

REFLECTIVE FACTOR STRUCTURE OF OCCUPATIONAL HEALTH GOVERNANCE
Estructura factorial reflectante de la gobernanza de la salud ocupacional

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 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 is to elucidate the meanings around the categories of agenda, positioning and processing to interpret the discourses of excluded migrants groups, considering the contributions of Carreón (2016; 2019) and García (2017; 2019). A non-experimental, exploratory, cross-sectional, qualitative and quantitative 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 respect to that of the old age population, 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: discourse, governance, occupational health, old age, pension.

María Quintero Soto

mlquinteros@uaemex.mx
<https://orcid.org/0000-0002-4198-550X>
Universidad Autónoma del Estado de México, México

Cruz García Lirios

cgarcial213@profesor.uaemex.mx
<https://orcid.org/0000-0002-9364-6796>
Universidad Autónoma del Estado de México, México

Arturo Sánchez Sánchez

arturo.sanchez.s@uatx.mx
<https://orcid.org/0000-0002-4946-1559>
Universidad Autónoma de Tlaxcala, México

Francisco Espinoza Morales

fespinoz@navojoa.uson.mx
<https://orcid.org/0000-0001-8655-9566>
Universidad de Sonora, México

Gilberto Bermúdez Ruíz

gil_gibe@hotmail.com
<https://orcid.org/0000-0002-1159-011X>
Universidad Anáhuac México, México

Recibido: 15/07/2019
Aceptado: 13/09/2019



Resumen

Aproximadamente, la salud ocupacional se ha entendido como el equilibrio de las demandas y los recursos organizativos con respecto a la prevención de enfermedades y accidentes, así como la adhesión al tratamiento y la rehabilitación de los trabajadores convalecientes, pero en un sentido político, la salud ocupacional es un reflejo de un agenda de salud, posicionamiento y cuestionamiento de las políticas de salud, así como las promesas de campañas políticas en el campo. El objetivo de este trabajo es dilucidar los significados en torno a las categorías de agenda, posicionamiento y procesamiento para interpretar los discursos de los grupos de migrantes excluidos, considerando los aportes de Carreón (2016; 2019) y García (2017; 2019). Se realizó un estudio no experimental, exploratorio, transversal, cualitativo y cuantitativo con un muestreo no probabilístico de siete informantes, considerando el estado económico, laboral, civil y social. Los resultados muestran que las categorías en cuestión legitiman las diferencias entre la salud laboral de los jóvenes con respecto a la de la población de edad avanzada, así como el papel del Estado como administrador de fondos de jubilación o apoyos económicos. Se observan líneas de investigación empírica y comprobable.

Palabras clave: discursos, edad, gobernanza, jubilación, salud ocupacional.

1. Introduction.

Governance as a public security system oriented by principles of equity and political responsibility has been approached from the relationships of trust between citizens and rulers. In relation to public security, governance has been imposed as a system of management and administration of resources for crime prevention, justice delivery and social rehabilitation. In that sense, it is a system oriented to a bulk of the population that is between 15 and 65 years old, but from a view of the victims, the governance system has excluded crimes committed against adults over 65 years of age and older.

Within the framework of strategic alliances between public universities with health institutions, professional practices and social service established between the parties involved allowed the present study, considering the inter-institutional strategies of health care for migrants who travel through Huehuetoca, state of Mexico to the United States. Although the migrant's bulk is between 15 and 65 years old, the institutional inter strategy focused on those who have reached 65 years of age and more because they are considered a sector vulnerable to public insecurity, State negligence and police corruption.

Thus, the objective of the present work is to establish a model for the study of the phenomenon, considering that the relationships between the variables have not been focused as dimensions of a problem that is accentuated in the vulnerable population, mainly in the elderly. 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, probabilistic study with chosen senior migrants 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 procedures revolve around the State as an administrator of retirement funds.

It is estimated that two thirds of the world population are 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 (Garcia, 2019). 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 place with 19 cases.

