

Algorithmic meta-analysis of the effects of social services on the vulnerable population

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Abstract. – *Meta-analytic studies are distinguished by comparing literature that reports positive effects with respect to literature that warns of spurious or negative effects. The aim of the present work was to establish the proportion of probabilities between categories and subcategories extracted from the consulted, updated and specialized literature. A documentary study was carried out with a selection of sources indexed to international repositories such as Copernicus, Dialnet, Ebsco, Latindex, Redalyc, Scielo. An indistinct scenario was found, even though the literature that reports positive effects on the quality of life and the subjective well-being of public health services prevails; suggesting the extension of the work to repositories like WoS and Scopus.*

Keywords – *device, positivity, biopolitics, intervention, Social Work*

Received: May 2019 * Revised: June 2019 * Accepted: July 2019 * Published: July 2019

14 Introduction

15 The history of the intervention of Social Work in the area of
16 health has been built from a device that in the case of the
17 Institutions of Higher Education, Social Sciences and
18 Humanities this acquires a connotation of dispositivity in the
19 Foucauldian sense of reproduction of social domination
20 through the power of vigilance and punishment (Llamas,
21 Nava & Garcia, 2019).

22 In this way, the present work is part of the Social Sciences
23 division, Social Work discipline, subdiscipline of local
24 development, but it can also be evaluated from the
25 anthropology of power, sociology of violence or the
26 psychology of conflict.

27 The objective of this paper is to establish the relationship
28 between the proposed Foucault devices, the intervention of
29 Social Work and Local Development from a review of 2010
30 to 2019 relative to the works published in repositories of
31 Latin America - Copernicus, Dialnet, Ebsco, Latindex,
32 Redalyc, Scielo, considering the keywords of
33 "development", "Social Work", "device" and "intervention".
34 In this sense, was discuss the scope and limits of the
35 positivity device for the case of Social Work and its history
36 of intervention in public health institutions.

37 The discussion will allow us to move towards a
38 reconceptualization scenario in which we see an alternative
39 intervention device that not only reproduces health policies,
40 but also questions them in favor of the groups that are being
41 violated (Martinez, Sanchez & Garcia, 2019).

42 Dispositive academic positivity

43 Foucault (1987) links the concept of device to power and
44 technology to account for a network of relationships
45 between actors and institutions focused on the reproduction
46 of social domination, although with emphasis on the sexual
47 dimension in order to establish asymmetries between
48 genders (p.29).

49 Consequently, the notion of device is linked to the
50 advancement of information and communication
51 technologies (ICTs), since the essence of the device is the
52 espionage of the private sphere. As ICTs specialize, they
53 register personalized information that will be disseminated
54 and facilitate the governance of the individual and the
55 groups in which he or she is inserted and wants to belong
56 (Garcia, 2019).

57 Once the State has established an inventory of the private
58 sphere, then it can govern the public sphere in a more
59 persuasive way without having to resort to the oppression of
60 its praetorian, military or police institutions. This subtlety is
61 the hallmark of the State and therefore of its device for
62 reproducing the asymmetries between rulers and the
63 governed (Sanchez, Garcia, Juarez, Molina, Amemiya &
64 Martinez, 2019).

65 Foucault (1987) suggests that the sexual device advances
66 until it becomes a device of subjectivity (p.94). The
67 distinction is fundamental, because while in the pre-modern
68 stage of humanity, the nascent State ruled with the truth to
69 individuals, in the contemporary era of the State is intended
70 control, vigilance and punishment of the truth, privileging
71 the reproduction of power through conformity and
72 obedience of the law.

