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Occupational Health Network in the Literature from 2019 to 2022

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Received date: February 02, 2023; **Accepted date:** February 13, 2023; **Published date:** February 22, 2023

Citation: Arturo Sánchez, Sánchez, Cruz G. Lirios, Gilberto B. Ruíz, Merino Cordoba VH (2023), Occupational Health Network in the Literature from 2019 to 2022, *J New Medical Innovations and Research*, 4(1); **DOI:**10.31579/2767-7370/037

Abstract:

Governance is institutional when common objectives, tasks and goals prevail in its relationship structure. The isomorphism that distinguishes health institutions can be seen in their care protocols, but also in the findings reported in the literature and external observations. The objective of the study was to establish the structure of relationships between the findings reported in the literature to compare them with the observations of experts. A documentary study was carried out with a sample of sources published in institutional repositories, considering the search by keywords over a period of 25 years. The results show a centralized government in the isomorphism, but conflictive, as well as a peripheral corporate government. In relation to the consulted literature, lines of study related to the dimensions of institutional governance are indicated.

Keywords: governance; health; disease; intervention

Introduction

The promotion of self-care, for the purposes of this work, refers to a system of joint management of health services aimed at the prevention of diseases and accidents in the workplace, education or home [9]. It is a process of establishing priorities in the personal agenda, although with a view to collective or environmental public health. However, the promotion of self-care is distinguished by the degree of interdependence between the actors involved in the construction of a community, public and collective agenda. Unlike prevention programs and health care strategies, the promotion of self-care implies a degree of entrepreneurship in which information access and processing are fundamental [16]. This implies differences between those who allow themselves to be influenced by prevention campaigns and those who adopt criteria of choice aimed at building a favorable environment for their health and that of their peers. This is the case of civil organizations dedicated to monitoring the quality of health services, but also of those aimed at building a system for disseminating and transferring knowledge to avoid drug monopolies or the management of medical units, specialized centers in strategic areas. In this way, self-care, within the framework of institutions, implies the construction of a public health system guided by a constant dialogue between users and authorities, but without excluding the specialized participation of experts and medical organizations that not only affect the political health, but also local and community lifestyles. Precisely, in the case of dermatological health, disease prevention implies the collaboration of specialists, civil society and authorities to generate a campaign and dissemination of hygienic lifestyles, as well as immediate attention to root local problems [4]. It is a system of co-government or consensual management of economic resources and health professionals. The governance of public health is a line of research that is part of the Division of Social Sciences, discipline of Social Work, area of specialization in adherence to treatment of diseases and prevention of accidents, but also the disciplines of sociology, administration, nursing , anthropology and psychology are involved in diagnosis, intervention and evaluation as central axes of the public health agenda with an emphasis on the prevention of health risks and the promotion of health and self-care. The theoretical frameworks that explain co-responsibility are

1) social reliability theory,

2) agenda setting theory,

3) socio-political co-responsibility theory.

The promotion of self-care, in the context of the three theoretical approaches, is the result of the guidelines of the Earth Summits on the effects of climate change on environmental public health, although the degree of participation of civil society establishes differences between approaches. Explaining the balance between the challenges and opportunities of the environment and personal, group or collective capacities is a response to these external requirements. Thus, the promotion of self-care refers to despair, according to the theory of social reliability, in the face of an environmental contingency, the citizen