2. Method.

First phase. In the first one, the meanings of public safety were established with a sector of migrants and older adults because they were considered a vulnerable sector in terms of their rights and the negligence of the social care system. A non-experimental, cross-sectional, exploratory, quantitative and qualitative study was carried out. A non-probabilistic election of 7 migrants' older adults from the State of Mexico was carried out in the localities of Huehuetoca, Teoloyucan and Coyotepec, locations with greater insecurity for migrants. Carreón (2016) notes that it was considered pertinent to survey those who attended the health centers during the period from August 2015 to April 2016 (see Table 1).

Table 1. Sample descriptions

Competitor	Sex	Age	Civil status	Scholarship	Entry
Senior adult businessman	Male	66	Married	Bachelor's degree	17,000pesos 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 (2019)

A questionnaire 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 of Carreón (2016) 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 called your attention to in the last week? What is the role of the media attributed to the government, professionals - doctors, nurses, social workers, psychologists-, 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 positively 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 (Carreón, 2019).

Second phase. In the second phase, after having established the meanings of public safety, a second job was carried out with migrant employees in order to establish the validity and reliability of the instruments that measured public security perceptions,



highlighting the importance of labor and workforce in relation to their occupational health. A model for the study of public safety was contrasted, considering the relationships established between the dimensions of the instruments and with the purpose of discussing the findings of the first with the second phase.

A second cross-sectional, linear study non probabilistic selection was carried out with 107 employees ($M = 24.3$ $SD = 1.4$ age, $M = 7'654.32$ $SD = 245.67$ monthly income) of an automotive multinational, considering its participation in the first local and regional employment programs, as well as their academic training in a strategic allied higher education institution for the formation of intellectual capital.

The Occupational Health Scale (ESO-25) of Carreón (2016) was used, which suggests five dimensions related to job expectations, salary, compensations, recognitions, identity and promotions in relation to perceptions of diseases or accidents, risks and threats to health to achieve these personal or organizational goals. Each item is answered with one of five options ranging from 0 = "not likely" to 5 = "quite likely".

The surveys were carried out at the facilities of the automotive multinational, which guarantees confidentiality, anonymity and does not affect the results of the study on the employment status of the respondents. The information was processed in the statistical analysis package for social sciences (SPSS version 16.0) and AMOS for structural equation modelling. The parameters were estimated to demonstrate the reliability and validity, sphericity and adequacy, as well as fit and residual of a structural model.

The comparison of the model was carried out following the taxonomy of Kline (1998) which suggests the representation of the alleged causal relationships between the latent variable (perception of occupational security) in relation to the manifest variables (occupational safety indicators). The scheme includes loads or regression coefficients that may or may not be standardized, considering the effect of reflexive indicators, which suggest the structure of the perception of occupational security (Kline, 2006). In such a contrast process, the confirmation of the factor structure suggests that the reflective indicators endogenous to the latent variable or risk perception. In the comparison of the model it is necessary that the correlations between the indicators are positive and superior to, 50 or at least be to have values superior to the correlations between factors in order to be able to establish a robust factorial structure (Kline, 1998). This means that the indicators can be interchangeable without altering the factor structure.

Thus, the contrast of the sampling domain model or reflective model suggests that the manifest variable may be arbitrary since if the relationships between the indicators are lower than the relationships between factors, those with greater load are chosen. This is possible due to the property that indicators can be exchanged between factors without altering the structure of relationships between latent variables and manifest variables.

3. Results and discussion.

Theory of occupational security.

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

Health psychology in general and occupational psychology in particular 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, cerebral-vascular diseases and ischemic heart disease on musculoskeletal disorders, stress, absenteeism, accidents, conflicts, insomnia, depression and anxiety.

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 (Luceño, García, Rubio & Díaz, 2004).

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 criteria of control of their abilities and effort. An intensification of the labor rhythm, the demand for productivity, contradictory policies, conflicts, interruptions determine worker self-control skills, abilities, knowledge, negotiation and accidents or illness (Fernández, Fernández & Siegrist, 2005).



