

Perceived Health Networks in the Literature from 2020 to 2023

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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 during 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 literature consulted, 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 joint management system of health services aimed at preventing illnesses and accidents at work, education or at home (García et al., 2022a). 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 access to and processing of information are fundamental (García et al., 2022b). This implies differences between those who allow themselves to be influenced by prevention campaigns and those who adopt election criteria tending to build 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 of dissemination and transfer of 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 health policy, 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 (García et al. al., 2014). 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 disease treatment and accident prevention, but also disciplines of sociology, administration, nursing, anthropology and psychology are involved in diagnosis, intervention and evaluation as central axes of the public health agenda with emphasis on the prevention of health risks and the promotion of health and self-care.

The theoretical frameworks that explain co-responsibility are 1) the theory of social reliability, 2) the theory of agenda setting, 3) the theory of socio-political co-responsibility. 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 (García et al., 2016a). 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 leads 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 (Carreón et al., 2017). In this sense, social trust emerges as the guiding axis of civil lifestyles, indicating government control 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 proselytizing and political campaigns (García et al., 2016b). 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 leaders, 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 issues but on Health issues.

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 information available about an epidemic or pandemic (Amemiya et al., 2018). Once the phenomenon has been 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 lifestyle changes necessary to eradicate the epidemic or pandemic. In an agenda-setting context, experts are limited to guiding the public, governments are exposed to media judgment, and civil society is defenseless against media interests to reduce or intensify information related to the epidemic. In such a scenario, sociopolitical co-responsibility is necessary, which refers to lifestyles and communication based on the prevention of the disease, but also on first aid to reduce the spread of the disease. It is in this context that the promotion of self-care acquires greater significance because it is propaganda that is not always in line with media coverage, which almost always consists of discrediting the authorities and causing citizen despair.

If the theory of social trust 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 from those of civil protection, but it is the theory of civil liability society that will end. suggesting that the actors participate in the construction of a public health system (Bustos et al., 2022). Unlike the theory of social reliability, which highlights the emergence of a pro-government sector in health policy, the theory of co-responsibility focuses on observing 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. disease.

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, publicists, journalists. or columnists (García, 2021b). 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 studies in health show that prevention is a low-cost factor with respect to the treatment of a disease acquired by parasitic contamination (Carreón et al., 2014). In this sense, a model for the study of an outbreak of dermatological contamination implies social work intervention strategies 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.

The history of public health, health policies and dermatological programs, and prevention and health promotion strategies are areas of multidisciplinary research and knowledge in which Social Work acquires greater relevance by establishing an approach to vulnerable groups (García et al., 2021c). Treatment costs are estimated to be greater than prevention costs, since for every peso spent on treating illnesses or accidents, one cent 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 the development of 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 objectives in the short, medium and long term. 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 surveillance, monitoring 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 stakeholders, and establishes co-responsibility agreements around goals, tasks, and objectives. established in the medium term (Bustos et al., 2021). In such a scenario, the training of public health professionals and social workers is extremely important, 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 the governance of dermatological health in basic public education institutions with an emphasis on promoting dermatological health. vulnerable health and self-care groups (Martínez et al., 2019). Social Work has gone from models of charity, charity and altruism to models of diagnosis, intervention, participation, management and co-responsibility in accordance with 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 skin contamination by pests, social work intervention stands out for its contagion prevention capabilities, promoting healthy lifestyles free of contamination and care strategies (García, 2021b). 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 logistics model, the Social Work professional would generate an inventory from which 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 to be made against or in favor of the separation of infected groups and groups at risk, as well as the rescheduling of their activities inside or outside the classroom (García, 2021c). For its part, the functions model would integrate the probable scenarios of exponential contamination with the effects of this contamination in the highest-risk groups and in the care provided to low-risk groups. In this way, the model would make it possible to anticipate probable scenarios of a new dermatological contamination that would face a systematic and intensive diffusion of collaborative strategies around environmental care 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 affected by the disease, but also future interaction scenarios in which they occur. new outbreaks in other groups and the recontagion of the first would generate a high-risk scenario, but with sufficient 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 (García et al., 2016). 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 the governance of dermatological health 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 diffusion of self-care styles.