assumes the role of victim and delegates his health to his authorities [5]. In this sense, social trust emerges as the guiding axis of civil lifestyles, indicating the control of the government in private life with respect to public health, as would be the case of dermatological diseases whose epidemic outbreaks can reach vulnerable sectors. If social reliability is indicated by the control of a pandemic, the promotion of self-care will consist of the civil protection of vulnerable groups, such as children, women and the elderly, but if this social reliability is accentuated in electoral elections, it will be extended to all sectors through proselytism and political campaigns. It is a phenomenon known as the establishment of an electoral political agenda, which explains the transition from an epidemic to health promotion based on political leadership, candidates, parties, and government systems. In other words, an increase in homelessness not only generates greater reliability, but also intensifies electoral contests that no longer focus on employment problems but on Health. In such an agenda-setting scenario, the differences between authorities, experts and citizens become more acute, since each actor develops discourses that exclude their counterparts and interlocutors. This is because health problems tend to be represented according to the available information about an epidemic or pandemic [1]. Once the phenomenon is mediated, prevention programs and strategies depend on the bias of the media when it comes to disseminating information, since an abstract dissemination generates disinterest and a simplistic dissemination generates distrust, the media are now in charge of preventive actions, recommendations to contain the problem or changes in lifestyles necessary to eradicate the epidemic or pandemic. In an agenda setting context, experts are limited to guiding the public, governments are exposed to the judgment of the media, and civil society is defenseless against the media's interests in reducing or intensifying information related to the epidemic. In such a scenario, socio-political co-responsibility is necessary, which refers to lifestyles and communication based on disease prevention, but also first aid to reduce the spread of the disease. It is in this context that the promotion of self-care acquires greater meaning because it is a propaganda that is not always consistent with the diffusion of the media, which almost always consists of discrediting the authorities and causing civil desperation. If the theory of social trustworthiness explains a high degree of impotence and mistrust of society towards its rulers, the theory of agenda setting exacerbates this mistrust by showing that the authorities have different priorities than those of civil protection, but it is the theory of responsible civil society that will end. suggesting that the actors participate in the construction of a public health system [3]. Unlike the theory of social reliability, which highlights the emergence of a sector in favor of the government in matters of health policy, the theory of co-responsibility focuses on observing the opportunities and their relationship with the capacities of the actors. In an epidemic or pandemic context, co-responsibility implies self-care to avoid contagion and the spread of infection. illness. While the agenda setting theory focuses its interest on observing the effect of intensive media dissemination, the co-responsibility theory warns that knowledge cannot be disseminated in the media and, in any case, must be produced by experts and not by communicators., advertisers, journalists or columnists [7]. Precisely, the responsible dissemination of information could not be observed in communication professionals, but in health professionals who, in any case, would use the media to guide the civil protection strategy or collective action. Dermatological health studies show that prevention is a low-cost factor with respect to the treatment of a disease acquired by parasite contamination [4]. In this sense, a model for the study of an outbreak of dermatological contamination implies intervention strategies of social work in basic education institutions such as the propagation model, although the integration of other models explains the problem of contagion and treatment scenarios, recontagion and prevention, warning of the need to carry out prevention strategies and promotion of disease-free lifestyles, as well as individual and collective personal care (see Table 1).

	Author	Results
1996	Garcia et al.	Negative and significant associations between the climate dimensions and the job satisfaction dimensions (r = .63 p < .05). They established eight dimensions of professional training related to perceptions as determinants of actions (β = .45 p < .05).
1997	Garcia et al.,	The sociodemographic variables affect the organizational climate (β = -.24; p .05). The climate had a negative influence on the results of the service (β = -.13; p.05) and a positive influence on the quality of the service (β = .12; p = .05).
1998	Quintero et al.	The climate of conflicts and tasks is correlated with the organizational culture (r respective r of .31 and .34 with a meaning less than .010).
1999	Velez et al.	The organizational climate influenced the security climate (β = .54), security and the climate in security knowledge (β = .58), security k now in security procedures (β = .35) and in security. participation in safety (β = .28), safety climate in safety motivation (β = .43) and participation in safety (β = .23), safety motivation in safety procedures (β = .57) and over participation in safety (β = .29).
2000	Quintero et al.	Authoritarian leadership determines job satisfaction (β = .40; p = .05). Work commitment was positively related to leadership, performance and satisfaction (respective r 105, .433, .431 and .281; p = .05).
2001	Busts et al.,	They established significant differences prior to the Test between the safety experiences in terms of attitude management (F = 4.7, p = 0.01), action management (F = 5.83, p = 0.01), training (F = 2.66, p = 0.05).
2002	Juarez et al.,	Significant differences between transformative, transactional and free leadership (respective F of 16.56, 317.53, 54.03 with a meaning less than .010)
2003	Quintero et al.	The factors intrinsic to the job, psychological identification, the feeling of duty of obligation and the interaction between achievements with identification determine satisfaction (β = -.391, F = 21.561, R2 = .165 first model β =. 314, F = 40.009, R2 = .33 second model β = -.229 and β = -.587, F = 16.887, R2 = .337 third model) Job satisfaction was negatively related to each of the mabinga dimensions.
2004	Busts et al.	Gender, job, and life satisfaction are predictors of organizational commitment. It established differences between the male and female sexes ($t_{(78)}$ = 2.259, p =