The MDER warns of an asymmetric relationship between demands and self-control, considering that the rewards, role, status, salary, recognition- are a function of their effort, dedication and productivity. Stress emerges when demand, effort and reward are asymmetrical (Gómez & Llanos, 2014).

Studies of occupational security.

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 in particular (Tao et al., 2008). Bartlett et al., (2004) found that depression for economic, social or emotional issues in 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 devices against asthma.

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 (Corsico et al., 2007). 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.

Kaptein et al., (2008) carried out 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. In this sense, the perception of risk has been associated with the type of employment that, in the case of migrants, is riskier than that of the natives, consequently, the adherence to treatment not only depends on the utility that the dominant culture attributes to medicines and devices against asthma, but also to the attributes that the medical community associates with the values and norms of migrants.

Kardas, Lewel and Strzondala (2015) showed the cultural differences between asthma patients by demonstrating that ignorance and hopelessness effects on adhe-

rence to treatment. In this way, the social care system, being designed to serve a culture of rights to health, excludes migrant communities. However, Melton, et al., (2014) found a spurious relationship between medical literacy and adherence to treatment. Also, they suggest that the effect of medical consultation or adherence is out from three differences; a) desired information and information received; b) success tests against error tests; c) patient expectations and expectations of doctors.

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.

Specification a model of occupational security.

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 process unfolds and elections approach (García, Carreón & Bustos, 2017). It is as well as the occupational health distances itself from 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 media 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 in favor 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 in order to influence their preferences and voting decisions. 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.

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.

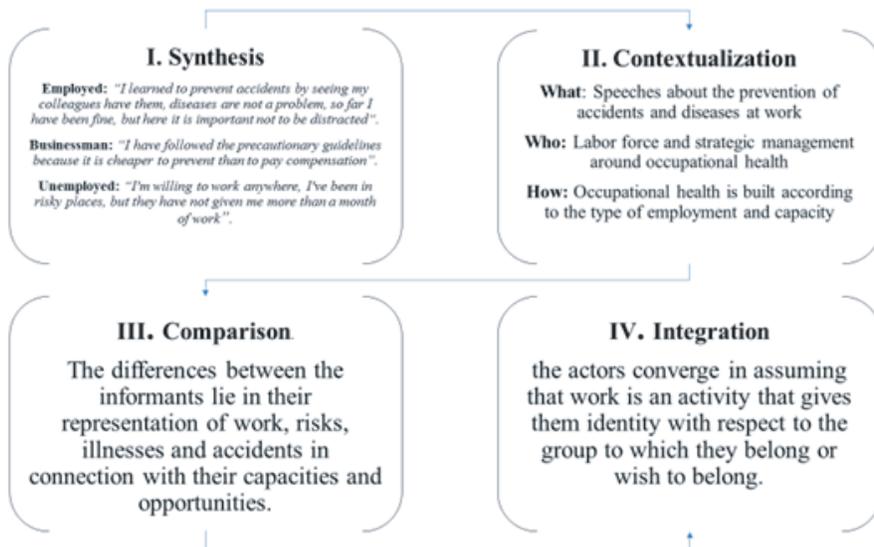
The discursive sentences that reflect the establishment of an occupational agenda, an evocative positioning and a symbolic predecimalization in older adults of different social, situational and occupational strata of the center of Mexico. In this way, the present work seeks to answer the question: Are there differences between the meanings of occupational safety with respect to the perceptions of occupational safety in two samples of migrant workers, one under 65 and one over 65?

The hypothesis that answers the question suggests that there are differences between the meanings of occupational safety with respect to expectations.

Results of first phase

The discourses of the older adults interviewed are centered on the categories of narrative agenda, evocative positioning and symbolic processualism. 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).

Figure 1. Categories



Source: Elaborated with the study data (2019)

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 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 them 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 other words, 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 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. Your 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.

Result of second phase

In a second study, Table 2 shows the values of distributive normality that allowed carrying out reliability and validity analysis, as well as the observation of the structure of relationships and trajectories among the variables.

