



Specification a Model for Study of Wellbeing Subjective

Javier Carreón Guillén, Jorge Hernández Valdés, José Marcos Bustos Aguayo, Margarita Juárez Nájera, Arturo Sánchez Sánchez, Francisco Espinoza Morales, Wilfrido isidro Aldana Balderas, Cruz García Lirios*

Universidad Nacional Autónoma de México, Mexico

Abstract

Subjective well-being has been established as a construct with subjective, normative or perceived dimensions. It has often been related to quality of life and local development, but as a concomitant variable rather than as an effect variable. The objective of this work was to observe meta-analytical categories in order to specify a model for the study of subjective well-being according to the findings of the state of the art. A documentary and retrospective investigation was carried out with a selection of sources indexed to international repositories, considering the year of publication and the prestige of the quality of the product, although the design limited the review to the analysis sample, suggesting the extension of the work to others repositories and years.

Keywords: Device, Positivity, Bio politics, Intervention, Social Work

Introduction

Meta-analytic studies are distinguished by comparing literature that reports positive effects with respect to literature that warns of spurious or negative effects. The history of the intervention of Social Work in the area of health has been built from a device that in the case of the Institutions of Higher Education, Social Sciences and Humanities this acquires a connotation of dispositivity sense of reproduction of social domination through the power of vigilance and punishment [1].

In this way, the present work is part of the Social Sciences division, Social Work discipline, subdiscipline of local development, but it can also be evaluated from the anthropology of power, sociology of violence or the psychology of conflict [2].

The discussion will allow us to move towards a reconceptualization scenario in which we see an alternative intervention device that not only reproduces health policies, but also questions them in favor of the groups that are being violated [3].

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.

Theory Wellbeing Subjective

The concept of device to power and technology to account for a network of relationships between actors and institutions focused on the reproduction of social domination, although with emphasis on the sexual dimension in order to establish asymmetries between genders [8].

Consequently, the notion of device is linked to the advancement of information and communication technologies (ICTs), since the essence of the device is the espionage of the private sphere. As ICTs specialize, they register personalized information that will be disseminated and facilitate the governance of the individual and the groups in which he or she is inserted and wants to belong [3].

Once the State has established an inventory of the private sphere, and then it can govern the public sphere in a more persuasive way without having to resort to the oppression of its praetorian, military or police institutions. This subtlety is the hallmark of the State and therefore of its device for reproducing the asymmetries between rulers and the governed [4].

The sexual device advances until it becomes a device of subjectivity [6]. The distinction is fundamental, because while in the pre-modern stage of humanity, the nascent State ruled with the truth to individuals, in the contemporary era of the State is intended control, vigilance and punishment of the truth, privileging the reproduction of power through conformity and obedience of the law.

If the device of power, sexual and subjective, is instrumented in the dissemination of information about a reality determined as truth by the State, then science has become an instrument of the rulers not only to establish differences with respect to the governed, but to reproduce those asymmetries through positivity [4].

The positivity category to explain the pseudoscientific influence of disciplines and their instrumentation in the private sphere. The archeology of knowledge unmasks the disciplines that have usurped the scientific, hypothetical-deductive method to enroll in science and thereby ascribe to its institutionalization [5].

That is, the pseudoscientific positivity, as "statements that concern the similarities and differences between beings, their visible structure, their specific and generic characters, their possible classification, the discontinuities that separate them, and the transitions that link them [9]. Warns the essence of the power device, namely: the pseudoscience applied to the reproduction of the social domination of rulers to the governed.

It is a stacking of theories, concepts, sentences and indicators that are presented as science, but without an identity with the social, even when this process is carried out with rigor and this is supported by the prestige of an academic community, the positivity is not scientificity, but rather pseudo-scientificity that cannot be according to the needs of a sector of civil society [10].

***Corresponding author:** Cruz García Lirios, Universidad Nacional Autónoma de México, Mexico, E-mail: Cruzgl@unam.mx

Received: 01-August-2022, Manuscript No. cnoa-22-001; **Editor assigned:** 03-August-2022, PreQC No. cnoa-22-001 (PQ); **Reviewed:** 17-August-2022, QC No. cnoa-22-001; **Revised:** 22-August-2022, Manuscript No. cnoa-22-001(R); **Published:** 29-August-2022, DOI:10.4172/cnoa.1000145

Citation: Lirios CG, Guillén JC, Valdés JH, Aguayo JMB, Nájera MJ, et al. (2022) Specification a Model for Study of Wellbeing Subjective. Clin Neuropsych. 5: 145.