		0.027). and significant differences between age ranges ($F_{(2.27)} = 4.04$, $p = .021$) for physical conditions and ($F_{(2.77)} = 3.41$, $p = .018$)
2005	Lemon et al.	Job satisfaction affected the actual time of permanence by intention ($\beta = .423$ and $\beta = .288$, respectively), settling at 8.9; % degrees of freedom; meaning of .151; GFI = .995; AGFI = .986; RMR=0.055; RMSEA = .030; NFI = .978; IIF = .991; CFI = .991
2006	Garcia et al.,	Positive associations between job satisfaction factors. The teaching dimension was correlated with the family ($r = .424$, $p = .010$). They established the adjustment of the factor structure in each of the four sub-samples of managers, primary, public and private.
2007	Quezada et al.	They found four dimensions of the MLQ; Transformative, Developer, Corrective and Avoidance Leadership. All were positively correlated (r of .90, .99 and .87 respectively) with each other, except the avoidance factor (r of -.87, -.83 and -.78 respectively) which established significant differences between men and women in regarding noise level at work ($F = 9.329$, significance level of .003).
2008	Mejia et al.,	Significant associations between leadership, trust and job satisfaction. Gender, seniority and leadership affected satisfaction through trust ($\beta = -.136$; $\beta = .197$; $\beta = .421$ respectively and $\beta = .510$ for trust, balanced $R2 - = .447$; $F=7146$; 7 degrees of freedom and significance less than .01)
2009	Hernandez et al.	The lack of stability, efficiency and professional cynicism were determining factors of job satisfaction. ($\beta = 0.508$, $R2 = 0.248$, $F = 27.416$; $\beta = -.335$; $R2 - = 0.351$, $F = 22.688$; $\beta = .286$, $R2 = .422$, $F = 20.472$, $\beta = -.192$, $R^{two} = .445$, $F = 17.042$ in men, respectively). Exhaustion, lack of stability, free time and tight control. ($\beta = -550$; $R2 - = 0.293$, $F = 33.809$; $\beta = -.248$: $R2 = 0.335$, $F = 20.871$; $\beta = 0.211$; $R^{two} = .364$, $F = 16\text{-}080$, $\beta = -.187$, $R2 = .391$, $F = 13.694$ in women respectively)
2010	Spinoza et al.,	It established three axes of governance: responsibility, reputation and identity as knowledge management centers within the framework of strategic alliances between universities and companies ($r = .45$ $p < .05$)
2011	Rincon et al.,	I demonstrate the emergence of the corporate image, understood as expectations between universities and organizations and indicated by trust in processes, objectives and people ($r = .42$ $p < .05$). Technology did not appear as an axis of perception or an instrument of governance.
2012	Carreon et al.,	Conflict climates were negatively correlated with organizational values ($r = -.24$ $p < .05$); Efficiency, effectiveness, elitism, openness, justice, opportunity, power and ingroup ($r = .34$; .46; .25; .26; 21; .28; 27; .31 $p < .05$) . The climate of cooperation was positively correlated with each of the values ($r = .56$ $p < .05$).
2013	Hernandez et al.,	Commitment to completed job performance ($\beta = .1$ 05, $p = .05$) and satisfaction ($\beta = .43$, $p = .05$). Transformational and transactional leadership with job performance ($\beta = 0.152$ and $\beta = .107$; $p = .05$), satisfaction ($\beta = .603$ and $\beta = .305$; $p = .001$) and commitment ($\beta = .431$ and $\beta = .281$, $p = .001$).
2014	Carreon et al.,	They also established differences between the years of work experience with respect to attitude management, risk level, action management, teamwork, training and commission (respective F of 5.37, 6.09, 2.97, 6.71, 3.85 and 2.85 with $p = .05$).
2015	Hernandez et al.,	Differences between occupational accidents with respect to risk, place and training (F respectively of 8.51, 4.14 and 3.50 with $p = .05$). Finally, they found differences between the functioning of the departments with respect to administration, risk, actions, place and training (respective F of 7.36, 16.40, 3.62, 3.46 and 2.83 at $p = .01$).
2016	Carreon et al.,	Only role, leadership, and support were positively correlated with all three job satisfaction factors. The total number of bullying strategies had a direct, negative, and significant influence on supervision and benefits ($\beta = -.56$, balanced $R2 = .31$, $p = .010$, $\beta = .63$, balanced $R2 - = .40$, p.010). The Global Index of Psychological Harassment negatively and significantly determined the physical environment ($\beta = .64$, balanced $R2 - = .41$, $p = .010$).
2018	Amemiya et al.,	Satisfaction was negatively correlated with stress, maladjustment, and resignation ($r = -.41$, $r = -.31$, and $r = -.24$ with significance less than .010, respectively). In contrast, it was positively correlated with resolution and distance ($r = .38$ year = .23 with significance less than .05 for each one). Extrinsic sources of dissatisfaction negatively determined satisfaction ($\beta = -.40$; p.010). On the contrary, the schedule and the intention to stay positively influenced job satisfaction ($\beta = .40$ and $\beta = .26$; p .001) Differences between the male and female sexes regarding their level of resilience ($t = .73$)

