, this is evident from the perceived absolute authority of lecturers, the existence of a very rigid tradition of seniority, and the lack of space for students or junior residents to express opinions or criticism openly (Hamui-Sutton et al., 2023). Previous research has also reported that symbolic violence between students in educational settings is often triggered by seniority. Students who have longer experience tend to have symbolic dominance due to their status of being the first to enter, so they feel entitled to always be respected and obtain a dominant position in social interactions on campus (Julyyanti et al., 2023).

Meanwhile, symbolic violence itself is a form of violence that does not use direct physical violence, but works through ideological and cultural domination. This form of violence makes the dominated party finally accept and even legitimize inequality and treatment that harms them. The impact of symbolic violence in medical education is significant and affects many important aspects of student and resident learning and professional development. One of the main impacts is on the psychological well-being of students and residents. Stressful seniority practices and symbolic violence not only have an immediate negative impact on the victim, but also have long-term consequences such as psychological trauma and decreased self-confidence. This condition then leads to increased levels of stress, anxiety, depression, burnout, and decreased motivation to learn (Wudda et al., 2024). In addition, bullying experienced by residents has been shown to contribute to decreased mental well-being, which in turn risks compromising patient safety and increasing healthcare costs (Colenbrander et al., 2020).

Another important impact is the impediment to quality learning and professionalism. Symbolic violence and a strong hierarchical culture can hinder the development of important skills such as critical thinking, innovation, collaboration skills and effective communication. This unfavorable environment makes it difficult for students and residents to develop their full potential as medical professionals. In addition, symbolic violence also affects future professional ethics and behavior. By habitually experiencing and witnessing unethical behavior by seniors, there is the potential for students and residents to normalize such behavior, which in turn can reduce respect for patients and colleagues in the future.

The work environment created by symbolic violence is often unhealthy, full of fear, mistrust and barriers to effective teamwork. Such an atmosphere reduces comfort and productivity in learning and clinical practice. Finally, the impact of symbolic violence can also affect retention and job satisfaction. Many students or residents who experience pressure and unfair treatment in this hierarchical environment feel uncomfortable and are encouraged to leave the medical program or profession, thus negatively affecting the quality of human resources in the health sector in the future. All these consequences show that symbolic violence is not only an individual problem, but also a systemic issue that must be addressed in medical education in order to create a healthy and professional learning environment (Wudda et al., 2024; Colenbrander et al., 2020).

Responding to the adverse situation of symbolic violence and hierarchical culture in medical education requires a thorough systemic effort to change the organizational culture of the environment. One important step is to make changes to the curriculum and learning methods. More participatory, collaborative and student-centered learning approaches need to be adopted so that the learning process is not only one-way, but also actively involves student participation in creating an inclusive and supportive academic environment.

Intervention from educational institutions is also crucial. Curriculum improvements must be followed by the creation of a safe and comfortable learning environment for all students. In addition, increased supervision of interactions between students, residents, and lecturers must be carried out to anticipate and prevent bullying. Individual awareness to actively stop and report acts of violence must be strengthened through continuous education and training programs. In addition to internal efforts in educational institutions, cooperation between related agencies is also very important to establish and implement effective policies to prevent and stop bullying in the medical education environment. This synergy can help create clear regulations and more effective monitoring mechanisms in dealing with these problems (Nurdianto et al., 2022).

In addition, further research is needed to identify areas that require special attention and a deeper understanding of hierarchical dynamics and symbolic violence. This research is important so that the solutions developed are truly comprehensive and relevant to different issues in medical education. Ultimately, interventions that are implemented can be more targeted and sustainable in shaping a healthier, ethical, and professional medical education culture.

Conclusions

The results of the systematic review show that the deeply rooted hierarchical culture in medical education contributes to the emergence of symbolic violence that is hidden but has a real impact on students' psychological health, learning motivation, and academic climate. This violence is manifested through norms, language, and practices that affirm the dominance of certain parties in the educational structure. The implications of these findings emphasize the importance of systemic reform in medical education, particularly through curriculum updates that encourage participatory and student-centered learning approaches. To strengthen this cultural change effort, further research is needed to explore the dynamics of symbolic violence and hierarchy in different medical education institutions, including the factors that reinforce and mitigate these symbolic violence practices.

References

Akbal, A., & Kasapoglu, A. (2020). Relational Sociological Analysis of Symbolic Violence: The Case Study in the Field of Health. Reports on Global Health Research.

Apriyansyah, D. (2021). Kekerasan simbolik dalam praktek pendidikan Agama Islam. Jurnal Mubtadiin, 7(1), 159–174.

Atikasari, S., Sulistianingsih, D., & Martitah, M. (2024). Tinjauan Hukum terhadap Kekerasan di Lingkungan Pendidikan: Kasus Kematian Mahasiswa PPDS Universitas Diponegoro. Hukum dan Politik dalam Berbagai Perspektif, 3.

