



Specification a Model for Study of Occupational Health

By Cruz Garcia Lirios

Abstract- Roughly, occupational health has been understood as the balance of demands and organizational resources with respect to the prevention of diseases and accidents, as well as adherence to treatment and rehabilitation of convalescent workers, but in a political sense, occupational health is a reflection of the establishment of a health agenda, the positioning and questioning of health policies, as well as the promises of political campaigns in the field. The objective of this paper was to elucidate the meanings around the categories of agenda, positioning and processualism to interpret the discourses of excluded groups. A non-experimental, exploratory, cross-sectional and qualitative study was carried out with a non-probabilistic sampling of seven informants, considering economic, labor, civil and social status. The results show that the categories in question legitimize the differences between the occupational health of the youth with respect to old age, as well as the role of the State as administrator of retirement funds or economic supports. Empirical and testable lines of research are noted.

Keywords: health, youth, old age, pension, discourse.

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Abstract- Roughly, occupational health has been understood as the balance of demands and organizational resources with respect to the prevention of diseases and accidents, as well as adherence to treatment and rehabilitation of convalescent workers, but in a political sense, occupational health is a reflection of the establishment of a health agenda, the positioning and questioning of health policies, as well as the promises of political campaigns in the field. The objective of this paper was to elucidate the meanings around the categories of agenda, positioning and processualism to interpret the discourses of excluded groups. A non-experimental, exploratory, cross-sectional and qualitative study was carried out with a non-probabilistic sampling of seven informants, considering economic, labor, civil and social status. The results show that the categories in question legitimize the differences between the occupational health of the youth with respect to old age, as well as the role of the State as administrator of retirement funds or economic supports. Empirical and testable lines of research are noted.

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I. INTRODUCTION

It is estimated that two thirds of the world population is linked to migratory flows. One tenth (115 million) of the total population of the countries that make up the Organization for Economic Cooperation and Development (OECD) are the children of migrants.

One in three students is a descendant of migrants, 32% of student enrollment is made up of migrant children, but 75% of male migrants are unemployed compared to 57% of unemployed women who are migrants; only 4.3 million migrants are legally studying or working, and immigration grows one million each year (OECD, 2010).

During the period from 2000 to 2012, Norway led the reception of migrants, its rate went from 0.6% to 1.4%; followed by Germany from 0.8% to 1.2% and Australia from 0.5% to 1.1%. The Organization for Economic Cooperation and Development (OECD), in its 2010 report, during the period from 2000 to 2009, estimated that deaths after 30 days of hospital admission went from 8.3 to 4.1 on average per 100 cases for the member countries. In cases related to asthma, the OECD average is 51 cases per 100 thousand inhabitants older than 15 years. Mexico occupies the last site with 19 cases.

Therefore, the occupational health problem involves: 1) differences between dominant cultures and migrant cultures; 2) the reflection of such differences

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regarding the health service in general and occupational in particular; 3) a system of adherence to treatment that is based on values, beliefs, attitudes, intentions and behaviors of health professionals and self-care; 4) the response of older adults with respect to their economic, political, social and cultural environment that is reflected in family support, the quality of their care and health policies (Hernández, Anguiano, Valdés, Limón y García, 2018).

Health psychology in general and occupational psychology it has established the Demand Model, Control and Social Support (MDCS) and the Model Imbalance, Effort and Reward (MDER) to establish the cardiovascular risk factors, vascular-brain diseases and ischemic heart disease on musculoskeletal disorders, stress, absenteeism, accidents, conflicts, insomnia, depression and anxiety (Elizarraráz, Molina, Quintero, Sánchez y García, 2018).

Organizational psychology has studied the effects of labor demands on the occupational health of workers. Based on the Demand, Control and Social Support Model (MDCS) and the Unbalance, Effort and Reward Model (MDER), the dependency relationships between occupational risk factors and illnesses, accidents, conflicts and disorders related to deterioration have been established of health (Aguilar, Pérez, Pérez, Morales y García, 2018).