2019	Martinez et al.,	It demonstrated significant differences between men and women regarding the three dimensions of resilience; Strengths, support and skills. Job satisfaction was positively and significantly related to information technology factors; immediacy, transformation, diversity, growth, adjustment, well-being and climate (respective r of .66, .54, .68, .48, .59 and .42 with significance less than .010)
2019	Molina et al.,	Resilience correlated negatively with the emotional exhaustion factor and the neuroticism factor (r = -.29 and -.49, p = .010, respectively) and positively correlated with extraversion, openness, agreeableness, conscientiousness, and age (r respective r of .45, .49, .35, .50 and .17 with p = .010).
2020	Garcia et al.,	The engagement factor was correlated with customer orientation, suggestions, recognition, and training (r = .29, r = .29, r = .34, and r = .23, all with a significance level of less than . 05). negative and significant association between seniority and satisfaction with remuneration (r = -.83, p = .01).
2021	Busts et al.,	They also found a negative and significant relationship between satisfaction with development opportunities and achievement orientation (r = -.087; p = .05). finally, they found that satisfaction with the form of recognition is negatively and significantly related to customer orientation (r = -.094; p0 .05)
2022	Busts et al.,	Satisfaction was negatively and significantly related to burnout (r = -0.45; p = 0.01) and positively related to depersonalization and performance (r = 0.29; p = 0.01 and r = 0.23, p = 0.01 respectively). Finally, they performed linear hierarchical regressions in which they found that satisfaction determined burnout (β = .71; R2 – = .480)

Table 1: Studies on health responsibility.