Table 2. Descriptive of the instrument

R	M	S	W	K	A	F1	F2	F3	F4	F5
r1	4,56	1,01	1,43	1,34	,798	,542				
r2	4,09	1,09	1,40	1,46	,743	,654				
r3	4,81	1,08	1,54	1,49	,763	,578				
r4	4,36	1,09	1,72	1,50	,706	,521				
r5	4,82	1,06	1,43	1,85	,786	,509				
r6	4,52	1,00	1,28	1,69	,776		,632			
r7	4,92	1,01	1,49	1,56	,743		,453			
r8	4,30	1,16	1,56	1,45	,709		,498			
r9	4,87	1,76	1,40	1,44	,783		,412			
r10	4,76	1,90	1,36	1,34	,731		,432			
r11	4,56	1,50	1,82	1,29	,795			,564		
r12	4,13	1,03	1,83	1,13	,785			,304		
r13	4,32	1,04	1,32	1,14	,789			,342		
r14	4,87	1,03	1,13	1,10	,794			,354		
r15	4,02	1,02	1,45	1,81	,763			,314		
r16	4,35	1,05	1,01	1,56	,732				,413	
r17	4,36	1,09	1,54	1,45	,756				,543	
r18	4,14	1,00	1,31	1,34	,709				,439	
r19	4,89	1,01	1,32	1,54	,784				,541	
r20	4,06	1,43	1,43	1,20	,721				,430	
r21	4,53	1,28	1,50	1,38	,782					,542
r22	4,32	1,93	1,69	1,54	,790					,401
r23	4,36	1,04	1,68	1,38	,750					,433
r24	4,87	1,02	1,63	1,42	,762					,562
r25	4,02	1,08	1,30	1,54	,765					,540

Legend: R = Reactive, M = Mean, S = Standard Deviation, W = Swedness, K = Kurtosis, A = Alpha excluded item value. Method: Principals components, Rotation: Varimax. Adequation and Sphericity [$\chi^2 = 12,34$ (23 df) $p < ,05$; KMO = ,675] F1 = Expected Accidents for Ascents (12% total variance explained alpha ,780), F2 = Diseases Expected for Achievements (10% total variance explained and alpha ,776), F3 = Expected Violence for Leadership (7% total variance explained and alpha ,766), F4 = Ridiculization Expected by Merits (4% total variance explained and alpha ,782), F5 = Expected Harassment Before Companions (3% total variance explained and alpha ,732). All items are answered with any of five options ranging from 0 = "not likely" to 5 = "quite likely"
 Source: Elaborated with data study (2019)

In order to observe the structure of relations between the variables, correlations and covariances between the factors were estimated, as well as a structural model to confirm the relationship between the factors with an emerging second-order factor that the literature identifies as occupational governance (see Table 3 and Figure 1).

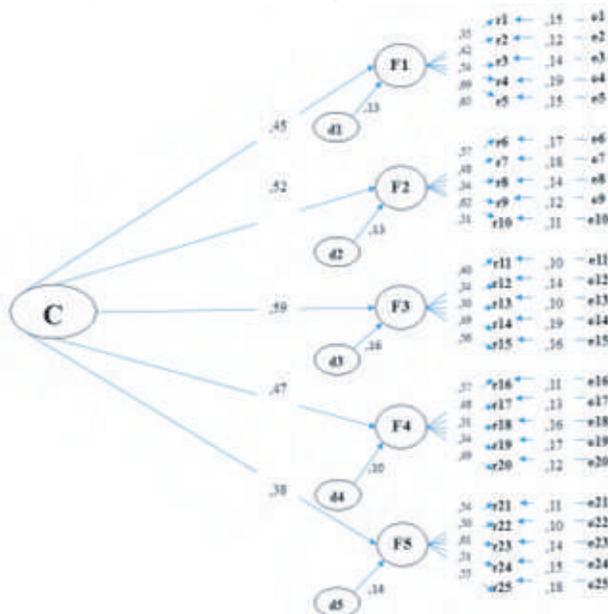
Table 3. Correlations and covariations

	F1	F2	F3	F4	F5	F1	F2	F3	F4	F5
F1	1,000	,432*	,419**	,398***	,370**	1,875	,532	,458	,397	,407
F2		1,000	,562*	,386**	,374**		1,732	,431	,306	,456
F3			1,000	,409*	,405***			1,980	,532	,423
F4				1,000	,562*				1,754	,385
F5					1,000					1,832