Copyright: © 2022 Lirios CG, et al. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

However, the power device is not only in the pseudoscience to reproduce the asymmetries between the actors. It is also observable in institutions that apply science closer to knowledge, medicine and psychology as examples [2]. In this sense, systematic observation is not only an inheritance of medicine, but also intervention with the purpose of modifying the course of personal micro-history, as well as the implementation of a distinctive institutional seal involves the instrumentation of the power device.

If the surveillance and control device subjects those that violate the law, the disciplinary device limits the analysis to the positivity of a scientific tradition that reflects the facility of the most advanced sciences on the pseudosciences that imitate them [7]. the results of both devices, surveillance and control, on the intervention isn't only the reproduction of the domination of rulers to their governed, but also the establishment of a legal and punitive sphere that punishes those that have exceeded the disciplinary limits .

In effect, pseudoscientific positivity doesn't contribute to the dialogue between political and social actors, but it conditions its asymmetries through discourses and enhances the vigilance of the rulers towards the governed within the same way that knowledge is guided by those who are imitated in their scientific procedures [4].

However, the devices not only operate in education or the private sphere, they also manifest themselves within the market through the establishment of a fair price, but in thus far as it is established from the monitoring of inputs, supply and demand, he has lost its dimension of justice, since it doesn't reflect the time socially necessary for listing, but rather a police monetary control.

In the same way in which prices reach a true price through supply and demand, the opposite elements that are monitored by the State and determined by a discretionary price, are going to 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 [5].

Therefore, justice are going to 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 during which the wills are not co-opted by the government [6].

In short, the facility device, through its devices for monitoring and punishing sexuality, education and subjectivity it's 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 welfare work highlights health policies that were determining their periods, but also highlights events that weren't controlled by the State and that allowed the reconceptualization of the discipline, also as its adjustment to the needs of civil society.

Models Wellbeing Subjective

In a strict sense, the concept of welfare work underlies the Statute of Welfare when, in Germany, Prime Minister Bismark announces the implementation of advantages for workers in the industrial sector. During this way, the so-called Social Security was part of a social policy that aimed to encourage industrial production and ensure the availability of products according to the needs of the European industrial society with special attention to the nineteenth-century German society.

Social services, through Social Security programs and strategies were adopted in each of the European countries. Its emergence within the England of the 20th century generated socioeconomic studies for the estab-

lishment of priorities for the granting of resources among the working class. During this scenario Richmond was a pioneer in home visits and from this fact Social Work is considered as a discipline, since it stands out from charity and charity to be linked to the health sciences and behavior until then properly developed and recognized by public health institutions.

Very soon welfare work occupied an important place in the hospitals and health centers interested in registering the potential number of affiliates and beneficiaries with the policies of the Welfare State, also as those organizations interested in promoting health.

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

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

Health policies that considered patients, beneficiaries or potential beneficiaries as passive subjects and hooked in to specialized care, recognized the importance of homogenizing and specifying preventive campaigns within the most marginalized and violated sectors where the army of industrial reserves is reproduced. The capitalist financial system required in its gestation stage.

To the extent that public health campaigns were disseminated among the poorest sectors, they stopped the population explosion, but discouraged precautionary lifestyles and aimed toward reducing health risks. it had been not until the late 20th century that industries and organizations proposed hygiene standards and occupational health promotion when estimating losses due to accidents and illnesses in workplaces, also as in those who earned less.

These events transformed again the function of welfare work that entered into a process of self-criticism and self-questioning considered as a reconceptualization. Within the case of Mexico is not entirely clear when it took place and in what context, but in line with changes in health policies that stage of getting used promoters and stage of targeting development strategies prevention that involved society in its self-care.

However, the deficits of monetary resources for the case of unemployment or retirement determined a new policy of institutional evaluation and certification. during this new scenario, welfare work has developed models and devices with the purpose of highlighting its essence in terms of home visits, socioeconomic studies, registers and inventories of lifestyles and risk behaviors of marginalized sectors of civil society.