Source: Prepared with literature review

The history of public health, health policies and dermatological programs, and health prevention and promotion strategies are areas of multidisciplinary research and knowledge in which Social Work acquires greater relevance by establishing an approach to vulnerable groups [8]. It is estimated that treatment costs are higher than prevention costs, since for every peso spent on treating illnesses or accidents, one penny would be spent on prevention. In this sense, both areas, health promotion and self-care in the face of diseases, pandemics or epidemics, are central issues of management and administration in health policies. In other words, the participation of affected groups is increasingly important in developing lifestyles and self-care strategies for their personal and collective health. Precisely, in this phase, the dialogue between specialized institutions and citizens is a problematic issue in the achievement of objectives, the preparation of tasks and the achievement of short, medium and long-term objectives. in the long term by health professionals in general and health Social Work in particular. In this way, the governance of dermatological health will be understood as a set of policies for the inclusion of governmental and social actors in the face of a public health problem such as dermatological diseases in vulnerable groups. It is a system of vigilance, follow-up and cooperation, responsibility between the authorities and the possible victims of diseases, epidemics or pandemics. Unlike health policies focused on research, specialization, and treatment, governance in dermatological health is low-cost, includes all actors, and establishes co-responsibility agreements around goals, tasks, and objectives. established in the medium term [2]. In such a scenario, the training of public health professionals and in particular of social workers is of the utmost importance, since the strategies are disseminated in the institutions and sectors most affected by the disease. dermatological contamination. Exponential function models, logistic models, function models, propagation models, and dermatological treatment models are intervention devices for dermatological health governance in basic public education institutions with an emphasis on dermatological health promotion. vulnerable health and self-care groups [19]. Social Work has gone from models of charity, charity and altruism to models of diagnosis, intervention, participation, management and co-responsibility according to health policies and specific programs. In this sense, the models used allow the work of promoting dermatological health and the dissemination of innovations aimed at preventing diseases in the affected groups. In the case of contamination of the skin by pests, the intervention of social work stands out for its contagion prevention capabilities, promoting healthy lifestyles free of contamination and care strategies [15]. These are devices in which the social worker generates information that counteracts beliefs about the spread of diseases such as parasites. In principle, the exponential function model would make it possible to anticipate scenarios of high contagion and health risks in a vulnerable group. Based on these data, the social worker of a basic health institution would promote through images the scenario of deterioration of health due to lack of hygiene. In the case of the logistic model, the Social Work professional would generate an inventory from which the possible victims of dermatological contamination would have to adopt preventive lifestyles, reducing their contact with groups at risk of contagion. In this way, the logarithmic results would allow decisions against or in favor of the separation of infected groups and groups at risk, as well as the reprogramming of their activities inside or outside the classroom [8]. For its part, the model of functions It would integrate the probable scenarios of exponential contamination with the effects of this contamination in the groups at greatest risk and in the care of low-risk groups. In this way, the model would allow anticipating probable scenarios of a new dermatological contamination that would face a systematic and intensive dissemination of collaborative strategies around caring for the environment to avoid a new outbreak. Finally, the propagation model, the model that best adapts to the demands of cooperation and solidarity for governance in dermatological health, includes not only the groups harmed by the disease, but also future interaction scenarios in which new outbreaks in other groups and the recontagion of the first. cases would generate a high-risk scenario, but with enough information to reduce its risks. exponential effects. Based on these models, a comprehensive model was proposed in which the dependency relationships between contagious groups, potential contagious groups, self-care groups, potential contact groups, and groups that develop self-care and prevention are related [17]. In this scenario, the intervention of social work would not only be for the promotion of health without infection, but also for the dissemination of self-care lifestyles and cooperation in disease prevention. It is a collective health process in which the objective is to avoid a new outbreak, or to reduce it to its minimum expression. The contribution of this work to the state of knowledge lies in the formalization of mathematical models for the study of dermatological health governance in vulnerable groups. This is a