The MDCS explains the relationship between the emergence of stress with the demands of the organization that are assimilated as excessive tasks by the work with a null criterion of control of their abilities and effort. An intensification of the labor rhythm, demand for productivity, contradictory policies, conflicts, interruptions determine self-control; skills, abilities, knowledge, negotiation worker and accident or illness (Sánchez, Juárez, Bustos y García, 2018).

The MDER warns of an asymmetric relationship between demands and self-control, considering that the rewards -rol, status, salary, recognition- are a function of their effort, dedication and productivity. Stress emerges when demand, effort and reward are asymmetrical. In this sense, psychological studies of adherence to treatment show that the minority condition is associated with a low adherence to the treatment of respiratory diseases in general and asthma (Sánchez, Villegas, Sánchez, Espinoza y García, 2018).

Depression for economic, social or emotional issues in MAM's migrant children with asthma is

negatively and significantly associated with the use of inhaled and intake of the drug against the disease. Although the relationship between maternal depression and adherence to asthma treatment was not established directly, but only indirectly through beliefs and attitudes, the condition of exclusion was a determinant factor of occupational health that took place in the use of medication and device against asthma (Hernández, Carreón, Bustos y García, 2018).

Adherence to treatment being linked to migratory status and emotional depressions is mediated by medical consultation. A higher frequency of consultations explains adherence to treatment. That the migratory status explains the handling of a language different from the one of the culture of origin, a deficient use of the reading and the writing, as well as a negative disposition to the rights of health services and the adoption of healthy lifestyles that inhibit medical consultation and have an impact on the continuity of treatment.

A meta-analysis about the perceptions of the disease and found that there is an unfavorable tendency towards the use of devices -inhalers- for the treatment of asthma, suggesting that biomedical and psychological interventions when orienting oneself in the change of perception of risk to utility of drugs and devices, they will increase adherence to treatment (Sánchez, Juárez, Bustos, Fierro y García, 2018).

In this sense, the perception of risk has been associated with the type of employment that, in the case of migrants, is more risky than that of the natives, consequently, the adherence to treatment not only depends on the utility that the dominant culture It attributes to medicines and devices against asthma, but also to the attributes that the medical community associates with the values and norms of migrants.

The cultural differences between asthma patients by demonstrating that ignorance and hopelessness affects non adherence to treatment. In this way, the social care system, being designed to serve a culture of rights to health, excludes migrant communities. However, a spurious relationship between medical literacy and adherence to treatment. Also, they suggest that the effect of medical consultation or adherence is from three differences; a) desired information and information received; b) success tests against error tests; c) patient expectations and expectations of doctors (Sandoval, Villegas, Martínez, Hernández, Quintero & Llamas, 2018).

The determinants of adherence to treatment would be; 1) virtues and lifestyles, 2) cultural traditions and values, 3) beliefs about biomedical information; 4) knowledge of medications and devices; 5) social norms of acculturation, multiculturalism or intercultural; 6) attitudes or dispositions towards the treatment of asthma, medications, devices and professionals; 7)

motivation to achieve successful treatment and 8) adherence to treatment.

However, occupational health would also be influenced by the environment and the political context, since the electoral contest is permeated with economic stimuli related to occupational health through the granting of support to senior citizens, scholarships for students, and provisions for single mothers. that are added to the campaign promises linked to the welfare of vulnerable, marginalized or excluded groups (Hernández, Sánchez, Espinoza, Sánchez y García, 2018).

In the case of older adults, these have been the target of strategies for capturing votes by registering cases in which the State seeks to compensate the payment of pensions, retirement funds and savings. Or, if these are informal employment cases, then monthly economic support for the elderly is another instrument of electoral proselytizing that intensifies as the contest develops and the elections approach (García, Carreón & Bustos, 2017).