In short, the history of welfare work in relation to social policies, health programs, also as prevention and promotion strategies, show three phases during which the discipline has become more important to the extent that it has systematized its functions, but in particular , it's approached the vulnerable, marginalized and excluded sectors while the opposite professions are moving away.

However, within the course of its history, the discipline influenced by public policies, had only considered these civil sectors as dependent. Now that the policies encourage the participation of citizens so as to prevent diseases and accidents that reduce their working life or compromise their abilities, welfare work is in the dilemma of reproducing the benefactor model, or adopting devices that allow the study of social sectors

and anticipate participation scenarios in several economic, political and social spheres.

Studies Wellbeing Subjective

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

Power devices that reduced health rights and employment of workers to a specialized and conditioned by the resources and institutional capacities attention devices positivity welfare work instruments rights management, but guided by the prevention supported self-care lifestyles.

In this way, the positivity devices within the Social Work intervention guide civil participation highlight the negotiation and consensus round the labor and occupational rights that health policies recognized from the high costs for care and the low costs aimed at prevention.

In the historical nomenclature 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 therefore the governed.

The positivity or assertive implementation of the devices through speeches and methods 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. Properly speaking, the positivity is an imitation of data that were built in the institutions of public health.

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

The social issue of welfare work lies in the complexity that institutions cannot monitor and control through the reward or sanction of its members; professionals and beneficiaries. It's more about establishing an interdisciplinary dialogue in which complexity can be studied and diagnosed as part of the social question. That's to say that the problems must be approached from a dialogic rather than from positivity.

The specification of a model is important for the hypothesis contrast. It's a series of trajectories of relations between variables from empirically tested theoretical frameworks. supported this consideration, the proposed model includes two constructs: literature A for the consequences 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 [4].

The classical theories of public administration and social policies highlight the rector of the State as an organizer of public health and supplementary benefit, but the new wave of institutional theories revalue the bureaucratic isomorphism as an element that maximizes or reduces organizational health responses on biophysical and biophysical well-being.

Even, new theoretical matrices that question the State and therefore the public health institutions in charge of medical care warn new governance in which the users distrust of the quality of the public service and the governmental action in the matter of prevention and promotion of the collective health.

Are there significant differences between the frequencies of the expected values with reference to the frequencies of the observed values of subjective well-being?

Null hypothesis

There are differences between the frequencies of the expected values with reference to the observed values of subjective well-being

Method

A non-experimental, documentary, cross-sectional and exploratory study was administered with a selection of indexed sources, with ISSN (International Standard Serial Number) and DOI (Digital Object Identifier) records. The connection between intervention of Social Work and Local Development from a review of 2015 to 2019 relative to the works published in repositories of Latin America, considering the keywords of "local development", "quality of life", and "wellbeing subjective". During this sense, was discussing the scope and limits of the positivity device for the case of welfare work and its history of intervention in public health institutions (Table 1).

Table 1: Descriptive data.

	Local Development	Quality of Life	Wellbeing Subjective
2015	16	12	8
2016	10	8	5
2017	8	6	3
2018	6	4	1
2019	2	3	0

The information was processed in a content analysis matrix of the academic discourse, the agenda of topics established round the repository: Copernicus, Dialnet, Ebsco, Frontiers, Latindex, Pubindex, Redalyc, Scielo, Scopus, WoS, Zenodo, Zotero. the info were processed considering the type of literature: A for sources that reported effects of the public health services on the quality of life of the groups affected; B for sources that reported effects of public services on wellbeing right holders (Table 2).

Table 2: Descriptive data.

-	A	B
Copernicus	10	7
Dialnet	8	4
Ebsco	7	3
Frontiers	5	2
Latindex	4	1
Pubindex	3	1
Redalyc	2	1
Scielo	1	1
Scopus	1	0

WoS	0	0
Zenodo	0	0
Zotero	0	0

Next, a model was specified for the study of the effect of intervention devices in Local Development. Finally, its scope and limits are discussed with reference to other models specified and reported in the literature.

A content analysis was administered, considering the sort a literature with a grade of 3 and the type B literature with 1. Expert judges within the topics rated synthetic extracts of the findings reported in three rounds of feedback in which the first grades were discussed and reconsidered by the participants until the differences are exhausted and consensus reached.