A model is a representation of the relationships between the factors used in the theory. Promoting self-care, indicated by trustworthiness, agenda setting, and co-responsibility, implies an emotional process and a rational treatment of information about a public health problem such as an epidemic or pandemic (Molina et al., 2019). 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 on 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 rulers and ruled in matters 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 are in charge of discrediting them to satisfy the interests of their audiences (García et al., 2022). In this way, 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 the establishment of an agenda biased by the dissemination of information in the media, almost always focused on state corruption and citizen despair, which discredits the actors and creates a vacuum of expectations. The context is propitious for co-responsibility to emerge as a value and norm for those involved. It is a set of actions aimed at assuming a responsible role 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 regarding their relationship with the isomorphic governance that explains the common objectives, tasks, and goals among 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 governance 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 who are in a hospital environment, impacted the relationship structure in the public health system (García et al., 2021a). 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 2019 to 2023, as well as the selection of articles published by sponsored authors. universities by institutional search engines.

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 bibliographic review.

The Delphi technique was used to contrast the inventory record. A selection of experts was made based on 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. Judges who are experts in the matter, considering the same criteria for qualifying 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. Matlab versions 22 and 4.0 and CytoScope software were used.

The results were interpreted from the threshold that goes from -1 to 1, if the 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, which suggests 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

The positive edges of the structure. It means that the relationship with the nodes is immersive. That is, the nodes depend on the positive relations between the edges. On the other hand, the nodes maintain negative relationships that translate into 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, prevailing as isomorphism of health (see Table 1).

| Variable | Betweenness | closeness | Strength | expected influence |
|-----------|-------------|-----------|----------|--------------------|
| García | -0.807 | -1,319 | -1,177 | 0.367 |
| Carreón | -0.933 | -0.470 | -0.376 | 0.696 |
| busts | 0.705 | 0.419 | 0.016 | 0.954 |
| hernandez | -1,185 | -2003 | -1,698 | 0.214 |
| valdes | -0.933 | -1,108 | -1,061 | 1,489 |
| gutierrez | -0.303 | -0.977 | -1,150 | 0.533 |
| Sandoval | -0.933 | -1,275 | -1,406 | 0.700 |
| Mejia | -1,185 | -2,278 | -2,238 | 0.223 |
| Blond | -0.807 | -1,253 | -1,309 | 0.865 |
| Amemiya | -0.933 | -1,865 | -1,699 | 0.160 |
| ambrosio | -0.681 | -0.154 | -0.202 | 1,801 |

| Variable | Betweenness | closeness | Strength | expected influence |
|-------------|-------------|-----------|----------|--------------------|
| lilies | 0.831 | 0.471 | 0.461 | -1,050 |
| Guillen | -0.303 | 0.625 | 0.841 | -0.434 |
| Corner | 2,216 | -0.078 | -0.135 | -0.350 |
| Quiroz | -1,059 | -0.186 | -0.337 | -0.473 |
| ornelas | -0.177 | -0.139 | -0.102 | -0.116 |
| fields | 0.075 | 0.116 | -0.207 | 0.542 |
| spinoza | 0.705 | 0.920 | 1,091 | 0.509 |
| Morales | -0.051 | -0.040 | -0.309 | 0.024 |
| aguayo | -0.429 | 0.572 | 0.684 | 1,208 |
| Huntsman | 1,334 | 1,017 | 0.790 | -1,707 |
| Lopez | 2,090 | 0.893 | 1,108 | -1,159 |
| castro | -0.555 | 0.566 | 0.572 | -0.545 |
| Mendez | -0.429 | 0.790 | 0.667 | 0.801 |
| Mendoza | 0.957 | 0.980 | 1,107 | -1,834 |
| Elizarraras | -1,185 | 0.496 | 0.433 | -0.476 |
| saddlers | -0.177 | 0.970 | 1,234 | -2,223 |
| grove | 0.831 | 1,117 | 1,187 | 0.517 |
| ramirez | 0.579 | 1,023 | 0.758 | -0.027 |
| vazquez | 0.957 | 1,010 | 1,067 | 0.098 |
| velazquez | -0.177 | 0.532 | 0.634 | -2,040 |
| Moon | 1,964 | 0.630 | 0.755 | 0.732 |

Table 1: Centrality of Perceived Health in the literature from 2020 to 2023

Source: Prepared with data study

Centrality parameters and distance and proximity values between edges and nodes suggest that the governance structure is rich and immersive. That is, it permeates administrative and bureaucratic institutions above innovation, entrepreneurship or improvisation (see Table 2).