Barbosa, J. L. A., André, J. C., dos Santos, E. R., & dos Santos, L. L. (2019). Hierarchy and oppression in medical school: Perception of initial grade academics and its repercussion on professional identity formation. International Journal of Arts and Social Science, 2(6), 66-78.

Colenbrander, L., Causer, L., & Haire, B. (2020). 'If you can't make it, you're not tough enough to do medicine': a qualitative study of Sydney-based medical students' experiences of bullying and harassment in clinical settings. BMC medical education, 20, 1-12.

Farild, M., Sawaji, M. I., & Poddala, P. (2023). Analisis teknikal sebagai dasar pengambilan keputusan dalam transaksi saham. FORUM EKONOMI: Jurnal Ekonomi, Manajemen dan Akuntansi, 25(4), 734–739.

Hamui-Sutton, L., Paz-Rodriguez, F., Sánchez-Guzmán, A., Vives-Varela, T., & Corona, T. (2023). Violence and clinical learning environments in medical residencies. International Journal of Environmental Research and Public Health, 20(18), 6754. https://doi.org/10.3390/ijerph20186754

Julyyanti, Y., Idris, I., Beni, W. H. T., Kiko, B., Nurdin, N., & Datuk, A. (2023). Symbolic Violence Against Students at School. heritage, 4(2), 138-147.

Lame, G. (2019, August 5–8). Systematic literature reviews: An introduction. Paper presented at the International Conference on Engineering Design (ICED19), Delft, The Netherlands.

Leisy, H. B., & Ahmad, M. (2016). Altering workplace attitudes for resident education (AWARE): discovering solutions for medical resident bullying through literature review. BMC medical education, 16, 1-10.

Ningrum, A. I. (2018). Bullying dan Kekerasan (Studi Kualitatif Ospek Fakultas di Universitas Airlangga). Jurnal Sosiologi Universitas Airlangga, 37.

Nurdianto, A. R., Zamroni, M., & Miarsa, F. R. D. (2022). Bullying pada mahasiswa pendidikan kedokteran di Indonesia ditinjau dari aspek hukum dan HAM. Jurnal Reformasi Hukum: Cogito Ergo Sum, 5(2), 15-25.

Putri, R. O. (2019). Kekerasan simbolik (Studi relasi pendidik dan peserta didik). FITRAH: Jurnal Kajian Ilmu-ilmu Keislaman, 5(1), 55–82. https://jurnal.iain-padangsidimpuan.ac.id/index.php/F

Rinaldi. (2019). Etika Senioritas (Studi Kasus Kekerasan Simbolik Pada Latihan Dasar Kepemimpinan Mahasiswa Universitas Muhammadiyah Makassar). Universitas Muhammadiyah Makassar.

SCOME CIMSA. (2024). Feudalism, a big scar in medical education. Scome Medical Education. https://scome.cimsa.or.id/2024/09/08/feudalism-a-big-scar-in-medical-education/. Diakses pada 18 Mei 2024.

Salehi, P. P., Jacobs, D., Suhail-Sindhu, T., Judson, B. L., Azizzadeh, B., & Lee, Y. H. (2020). Consequences of medical hierarchy on medical students, residents, and medical education in otolaryngology. Otolaryngology–Head and Neck Surgery, 163(5), 906-914.

Sugiyono. (2020). Metode Penelitian Kuantitatif dan Kualitatif dan R&D. (Bandung: Alfabeta), edisi kedua.

Vanstone, M., & Grierson, L. (2022). Thinking about social power and hierarchy in medical education. Medical education, 56(1), 91-97.

Wahyudi, I. (2024). Evaluasi Yuridis : Peran Dan Tanggung Jawab Dokter Internship Dalam Praktik Kedokteran Berdasarkan Uu No. 29 Tahun 2004. Jurnal Media Informatika, 5(3), 217-226. Retrieved from http://ejournal.sisfokomtek.org/index.php/jumin/article/view/3572

Wahyuni, D., & Reswari, P. A. D. (2024). Upaya pencegahan perundungan terhadap peserta didik program pendidikan dokter spesialis. Pusat Analisis Keparlemenan, Badan Keahlian DPR RI. Pusaka, XVI(16/II), Agustus. http://pusaka.dpr.go.id

Winarto, A. Z. (2020). Kekerasan simbolik perempuan vs perempuan sebagai daya pikat film pendek 'Tilik': Sebuah ambivalensi. Media Bina Ilmiah, 15(2), 4073–4084. https://doi.org/10.33758/mbi.v15i2

Wudda, A. R., Ardana, A., Pasaribu, R., Hasibuan, K. M., & Khaira, I. (2024). Perilaku Kelompok dan Dinamika Senioritas: Strategi Membangun Lingkungan Organisasi Bebas Kekerasan. Jurnal Masharif Al-Syariah: Jurnal Ekonomi dan Perbankan Syariah, 9(4).