The data were processed in the QDA Miner version 4.0 chemical analysis packages, estimating the parameters of normality, contingency and correlation between the extracted data.

Results

The non-parametric values that support the analysis of contingencies between categories A and B with reference to the informative extracts qualified by the expert judges.

The structure of distribution and contingency suggest a proportional consensus higher within the first category relative to the literature that reports positive effects of social services on the quality of life and the subjective well-being of users, suggesting the observation of the structure of relationships between categories and informative extracts.

The structure of the probability ratio shows a prevalence of the six sorts of literature and the findings that it reports, suggesting the observation of the structure of trajectories of relations between categories and extracts.

The structure of trajectories of proportions of probabilities among the six subcategories with reference to the two categories of the effects of social services on the quality of life and subjective well-being. A prevalence of the 2 categories is observed with respect to the six subcategories. That is, the literature consulted seems to warn that social services indistinctly affect negatively and positively the standard of life and subjective well-being.

Discussion

The contribution of this work to the state of the question lies in the establishment of a model for the study of the indistinct effects of public health policies on the quality of life and the subjective well-being of the users reported in the literature consulted, but the planning of the research limits the results to the research sample, suggesting the inclusion of repositories.

The literature consulted on the consequences of public health services on the quality of life and the subjunctive warn of an improvement trend based on social care, but within the present work indistinct proportions of probability have been demonstrated.

Such findings suggest the systematization of other sources from repositories, considering the biased tendency of positive reports, although an emergency of spurious effects is observed while the negative effects haven't been reported to the same extent.

Conclusion

An indistinct scenario was found, although 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.

The objective of the present work was to establish the proportion of probabilities of the effects of health policies with respect to the quality of life and the well-being of the users, although the research design limited the findings to the research scenario suggesting the extension of the work to repositories.

Regarding the incidence of leads to health policies, the necessity for greater transparency in the publication of the spurious and negative effects of care systems, the standard of care and the evaluation of public services is appreciated.

Acknowledgments

We thank all the patients who participated in the trial, the referring physicians and the local investigators who contributed to the trial, and the technicians who did the labelling and the scans.

Conflict of Interests

All authors declare no competing interests.

References

1. Llamas B, Nava S, Garcia C (2019) Specification of a model of adherence to treatment. *Ajayu*. 17 (1):140-160 [Google Scholar]
2. Veliz A, Carreón J, Dorner A, Stay JG, García, C (2018) Democracia, gobernanza y conductas éticas: Ejes transversales de la formación. *Opción*. 34(86):152-175 [Google Scholar]
3. Martínez E, Sánchez A, García C (2019) Governance of quality of life and wellbeing subjective. *Ajayu*. 17 (1): 121-139 [Google Scholar]
4. Carreon J, Quintero ML, Molina HD, Hernández J, García C (2019) Exploratory factor structure of the intention to migrate. *Social Work Today*. 87(1): 57-64. [Google Scholar]
5. García C, Bustos JM, Carreón J, Hernández J (2017) Marcos teóricos y conceptuales en torno al desarrollo local. *Margen* 85:1-11 [Google Scholar]
6. García, C., Carreón, J., Mendoza, D. & Aguilar, J. A. (2015). Education and Internet for local development. *Secci* 19 (36): 68-94 [Google Scholar]
7. García C, Juárez M, Bustos JM (2018) Especificación de un modelo para el estudio de la gobernanza local. *Sincronía*. 22 (73): 459-469 [Google Scholar]
8. Sanchez A, Hernández J, García C (2018) Exploratory factors structure framework expectancy. *J Manag Sci* 2:134-139 [Google Scholar]
9. Sánchez A, Quintero ML, Sánchez R, Fierro E, García C (2017) Gobernanza del emprendimiento social: Especificación de un modelo para el estudio de la innovación local. *Nomadas*. 51(2):1-21 [Google Scholar]
10. Soto A, Dorner A, García C, Hernández TJ (2018) El bienestar colectivo como tema de resocialización familiar en la sociedad del capitalismo informacional. *Utopía & Praxis latinoamericana*. 23 (83):51-56 [Google Scholar]