73 If the device of power, sexual and subjective, is
74 instrumented in the dissemination of information about a
75 reality determined as truth by the State, then science has

76 become an instrument of the rulers not only to establish 132
77 differences with respect to the governed, but to reproduce 133
78 those asymmetries through *positivity* (Lopez, Vilchis, 134
79 Delgado, Morales, Olvera & Garcia, 2019) . 135

80 Foucault (2002) proposes the positivity category to explain 136
81 the pseudoscientific influence of disciplines and their 137
82 instrumentation in the private sphere (page 299). The 138
83 archeology of knowledge unmasks the disciplines that have 139
84 usurped the scientific, hypothetical-deductive method to 140
85 enroll in science and thereby ascribe to its 141
86 institutionalization. 142

87 That is, the pseudoscientific positivity, as "statements that 143
88 concern the similarities and differences between beings, 144
89 their visible structure, their specific and generic characters, 145
90 their possible classification, the discontinuities that separate 146
91 them, and the transitions that link them." (Foucault, 2002: 147
92 p.302) warns the essence of the power device, namely: 148
93 the pseudoscience applied to the reproduction of the social 149
94 domination of rulers to the governed. 150

95 It is a stacking of theories, concepts, sentences and 151
96 indicators that are presented as science, but without an 152
97 identity with the social, even when this process is carried out 153
98 with rigor and this is supported by the prestige of an 154
99 academic community, the positivity is not scientificity, but 155
100 rather pseudo-scientificity that cannot be according to the 156
101 needs of a sector of civil society (Foucault, 2002: p.306). 157
158

102 However, the power device is not only in the pseudoscience 159
103 to reproduce the asymmetries between the actors. It is also 160
104 observable in institutions that apply science closer to 161
105 knowledge, medicine and psychology as examples 162
106 (Foucault, 2003: p.30). In this sense, systematic observation 163
107 is not only an inheritance of medicine, but also intervention 164
108 with the purpose of modifying the course of personal micro- 165
109 history, as well as the implementation of a distinctive 166
110 institutional seal involves the instrumentation of the power 167
111 device (p. 229). 168

112 If the surveillance and control device subjects those who 169
113 violate the law, the disciplinary device limits the analysis to 170
114 the positivity of a scientific tradition that reflects the power 171
115 of the most advanced sciences on the pseudosciences that 172
116 imitate them. The consequences of both devices, 173
117 surveillance and control, on the intervention is not only the 174
118 reproduction of the domination of rulers to their governed, 175
119 but also the establishment of a legal and punitive sphere that 176
120 punishes those who have exceeded the disciplinary 177
121 limits (Foucault, 2003: p.284) . 178

122 In effect, pseudoscientific positivity does not contribute to 179
123 the dialogue between political and social actors, but it 180
124 conditions its asymmetries through discourses and enhances 181
125 the vigilance of the rulers towards the governed in the same 182
126 way that knowledge is guided by those who are imitated in 183
127 their scientific procedures (Rincon, Quintero, Coss, Juarez, 184
128 Amemiya, Segura, Rivera, Sanchez, & Garcia 2019).

129 However, the devices not only operate in education or the
130 private sphere, they also manifest themselves in the market
131 through the establishment of a fair price, but in so far as it is
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established from the monitoring of inputs, supply and demand, he has lost its dimension of justice, since it does not reflect the time socially necessary for listing, but rather a police monetary control (Foucault, 2007: p. 49).

In the same way in which prices reach a true price through supply and demand, the other elements that are monitored by the State and determined by a discretionary price, will be free and may have a fair value that is the result of utility that a society attributes to him and not that imposed by his government (Foucault, 2007: p.50).

Therefore, justice will be achieved by the State as soon as it stops monitoring and establishing a quotation which should be generated by supply and demand, through the natural freedom of a market in which the wills are not co-opted by the government. State (Foucault, 2007: p.51).

In short, the power device, through its devices for monitoring and punishing sexuality, education and subjectivity it is built by a positivity that prevents the development of a morality of justice and rather encourages values of control and positivity that enhance the differences between those who govern and those who are governed. From these preliminary notions, the history of Social Work highlights health policies that were determining their periods, but also highlights events that were not controlled by the State and that allowed the reconceptualization of the discipline, as well as its adjustment to the needs of civil society.