It is as well as the occupational health distance of the adhesion to the treatment, the social support, the labor reward, the personal effort, the family demand, the self-care and the self-control to establish the regulation of mediatic strategies of catchment of adherents, sympathizers and voters of the parties and candidates involved in the local, state and federal elections. In this scenario, the political demands generate an intensification of messages for or against candidates for mayor, the presidency or the Senate. It deals with the establishment of issues such as health, well-being and the quality of life of older adults to influence their preferences and voting decisions (Espinoza, Sánchez y García, 2018).

However, social psychology has studied the phenomenon of electoral proselytizing about audiences, finding that the reception of messages generates provisions against and in favor of candidates. That the media generate an agenda based on issues related to the health of vulnerable groups, focusing on their intentions through emotions and their actions through the hopelessness that the exclusion of older adults supposes. In this sense, a feeling of helplessness is reoriented by political campaigns as a life expectancy when taken into account by a candidate or political party as a potential supporter and voter (Carreón, 2016).

This phenomenon has been addressed since the establishment of a narrative agenda, evocative positioning and symbolic processualism as effects of electoral campaigns in the loneliness and despair of older adults with respect to their personal and occupational health (García, 2017). The establishment of a narrative agenda reveals the topics of political interest that the media disseminate with the intention that older adults support a political candidate when commenting on their strategies regarding their personal well-being,

health and occupation (García, Carreón & Hernández, 2017).

Once the occupational health agenda has been established, political campaigns generate discursive positions that can be observed in the discourses of older adults by reminding people or groups that warned them about their employment and occupation in the future. In this sense, it is about attributions of care to people, groups and institutions that older adults not only identify and recognize but also are willing to support (Carreón, Hernández & García, 2018).

Finally, the establishment of the occupational health narrative agenda of the elderly and the positioning against or in favor of the elderly themselves with respect to those who care for them generates a symbolic processualism. It is a series of negative or positive opinions regarding strategies, instruments and events that determined their current economic and occupational situation (Carreón et al., 2017).

If the establishment of a narrative agenda includes occupational health as a central theme for older adults to think about this and associate this issue with the help or economic support they receive directly or indirectly from their governments, impacting their voting intentions, then the discursive positioning will consist of attributing solutions to the candidates, parties or governors that they associate with their occupational situation. In this way, the symbolic processualism will consist of questioning the relationship between the

political campaigns of occupational health of candidates with their economic and labor situation (Sánchez, Molina, Carreón y García, 2018).

The present work proposed to discuss the limits of the psychological models of occupational health in the electoral conjuncture of a locality the center of Mexico, and made a cross, exploratory qualitative study with probabilistic choice migrants seniors who attended health centers in August 2015 to April 2016 for medical consultation in the localities of Huehuetoca, Teoloyucan and Coyotepec of the State of Mexico. It was found that the narratives, the positions and the procedurals revolve around the State as an administrator of funds for retirement. The discursive sentences that reflect the establishment of an occupational agenda, an evocative positioning and a symbolic predecimialization in older adults of different social, situational and occupational strata of the center of Mexico.

II. METHOD

A non-experimental, cross-sectional, exploratory and qualitative study was carried out. A non-probabilistic election of 7 older adults from the State of Mexico was carried out in the localities of Huehuetoca, Teoloyucan and Coyotepec. It was considered pertinent to survey those who attended the health centers during the period from August 2015 to April 2019 (see Table 1).

Table 1: Sample descriptions

Competitor	Sex	Age	Civil status	Scholarship	Entry
Senior adult businessman	Male	66	Married	Bachelor's degree	17,000 pesos monthly
Retired senior citizen	Male	71	Married	Bachelor's degree	4600 pesos monthly
Senior employee	Female	65	Widowhood	High school	3000 pesos monthly
Asylee senior citizen	Female	68	Widowhood	High school	Without income
Unemployed senior citizen	Female	69	Widowhood	High school	Without income
Unemployed senior	Male	65	Separated	High school	Without income
Abandoned senior citizen	Male	66	Separated	Primary	Without income

Source: Elaborated with the study data

An interview guide was built based on the literature consulted which included questions related to: 1) narrative agenda, 2) evocative positioning and 3) symbolic processualism.