Legend: F1 = Expected Accidents for Ascents, F2 = Diseases Expected for Achievements, F3 = Expected Violence for Leadership, F4 = Ridiculization Expected by Merits, F5 = Expected Harassment Before Companions: * p < .01; ** p < .001; *** p < .0001
 Source: Elaborated with data study (2019)

The structure of relationships seems to suggest the emergence of a second-order factor given that the links between the factors are close to zero, ruling out multicollinearity.

Figure 1. Structural equation modelling



Legend: C = Perceived Occupational Security F1 = Expected Accidents for Ascents, F2 = Diseases Expected for Achievements, F3 = Expected Violence for Leadership, F4 = Ridiculization Expected by Merits, F5 = Expected Harassment before Companions; d = Disturbance measured factor, e = Error measured indicator: relations between disturbances or errors with respect factor or indicators; relations between factors and with respect indicators
Source: Elaborated with data study (2019)

The structure of trajectories between disturbances and errors with respect to factors and indicators suggests the emergence of a common factor that literature identifies as the governance of security to account for the participation of civil actors in the face of problems attributed to the State, such as the case of safety. The adjustment and residual parameters [$\chi^2 = 14,35$ (15 df) $p > ,05$; GFI 0 ,990; CFI ,997; RMSEA ,008] suggest the non-rejection of the null hypothesis relative to the differences between the theoretical relations with respect to the empirical relationships found.

The contribution of the important work to the state of the matter lies in the contrast of a model for the study of public safety observed in occupational health indicators in a sample of migrant workers from a locality in central Mexico. The differences between meanings and perceptions of occupational safety lie in identity as a trigger for health expectations. It is the case of the interviewees who focus their symbolic assessment on work as an extension of the relationships between their peers, but also of the respondents whose responses converge on a structure of five factors related to their safety at work as an extension of their migrant condition.

In other words, the migrant status of both samples seems to reveal in the first group of older adults an identity that distinguishes them from other migratory flows or communities in relation to their work and in the second group shows a structure of expectations that are configured in around the risks of their migrant working status. 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.



Another important contribution lies in the confirmation of the factorial structure of occupational governance, establishing five factors related to occupational safety in the face of risk events generated abroad and within the organization and as a result of the interrelationships between members with their peers and leaders when carrying out the established objectives and goals. Given that the literature focuses on the toxic relationships of employees with respect to leaders and vice versa, the pretentious work has established that prior to the stigma of entrepreneurship and innovation as routes to achieve objectives and goals, asymmetric relationships prevail among the members of an organization and that these differences are not only due to the contingencies or challenges of the environment, but are also inherent in the process of occupational health that organizations carry out to prevent accidents, risks and diseases.

4. Conclusions.

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.

Another objective of the present work was the confirmation of a factorial structure related to occupational governance as the guiding axis of preventive relationships between peers and with respect to leaders in organizations, but the design of the study limited the findings to the sample surveyed. Research lines concerning occupational health are seen as a derivative of preventive policies rather than of organizational responses to the challenges of their environment or the balance between external demands and internal resources.

Bibliographic references.