159 Brief history of Social Work intervention

160 In a strict sense, the concept of Social Work underlies the
161 Statute of Welfare when, in Germany, Prime Minister
162 Bismark announces the implementation of benefits
163 for workers in the industrial sector. In this way, the so-called
164 social security was part of a social policy that aimed to
165 encourage industrial production and ensure the availability
166 of products according to the needs of the European
167 industrial society with special attention to the nineteenth-
168 century German society (Morales & Garcia, 2019).

169 Social services, through social security programs and
170 strategies were adopted in each of the European
171 countries. Its emergence in the England of the 20th century
172 generated socioeconomic studies for the establishment of
173 priorities for the granting of resources among the working
174 class. In this scenario Richmond was a pioneer in home
175 visits and from this fact Social Work is considered as a
176 discipline, since it stands out from charity and charity to be
177 linked to the health sciences and behavior until then
178 properly developed and recognized by public health
179 institutions (Ribeiro et al., 2007).

180 Very soon Social Work occupied an important place in the
181 hospitals and health centers interested in registering the
182 potential number of affiliates and beneficiaries with the
183 policies of the Welfare State, as well as those organizations
184 interested in promoting health.

185 The emergence of professions such as nursing and health
 186 psychology allowed Social Work to interact with very
 187 specific worldviews about health and lifestyles related to
 188 self-care, but to the extent that the Welfare state was
 189 questioned by the liberal currents were moving away from
 190 the decision making and precautionary principles of health
 191 risks.

192 In this way, social policies, in their area of public health,
 193 were dictated from the managerial and managerial elites of
 194 State institutions, avoiding the discoveries and contributions
 195 of health professionals regarding the inventory and
 196 documentation of civil actors.at risk to your health.

197 Health policies that considered patients, beneficiaries or
 198 potential beneficiaries as passive subjects and dependent on
 199 specialized care, recognized the importance of
 200 homogenizing and specifying preventive campaigns in the
 201 most marginalized and violated sectors where the army of
 202 industrial reserves is reproduced. The capitalist economic
 203 system required in its gestation stage.

204 To the extent that public health campaigns were
 205 disseminated among the poorest sectors, they stopped the
 206 population explosion, but discouraged precautionary
 207 lifestyles and aimed at reducing health risks. It was not until
 208 the late 20th century that industries and organizations
 209 proposed hygiene standards and occupational health
 210 promotion when estimating losses due to accidents and
 211 illnesses in workplaces, as well as in those who earned
 212 less (López & Chaparro, 2006).

213 These events transformed again the function of Social Work
 214 that entered into a process of self-criticism and self-
 215 questioning considered as a re-conceptualization. In the case
 216 of Mexico is not entirely clear when it took place and in
 217 what context, but in line with changes in health policies that
 218 stage of being used promoters and stage of targeting
 219 development strategies prevention that involved society in
 220 its self-care.

221 However, the deficits of financial resources for the case of
 222 unemployment or retirement determined a new policy of

260 Table 1. Positive devices in the intervention of Social Work

223 institutional evaluation and certification. In this new
 224 scenario, Social Work has developed models and devices
 225 with the purpose of highlighting its essence in terms of
 226 home visits, socioeconomic studies, registers and inventories
 227 of lifestyles and risk behaviors of marginalized sectors of
 228 civil society.

229 In short, the history of Social Work in relation to social
 230 policies, health programs, as well as prevention and
 231 promotion strategies, show three phases in which the
 232 discipline has become more important to the extent that it
 233 has systematized its functions, but above all, it has
 234 approached the vulnerable, marginalized and excluded
 235 sectors while the other professions are moving away (Abreu,
 236 2009).

237 However, in the course of its history, the discipline
 238 influenced by public policies, had only considered these
 239 civil sectors as dependent. Now that the policies encourage
 240 the participation of citizens in order to prevent diseases and
 241 accidents that reduce their working life or compromise their
 242 abilities, Social Work is in the dilemma of reproducing the
 243 benefactor model, or adopting devices that allow the study
 244 of social sectors and anticipate participation scenarios in
 245 different economic, political and social spheres.