discussion about the scope and limits of the models to demonstrate their usefulness in decision-making, the establishment of prevention programs and the dissemination of self-care styles. A model is a representation of the relationships between the factors used in the theory. Promoting self-care, indicated by reliability, agenda setting, and co-responsibility, involves an emotional process and a rational treatment of information about a public health problem such as an epidemic or pandemic [21]. This is so because, although it is a biochemical phenomenon, it becomes a public health problem by involving political and civil actors in the goals, tasks and objectives of health professionals, who may have access to the media, but they are replaced by communicators, journalists, presenters, reporters, columnists or informants about the public health problem. In such a scenario, social reliability is intensified, consisting of overconfidence and the delegation of decision-making power to the authorities, reflecting an asymmetry between the rulers and the ruled in terms of civil protection, health establishments or medical care. This is a context in which public health and the promotion of self-care are attributed to state institutions, but the media is responsible for discrediting them to satisfy the interests of their audiences [In this way, the exacerbated social reliability generates problems such as the vulnerability of civil society to the corruption of its officials, authorities and directors of health institutions. It is about the establishment of an agenda biased by the dissemination of information in the media, almost always focused on state corruption and citizen desperation, which discredits the actors and creates a vacuum of expectations. The context is conducive for co-responsibility to emerge as a value and norm for those involved. It is a series of actions aimed at assuming a responsible function according to the degree of knowledge and access to the media in which an ideal scenario is the promotion of healthy lifestyles. by experts. The objective of the study is to establish the institutional governance structure in health. The dimensions found in the literature were considered, as well as the evaluation of the judges in terms of their relationship with isomorphic governance that explains the common objectives, tasks and goals between the research scenarios consulted. In addition, the same criteria were established for the registration in the inventory and the qualifications of the experts. Are there significant differences between the isomorphic government structure reported in the literature with respect to the structure evaluated by expert judges? The premises that guide the study warn of an institutional structure that is distinguished by homogenizing the responses of its members to a risk event such as the pandemic. COVID-19, considered a high risk of contagion, illness, and death for those around a hospital, impacted the structure of relationships in the public health system [6]. Therefore, the findings reported in the literature will reflect the dimensions of corporate governance in response to the health crisis. The comparison of the structure reported in the literature with respect to the evaluations of expert judges would corroborate the assumption of corporate and isomorphic governance.

Method

A documentary study was carried out with a selection of sources indexed to university institutional repositories such as Redalyc and Latindex, considering the search for keywords that defined a review period from 1996 to 2022, as well as the selection of articles published by authors from the sponsored universities. by institutional search engines (see Table 2).

	latindex	Redalyc
Governance	19	twenty
Reputation	10	twenty-one
Identity	twenty-one	26
Image	17	25
Corporate	22	17
Responsibility	eleven	fifteen
Satisfaction	twenty	19
Resilience	23	18
Reputation	18	13
Satisfaction	15	14
Leadership	14	23
Confidence	13	26

Table 2: Selected sample

Source: Prepared with data study

The Scientific Communication Inventory was used, which includes records of findings related to a topic. A score of 0 is assigned to results that are not connected to the central axis of analysis, which is institutional governance in health. The findings related to the analysis node are assigned a value of 1. The sum of the records corresponded to a governance index according to the dimensions found in the literature review. The Delphi technique was used to contrast the inventory record. A selection of experts was made from the h index published in Research gate. Respondents were contacted through their institutional email, informing them about the purpose of the study and the guarantee of confidentiality and anonymity of their responses to the inventory. Expert judges in the matter, considering the same qualification criteria of the findings used in the inventory. In three rounds, a rating, another comparison between the average and the initial rating, as well as a final round referring to the reconsideration or reiteration of the rating. The dimensions of the findings were established using the multidimensional scaling technique, considering the weights of the relationship between the finding and the associated dimension. Next, we proceeded to observe the structure of the relationships using the technique of profusion and connectivity. Versions 22 and 4.0 of Matlab and CytoScape software were used. The results were interpreted from the threshold that goes from -1 to 1, assuming that values close to zero show no relationship and those close to negative or positive units show a strong association. Chi-square parameters were used to test the null hypothesis, suggesting that there are significant differences between the structure of the nodes and the dimensions reported in the literature with respect to the observations of the expert judges.