Narrative agenda: It refers to the influence of topics established in the media and their repercussion on the opinion of reference persons or groups of belonging.

Evocative positioning: It refers to the memories, anecdotes or artifacts associated with the reception of information and attributed to speeches by reference persons or groups of belonging.

Symbolic process: It refers to the need, processing, questioning and dissemination of information related to the emancipation of or claiming of references or belonging groups.

The interview guide included questions such as: What is the medium you use to be informed about health, youth and old age? What is the information related to health, youth and old age what else did he call attention to in the last week? What is the role of the media attributed to the government, professionals - doctors, nurses, social workers, psicólogas-, your family and you regarding health, youth and old age? What are the strategies that the government must follow to improve the health of young and old?

Content analysis matrices were used to empty and select discursive extracts according to the categories established in order to elaborate the discursive schemes.

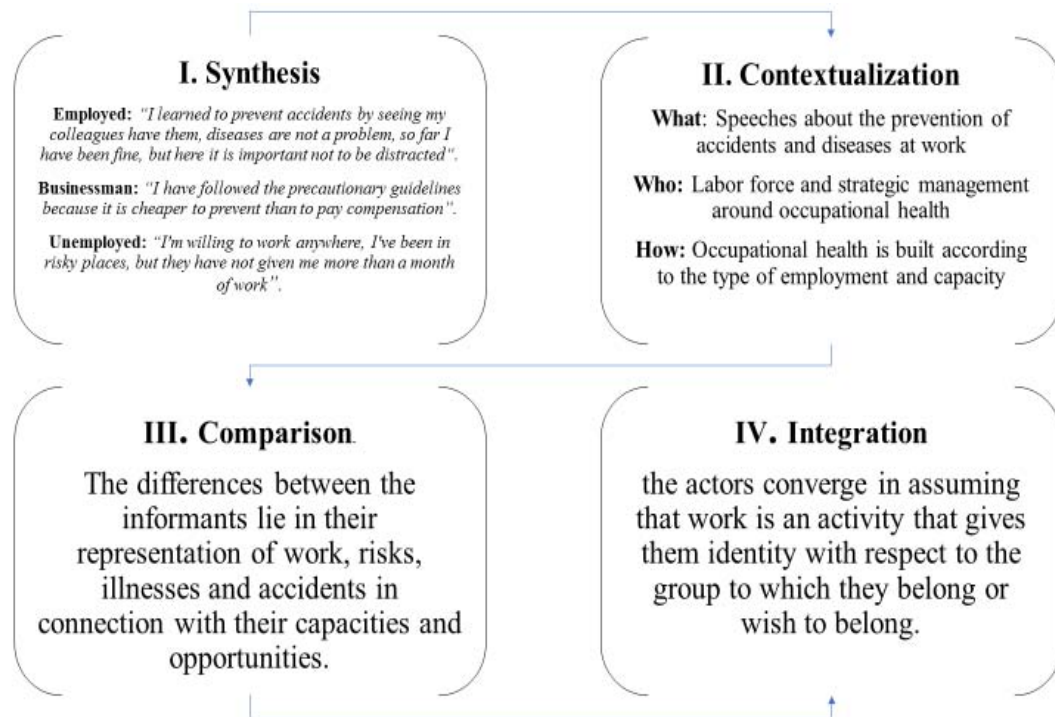
The Delphi technique was used for the homogenization of the words included in the reagents. The anonymity of the answers was guaranteed in writing and it was noted that the results of the study would not negatively or negatively affect the ambulatory or stay status of the interviewed person. The interviews were conducted in the health centers. The information was processed in the Qualitative Analysis Package (QDA version 4.0).