246 **Effects of social work intervention on health**

247 If health policies have been transformed in such a way that
 248 considers the individual as a key and factor even
 249 preponderant in the new public health system,
 250 then what adjustments are models of intervention focused on
 251 the passivity of the individual and control of the
 252 professionals, disseminated at the stage of the welfare state,
 253 but now require?

254 Power devices that reduced health rights and employment of
 255 workers to a specialized and conditioned by the resources
 256 and institutional capacities attention devices positivity l
 257 Social Work s Erian instruments rights management, but
 258 guided by the prevention based on self-care lifestyles (see
 259 Table 1) .

	<i>Risks</i>	<i>Self-care</i>
Device	The Stewardship of the State in matters of welfare centered its interest in the policies of with regard to health, assuming that diseases and accidents are inherent in Human Development. As a result, Social Work generated discourses and strategies that disseminated homogeneous and focused health programs.	Health policies encouraged adherence to treatments and rehabilitation, but did not consider the importance of prevention, reducing risk behavior and establishing occupational safety protocols.
Positivity	The evaluation of the meanings that for the individual or the groups have the risks, assumed as areas of opportunity for entrepreneurship and innovation, contributes to a Local Development adjusted to the needs of people.	It is represented as a banner of health and personal development that, in addition to other cases, produces Local Development.

261 Source: Prepared from the literature review

262 In this way, the positivity devices in the Social Work
 263 intervention guide civil participation, highlight the
 264 negotiation and consensus around the labor and occupational

265 rights that health policies recognized from the high costs for
 266 care and the low costs aimed at prevention.

267 In the historical nomenclature of Foucault (1987; 2002; 2003; 2007) the devices are legitimized by the positivity of the sciences that imitate the hypothetico-deductive method with rigor and prestige, although without the identity or professional *habitus* required to dissuade opponents and persuade adherents to the system of social domination or differentiation between rulers and the governed.

274 The positivity or assertive implementation of the devices through speeches and strategies for monitoring and controlling self-care and adherence to treatment or rehabilitation reflects the asymmetries between those who make decisions and those who execute them. Strictly speaking, the positivity is an imitation of knowledge that were built in the institutions of public health.

281 From the discipline of social work the device has been understood in a sense that more integration selectivity and exclusion (Carballeda, 2004). Therefore, the intervention has been the guiding axis of the discipline's task. It has even defined the identity of the social worker, since this is not only the heir of charity, charity and altruism, but also the result of social exclusion indicated by suffering and vulnerability (Carballeda, 2006). These are contexts in which disenchantment forged the identity of the social worker, making it more sensitive to the needs of sectors excluded from civil society (Carballeda, 2008).

292 The social issue of Social Work lies in the complexity that institutions cannot monitor and control through the reward

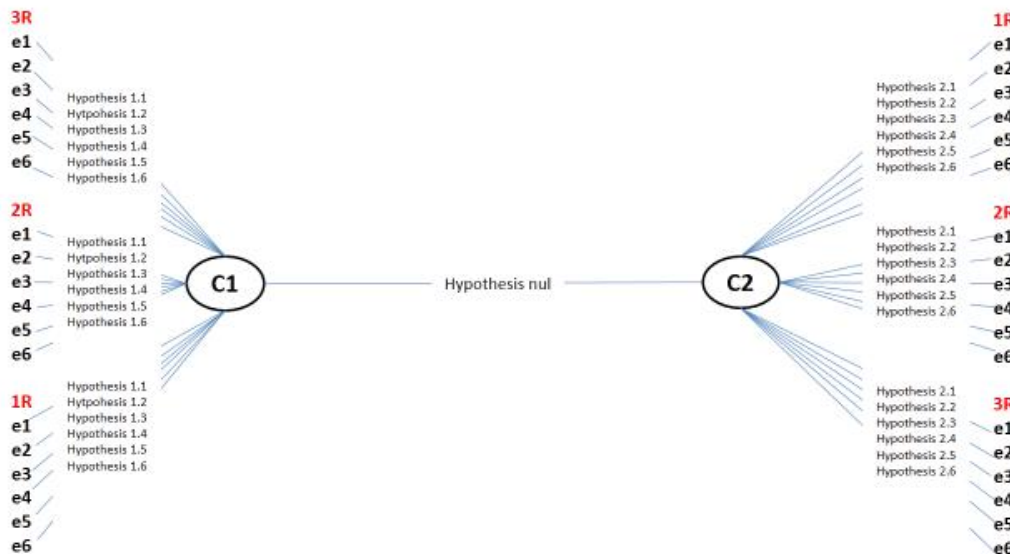
300 or sanction of its members; professionals and beneficiaries (Carballeda, 2008). It is more about establishing an interdisciplinary dialogue in which complexity can be studied and diagnosed as part of the social question. That is to say that the problems must be approached from a dialogic rather than from positivity.