Results

Figure 1 shows the positive edges of the structure. It means that the relationship with the nodes is immersive. That is, nodes depend on positive relationships between edges. On the other hand, the nodes maintain negative relationships that translate into a non-corporate, but

participatory governance with respect to the edges. At the periphery of the edges, negative relationships imply corporate governance, even if their image and reputation relationships are inconsistent. The prevalence of relationships between responsibility, leadership, satisfaction, corporatization and reputation warn of an institutionalized governance in health. That is, the structure follows established objectives, tasks and goals, prevails as an isomorphism of health.

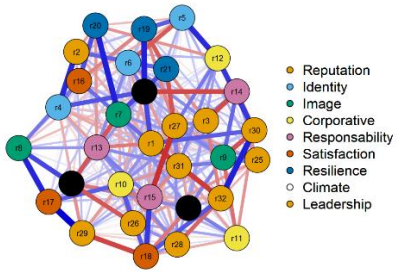

Figure 1: Institutional Health Governance Networks

Source: Prepared with data study

Figure 2 shows the centrality parameters. The distance and proximity values between edges and nodes suggest that the governance structure is rich and immersive. That is, it permeates the administrative and bureaucratic institutions above innovation, entrepreneurship or improvisation.

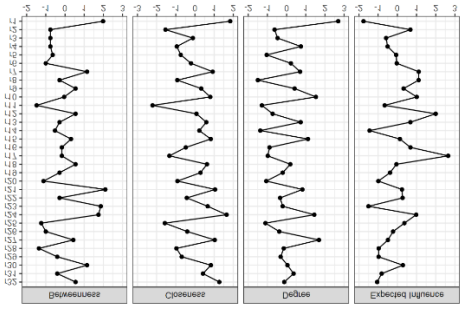

Figure 2: Centrality of Institutional Governance in Health

Source: Prepared with data study

Figure 3 shows the pool values. The edges and the nodes are circumscribed, by their immersive centrality, in an institutional dimension. The evaluations of the judges according to the registry of the bibliographic review show that the grouping in the short, medium or long term is in the logic of centrality and periphery. Governance is a structure of relationships between nodes and edges, being more corporate in its edges than in its centrality, since it is in this area where discrepancies are possible in the face of a health risk event such as the pandemic. It is true that governance is institutionalized in its administration and bureaucracy, but in the face of an uncertain event it is more flexible and contradictory. In other words, governance is in process, reconfiguring itself because COVID-19 has impacted it at its core and strengthened it at its periphery.

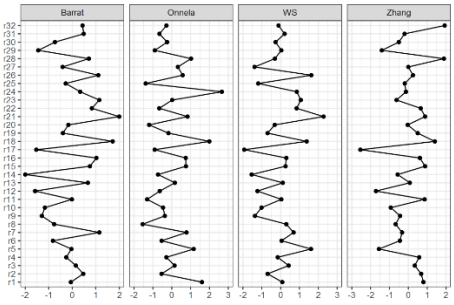

Figure 2: Grouping of the Institutional Governance of Health

Source: Prepared with data study

The immersive and profuse logic of the periphery versus the isomorphic and conflictive logic of the centrality suggests that the pandemic affected governance processes according to the literature consulted and the evaluation of the experts. Although almost three years have passed, COVID-19 continues to affect the governance observed in the aforementioned period.