From the categories of narrative agenda, evocative positioning and symbolic processualism, the discourses of the interviewees were analyzed with respect to occupational health and the electoral

contest. Sand technique used to correlate symptoms discursive extracts around the three categories to infer the meanings of discourse extracts.

III. RESULTS

The discourses of the older adults interviewed are centered on the categories of narrative agenda, evocative positioning and symbolic processualism. In each of the categories includes topics such as: pension, afore, popular insurance, government, Internet, retirement, old age, work, accident, family, education, administration and youth (see Figure 1).



Source: Elaborated with the study data

Figure 1: Perceived occupational health

In the case of the establishment of the narrative agenda, the focus is on pensions, popular insurance and savings management for retirement, but if the source of the establishment of the narrative agenda is considered, then the press and television are linked to the opinions of older adults with a higher economic status than those who are unemployed or unemployed and whose source of information is Internet and radio.

That the establishment of the agenda in television and the press supposes an audience with economic incomes that allow him to be informed and to have an increasing need of information would depend on the establishment of an agenda centered in the pensions.

In the case of evocative positioning by focusing on work during youth as a forerunner of the pension, considered a reward in old age, reveals memories and

attributions of the interviewees who would be oriented and directed towards occupational health in youth as a precedent of an occupational health in old age.

The evocative positioning reveals the close link between youth and work and old age and pension, the same relationship in which the State would play an important role as an administrator of retirement funds, as a compensation for those who did not have formal employment and as a source of income for those who are abandoned or do not have family support.

In the case of symbolic process, the attributions of responsibility are directed towards the government, but at the same time, there is a recognition that in the youth, the older adults interviewed defined their current economic situation. This is because they assume that the State is an administrator of savings funds for

retirement, or a manager of supports to those who do not have family support.

In short, the excerpts indicate that there is an agenda setting focused on youth and old age whose differences are observed in the formal work that allows the granting of pensions, thanks to the administration of the State. Or, the granting of support, thanks to the benefit of the government. It is striking that those who had or have a formal job support the idea that the State is an administrator of their money, but in the case of those who have been unemployed, unemployed or feel abandoned the government is a benefactor of their inability to learn a trade or inability to save.

It is possible to observe that the media have established an agenda that legitimizes the despair of the elderly by not taking advantage of the opportunities in their youth, but it also legitimizes the support to those who did not have a formal job that will ensure a fund of money for them. his old age In both cases, the State takes into account older adults that society excludes due to the fact that they are people with anachronistic skills, abilities and knowledge.

IV. DISCUSSION

Occupational health, because of learning skills to take advantage of employment opportunities and savings for retirement, is a central issue on the agenda of the people interviewed. That is the main contribution of this work to specialized literature.

However, the psychology that studied the phenomenon of economic, political and social exclusion of the elderly through the models of occupational health has not explained the prevention of diseases and accidents, as well as adherence to the treatment or rehabilitation of injured workers. or patients with respect to their prospective old age, retirement and retirement-pension.

The models that explain the asymmetries between demands and resources, opportunities and capacities, requirements and efforts, sanctions and rewards in the occupational field do not even consider or consider the future situation of young people who do not have a stable job and therefore will not save for his retirement and maintenance of his old age.

V. CONCLUSION

In this sense, this work has shown: 1) occupational health beyond the organization or labor institution, youth and the prevention of diseases and accidents; 2) the close relationship between occupational health with retirement, economic pension or family support in old age; 3) the link between occupational health and the electoral political context.

However, the results of this work are limited to the seven older adults interviewed and the topics

addressed through the interview guide and the discursive analysis matrix.

Therefore, it is recommended: a) to deepen the social representations of the elderly with respect to health issues that are disseminated in the media; b) contrast the social representations with their experiences of support for the elderly, pensions and other income or benefits that the government grants or disseminates in the electoral contest; c) develop an instrument to measure the social representations of occupational health; d) establish the reliability and validity of the instrument, e) contrast the model of trajectories of relations between categories and variables related to the establishment of an agenda, evocative positioning and symbolic processualism.

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