| Variable | Barrat ^a | Onnela | WS ^a | Zhang |
|-------------|---------------------|--------|-----------------|--------|
| aguayo | 0,000 | 0.480 | 0,000 | 1,278 |
| ambrosio | 0,000 | 0.108 | 0,000 | -0.223 |
| Amemiya | 0,000 | -1,681 | 0,000 | -1,419 |
| | | | | |
| busts | 0,000 | 0.134 | 0,000 | -0.612 |
| fields | 0,000 | -0.390 | 0,000 | 1,072 |
| Carreón | 0,000 | 0.053 | 0,000 | -0.542 |
| castro | 0,000 | 0.476 | 0,000 | 1,404 |
| Elizarraras | 0,000 | 0.378 | 0,000 | 1,830 |
| spinoza | 0,000 | 1,067 | 0,000 | 0.744 |
| Garcia | 0,000 | -1,158 | 0,000 | -1,781 |
| saddlers | 0,000 | 1,370 | 0,000 | 0.381 |
| Guillen | 0,000 | 0.720 | 0,000 | 1,169 |
| gutierrez | 0,000 | -1,332 | 0,000 | -1,270 |
| hernandez | 0,000 | -1,581 | 0,000 | -1,647 |
| lilies | 0,000 | 0.770 | 0,000 | -0.793 |
| Lopez | 0,000 | 1,070 | 0,000 | 0.689 |
| | | | | |
| Moon | 0,000 | 0.587 | 0,000 | 0.307 |
| Mejia | 0,000 | -2,411 | 0,000 | -1,405 |
| Mendez | 0,000 | 0.212 | 0,000 | 1,381 |
| Mendoza | 0,000 | 1,312 | 0,000 | 0.289 |
| Huntsman | 0,000 | 0.522 | 0,000 | 1,027 |
| Morales | 0,000 | -0.320 | 0,000 | -0.028 |
| ornelas | 0,000 | 0.210 | 0,000 | -0.241 |
| Quiroz | 0,000 | -0.137 | 0,000 | -0.197 |
| ramirez | 0,000 | 0.819 | 0,000 | -0.501 |
| Corner | 0,000 | -0.047 | 0,000 | 0.031 |

| Variable | Barrat ^a | Onnela | WS ^a | Zhang |
|-----------|---------------------|--------|-----------------|--------|
| Blond | 0,000 | -1,224 | 0,000 | -0.509 |
| Sandoval | 0,000 | -1,549 | 0,000 | -0.956 |
| grove | 0,000 | 1,087 | 0,000 | 0.735 |
| valdes | 0,000 | -1,068 | 0,000 | -1,299 |
| vazquez | 0,000 | 0.977 | 0,000 | 0.695 |
| velazquez | 0,000 | 0.545 | 0,000 | 0.393 |

^a Coefficient could not be standardized because the variance is too small.

Table 2: Clustering of Perceived Health in the Literature from 2020 to 2023

Source: Prepared with data study

Pool values. The edges and nodes are circumscribed, due to their immersive centrality, in an institutional dimension. The evaluations of the judges according to the record 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 the process of being reconfigured because COVID-19 has impacted it at its center and strengthened it at its periphery.

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

Discussion

The contribution of the study to the state of the art lies in the establishment of a relationship structure in accordance with the dimensions found in the literature review and corroborated in the evaluations of the judges on the findings published from 2019 to 2023. institutionalized and isomorphic governance, but conflictive in its centrality, as well as a more corporate orientation in the periphery (García et al., 2019). The results can be interpreted considering the pandemic and its effects on public health governance published from 2020 to 2023. The following lines of research to follow should observe the isomorphism in the dimensions reported by the literature, as well as corroborate corporatism in 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 (García et al., 2021a). 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 governability. . . Asymmetric.

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 predominated, but not corporatism (García et al., 2022c). 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, the studies related to governability as an instance of conflict interpret the results as an incipient phase of governability. This budding assumption needs to be corroborated to explain 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 affect health policies and strategies in the face of an epidemic contingency. The type of selection and the type of analysis of the information limit the contrast of the model to a specific context that would not include other variables such as management, production, and knowledge transfer. The extension 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 make the analysis more sophisticated 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 trustworthiness, agenda and co-responsibility, this work has integrated each of the three factors, but has reduced their application to a very specific context in which the Civil society depends on their governments by being exposed to the media that spread 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 actions in the face of scarcity of resources. 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 to extend 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 users of the medical service 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 citizen dependency regarding knowledge or management of community or public health services. If the dependency of civil society on public health institutions consists of medical care in the event of a contingency and this is reflected both in the degree of social reliability and in adherence to treatment, then the cases of older adults, 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 fatigue and a decrease in the capacity to react, explains the dependence on the groups that have been violated. In this paper we prefer to consider reliability as the prelude to the establishment of an agenda that, in symbolic terms, reflects the priorities of the actors in the face of a public health problem, although the incorporation of the social representation factor is recommended. explain

the origin of social trust in the face of health contingencies and the hegemony of the corresponding institutions in the promotion of self-care.

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