305 In this way, the positive devices of the Social Work intervention can be substituted with the recognition of the other as interlocutor in the dialogue of knowledge that facilitates the understanding of the complexity of the social question.

307 **Specification of the model for the study of the effects of social services on the vulnerable population**

319 The specification of a model is necessary for the hypothesis contrast. It is a series of trajectories of relations between variables from empirically tested theoretical frameworks (see Figure 1). Based on this consideration, the proposed model includes two constructs: literature A for the effects of public policies on quality of life and literature B for the effects of social programs on subjective well-being, with their indicators being the possible combinations between significant effects, spurious or negative of the political strategies of assistance on the vulnerable population (Carreón, Quintero, Molina, Hernández & García, 2019).

319 **Figure 1. Specification of the model**



320

321 E = Extract: e1 = Positive Effects on Quality on Life, e2 = Negative Effects on Quality of Life, e3 = Spurious Efectcs on Quality
 322 on Life, e4 = Positive Effects on Wellbeing, e5 = Negative Effects on Wellbeing, e6 = Spurious Efectcs on Weelbeing; C =
 323 Category; C1 = Literature A, C2 = Literature B

324 **Source: Self-elaborated**

325 The classical theories of public administration and social
 326 policies highlight the rector of the State as an organizer of
 327 public health and social assistance (hypothesis 1.1, 1.4, 2.1

331 and 2.4), but the new wave of institutional theories revalue
 332 the bureaucratic isomorphism as a factor that maximizes or
 333 reduces organizational health responses on biophysical and

331 biophysical well-being (hypotheses 1.2, 1.5, 2.2 and 2.5).
 332 Even, new theoretical matrices that question the State and
 333 the public health institutions in charge of medical care warn
 334 a new governance in which the users distrust of the quality
 335 of the public service and the governmental action in the
 336 matter of prevention and promotion of the collective health
 337 (hypothesis 1.3, 1.6, 2.3 and 2.6).

338 **Method**

339 A non-experimental, documentary, cross-sectional and
 340 exploratory study was carried out with a selection of
 341 indexed sources, with ISSN (International Standard Serial
 342 Number) and DOI (Digital Object Identifier) records. The
 343 information was processed in a content analysis matrix of
 344 the academic discourse, the agenda of topics established
 345 around the key words and the framing of the discussion
 346 between the categories and the variables of "intervention"
 347 and "device". Next, a model was specified for the study of
 348 the effect of intervention devices in Local
 349 Development. Finally, its scope and limits are discussed
 350 with respect to other models specified and reported in the
 351 literature.

352 The data were processed considering the type of literature:
 353 A for sources that reported effects of the public health
 354 services on the quality of life of the groups affected; B for
 355 sources that reported effects of public services on wellbeing
 356 right holders.

357 A content analysis was carried out, considering the type A
 358 literature with a grade of 3 and the type B literature with 1.
 359 Expert judges in the topics rated synthetic extracts of the
 360 findings reported in three rounds of feedback in which the
 361 first grades were discussed and reconsidered by the
 362 participants until the differences are exhausted and
 363 consensus reached.

364 The data were processed in the QDA Miner version 4.0
 365 qualitative analysis package, estimating the parameters of
 366 normality, contingency and correlation between the
 367 extracted data...