Discussion

The contribution of the study to the state of the question lies in the establishment of a relationship structure in accordance with the dimensions found in the literature review and corroborated in the judges' assessments regarding the findings published from 1998 to 2022. institutionalized and isomorphic governance, but conflictive in its centrality, as well as a more corporate orientation in the periphery [19]. The results can be interpreted considering the pandemic and its effects on public health governance published from 2019 to 2022. The following lines of research to follow should observe the isomorphism in the

dimensions reported by the literature, as well as corroborate corporatism at the edges of institutions that were not impacted by COVID-19 and emerging dimensions prevailed. Emerging dimensions of governance, such as innovation climate, goal climate, relationship climate, and task climate, suggest that institutions follow protocols regardless of contingent scenarios. In this study, the negative relationships between the dimensions associated with governance suggest that in the face of the health crisis, governance may be isomorphic, but asymmetric within the observed structure [10]. If such a structure reflects the impact of the pandemic on the health institutions that were studied in the last three years, then it is possible to see that the lines of research will be oriented towards corroborating the assumption that the health crisis is the cause of governance. The governance of institutions in their symbolic dimensions are often a reflection of the scenarios that unite their members, or confront them. In the case of the health crisis, isomorphism prevailed, but not corporatism [18]. In other words, identity, reputation and image did not establish positive relationships. Rather, its American relations suggest a corporate break, except at the edges. Consequently, studies related to governance as an instance of conflict interpret the results as an incipient phase of governance. This budding assumption needs to be corroborated to explain the business failure.

Conclusion

The contribution of this work to the state of the question consists in the specification of a model for the study of the promotion of self-care as a conglomerate of factors that influence health policies and strategies in the face of an epidemic contingency. The type of selection and the type of information analysis limit the contrast of the model to a specific context that would not include other variables such as the management, production and transfer of knowledge. The expansion and deepening of the study is recommended from international repositories such as Ebsco , Copernicus and Scopus , as well as the use of text mining to sophisticate the analysis and to be able to elaborate a model applicable to contexts and samples different from the present work. . Regarding the theoretical, conceptual and empirical frameworks, which highlight the role of reliability, agenda and co-responsibility, this work has integrated each of the three factors, but has reduced its application to a very specific context in which the civil society depends on their governments by being exposed to the media that broadcast a prevailing scenario of risk, threat and uncertainty. Therefore, it is necessary to carry out a study that includes other factors related to state institutions and citizen participation in prevention campaigns, as well as immediate attention to vulnerable groups. In addition, it is advisable to include approaches that explain human behavior in situations of health crisis, or theories that describe the government's action in the face of resource scarcity. Regarding identity as a hegemonic factor to explain the effects of public health on individual lifestyles, this work warns that the promotion of self-care is a public problem and, as such, it is necessary to involve other non-civilian or governmental actors. to explain the complexity of a public health system. However, it is advisable to include the theory of social identity in the model in order to broaden the scope of the model to communities that are distinguished by their degree of attachment to place, their rootedness in origin and their sense of community. Adherence to treatment is the key factor of coincidence between experts, authorities and citizens, the present work warns that social reliability is an exacerbated adherence to treatment of medical service users with respect to their authorities. In this sense, the exclusion of citizens from their own personal and collective health presupposes an agenda focused on state protection and biomedical care, ignoring the importance of the family in treatment or rehabilitation. It is necessary to include adherence to treatment as an indicator of sociopolitical reliability, since both show a scenario of dependence of citizens regarding the knowledge or management of community or public health services. If the dependence of civil society on public health institutions consists of medical care in the event of a contingency and this is reflected in the degree of social reliability as well as in adherence to treatment, then the cases of older adults, such as vulnerable groups, must explain the causes of such dependency. The differences between the representations of young people, referring to an exacerbated confidence in vigor and risk taking, with respect to the representations of old age, are indicated by an increase in tiredness and a decrease in the ability to react, explains the dependency of the groups that have been violated. In the present work we prefer to consider reliability as the prelude to the establishment of an agenda that, in symbolic terms, reflects the priorities of the actors regarding a public health problem, although the incorporation of the factor of social representation is recommended. explain the origin of social reliability regarding health contingencies and the hegemony of the corresponding institutions in the promotion of self-care.

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DOI:10.31579/2767-7370/051