- Bartlett, S.; Krishnan, J.; Riekert; K., Butz, A.; Malveaux, F. & Rand, C. (2004). *Maternal depressive symptoms an adherence to therapy in inner and children with asthma. Pediatrics*, 113 (2), 229-237 <http://dx.doi.org/10.1542/peds.113.2.229>
- Carreón, J. (2016). *Human Development: Governance and Social Entrepreneurship. Mexico: UNAM-ENTS.*
- Carreón, J. (2019). *Relaciones de dependencia entre la promoción de los derechos sexuales y la economía solidaria con bajo índice de desarrollo humano. México: UNAM ENTS.*
- Carreón, J.; Hernández, J.; Bustos, J. & García, C. (2017). *Business promotion policies and their effects on risk perceptions in coffee growers in Xilitla, San Luis Potosí, central Mexico. Poiesis*, 32, 33-57
- Corsico, A.; Cazzoletti, L.; Janson, R.; Jarvis, D.; Zola, M.; Bugiani, M.; Accordini, S.; Villani, S.; Marinoni, A.; Gislason, D.; Gulsvik, A.; Pin, I.; Vermeire, P. & Cerveri, I. (2007). *Factors affecting adherence to asthma treatment in an international cohort of young and middle-aged adults. Respiratory Medicinne*, 101, 1363-1367 <http://dx.doi.org/10.1016/j.rmed.2006.11.012>
- Fernández, A.; Fernández, E. & Siegrist, J. (2005). *Work and its repercussions on health. The imbalance-effort-reward model. Quality of Care*, 20 (3), 165-170
- García, C. (2017). *The psychological studies of agenda setting. Specification and discussion of a conformist versus cooperative identity model. Nomadas*, 50, 1-18
- García, C. (2019). *Exploratory dimensions of attitude toward occupational health. Dimension Empresarial*, 17 (3), 1-8 <http://dx.doi.org/10.15665/dem.v17i3.1924>
- García, C.; Carreón, J. & Bustos, JM (2017). *Studies of labor migration: exploratory factor structure of labor stigma. Eureka*, 14 (1), 1-16
- García, C.; Carreón, J. & Hernández, J. (2017). *Limits of occupational health models. Study of adherence to the treatment of asthma in elderly migrant workers of the State of Mexico. Management Vision*, 16 (1), 103-118
- Gómez, V. & Llanos, A. (2014). *Psychosocial factors of work origin, stress and morbidity, in the world. Psychology from the Caribbean*, 31 (2) 354-385
- Kaptein, A.; Hughes, B.; Sharloo, M.; Fischer, M.; Sinoel, L.; Weiman, J. & Rabe, K. (2008). *Illness perception about asthma are determinants of outcome. Journal of Asthma*, 45, 459-464 <http://dx.doi.org/10.1080/02770900802040043>
- Kardas, P.; Lewel, P. & Strzondala, M. (2015). *Adherence to treatment in asthma and COPD patients in their doctor assessment. Pneumology I AllergyPolska*, 83 (6),



436-444 DOI: 10.5603 / PiAP.2015.0072

Kline, R. (1998). *Principles and practice of structural equations modelling*. New York: Guilford Press.

Kline, R. (2006). *Reverse arrow dynamics. Formative measurement and feedback loops*. In G. Hancock & R. Mueller (coord.). *Structural Equation Modeling: A Second Course*. (pp. 43-68). Greenwood, CT: Information Age Publishing, Inc.

Luceño, L.; García, J.; Rubio, S. & Díaz, E. (2004). *Psychosocial factors in the workplace, stress and illness*. *Edupsyche*, 3 (1), 95-108

Melton, C.; Graff, C.; Norlin, G.; Brown, L. & Bailed, J. (2014). *Health literacy an asthma management among African-American adults: an interpretative phenomenological analysis*. *Journal of Asthma*, 51 (7), 703-713 <http://dx.doi.org/10.3109/02770903.2014.906605>

OCDE (2016). "México y la OCDE". [En línea]. Disponible en: <http://www.oecd.org/centrodemexico/laocde/laocdeenmexico.htm> [Consultado el 1° de septiembre de 2016].

Tao, L.; Bilderback, A.; Bender, B.; Wambolt, F.; Turner, C.; Rand, S. & Bartlett, S. (2008). *Do asthma medication beliefs mediate the relationships between minority status and adherence to therapy?* *Journal of Asthma*, 45, 33-37 <http://dx.doi.org/10.1080/02770900701815552>