368 **Results**

369 Table 2 shows the non-parametric values that support the
 370 analysis of contingencies between categories A and B with
 371 respect to the informative extracts qualified by the expert
 372 judges.

373 Table 2. Descriptive data

<i>E</i>	<i>M</i>	<i>S</i>	<i>W</i>	<i>K</i>	<i>A</i>	<i>C1</i>			<i>C2</i>			
						X2	df	p	X2	df	P	
R1												
<i>e1</i>	,764	,125	,132	,110	,101							
<i>e2</i>	,619	,109	,172	,143	,103	13,24	14	<,05				
<i>e3</i>	,562	,180	,191	,189	,104							
<i>e4</i>	,601	,176	,108	,101	,108							
<i>e5</i>	,782	,160	,167	,162	,109							
<i>e6</i>	,761	,109	,178	,156	,134							
R2												
<i>e1</i>	,629	,156	,143	,108	,167	14,23	13	<,05				
<i>e2</i>	,641	,174	,162	,173	,134	13,25	19	<,05				
<i>e3</i>	,673	,152	,183	,162	,142				14,21	18	<,05	
<i>e4</i>	,693	,145	,103	,151	,161							
<i>e5</i>	,653	,198	,181	,176	,172							
<i>e6</i>	,782	,143	,176	,182	,109							
R3												
<i>e1</i>	,760	,132	,191	,101	,101	15,21	14	<,05				
<i>e2</i>	,784	,153	,104	,108	,172	14,35	16	<,05				
<i>e3</i>	,794	,172	,113	,178	,191	10,21	13	<,05				
<i>e4</i>	,762	,109	,182	,163	,172				13,21	12	<,05	
<i>e5</i>	,641	,161	,134	,191	,109							
<i>e6</i>	,781	,189	,196	,145	,102							

374 E = Extract: e1 = Positive Effects on Quality on Life, e2 = Negative Effects on Quality of Life, e3 = Spurious Efeccts on Quality
 375 on Life, e4 = Positive Effects on Wellbeing, e5 = Negative Effects on Wellbeing, e6 = Spurious Efeccts on Weelbeing; R = Round,
 376 M = Mean, S = Standar Deviation, W = Sweddness, K = Kurtosis, A = Asimetry. C = Category; C1 = Literature A, C2 =
 377 Literature B

378 Source: Elaborated with data study

379 The structure of distribution and contingency suggest a
 380 proportional consensus higher in the first category relative to
 381 the literature that reports positive effects of social services
 382 on the quality of life and the subjective well-being of users,
 383 suggesting the observation of the structure of relationships
 384 between categories and informative extracts (see Table 3).

385 Table 3. Odds ratio
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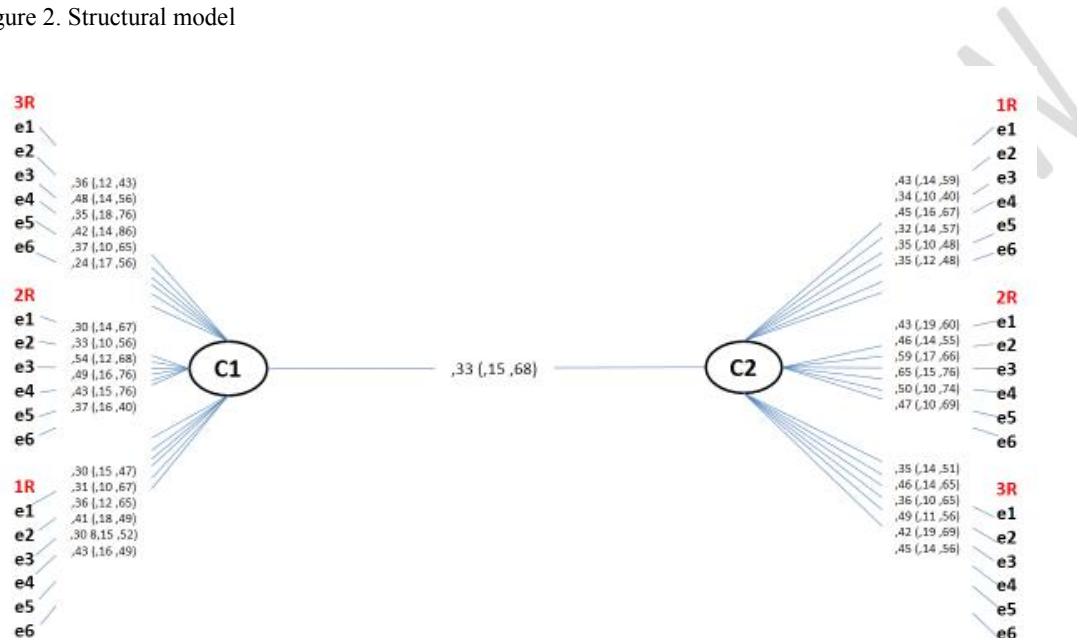
	e1	e2	e3	e4	e5
e1					
e2	,328 (,109 ,781)				
e3	,427 (,129 ,671)	,432 (,123 ,784)			
e4	,203 (,109 ,437)	,127 (,432 ,671)	,231 (,109 ,601)		
e5	,321 (,109 ,562)	,324 (,127 ,439)	,146 (,027 ,712)	,321 (,243 ,456)	

386 E = Extract: e1 = Positive Effects on Quality on Life, e2 = Negative Effects on Quality of Life, e3 = Spurious Effects on Quality
 387 on Life, e4 = Positive Effects on Wellbeing, e5 = Negative Effects on Wellbeing, e6 = Spurious Effects on Wellbeing

388 Source: Elaboration with data study

389 The structure of the probability ratio shows a prevalence of 393 suggesting the observation of the structure of trajectories of
 390 the six types of literature and the findings that it reports, 394 relations between categories and extracts, see Figure 2).

393 Figure 2. Structural model



394 E = Extract: e1 = Positive Effects on Quality on Life, e2 = Negative Effects on Quality of Life, e3 = Spurious Effects on Quality
 395 on Life, e4 = Positive Effects on Wellbeing, e5 = Negative Effects on Wellbeing, e6 = Spurious Effects on Wellbeing; C =
 396 Category; C1 = Literature A, C2 = Literature B
 397

398 Source: Elaboration with data study

399 The structure of trajectories of proportions of probabilities
 400 among the six subcategories with respect to the two
 401 categories of the effects of social services on the quality of
 402 life and subjective well-being. A prevalence of the two
 403 categories is observed with respect to the six subcategories.
 404 That is, the literature consulted seems to warn that social
 405 services indistinctly affect negatively and positively the
 406 quality of life and subjective well-being.

407 **Discussion**

408 The contribution of the present work to the state of the
 409 question lies in the establishment of a model for the study of
 410 the indistinct effects of public health policies on the quality
 411 of life and the subjective well-being of the users reported in
 412 the literature consulted, but the design of the research limits
 413 the results to the research sample, suggesting the inclusion
 414 of repositories such as Web of Science or Elsevier.

420 The literature consulted on the effects of public health
 421 services on the quality of life and the subjunctive warn of an
 422 improvement trend based on social care, but in the present
 423 work indistinct proportions of probability have been
 424 demonstrated.

425 Such findings suggest the systematization of other sources
 426 from repositories such as WoS and Scopus, considering the
 427 biased tendency of positive reports, although an emergency
 428 of spurious effects is observed while the negative effects
 429 have not been reported to the same extent.

426 **Conclusion**

430 The objective of the present work was to establish the
 431 proportion of probabilities of the effects of health policies
 432 with respect to the quality of life and the well-being of the
 433 users, although the research design limited the findings to

- 430 the research scenario suggesting the extension of the work to
431 repositories like WoS and Scopus.
- 432 Regarding the incidence of results in health policies, the
433 need for greater transparency in the publication of the
434 spurious and negative effects of care systems, the quality of
435 care and the evaluation of public services is appreciated.
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