TRAINING COMMITMENT IN A PUBLIC UNIVERSITY IN CENTRAL MEXICO

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ABSTRACT:

Anti-pandemic policies, focused on the confinement and distancing of people, have impacted the formation of intellectual capital through work commitment. The literature suggests that the increase in human capital is due to a training focused on values, as well as the increase in structural capital to an exceptional investment, although relational capital has decreased due to confinement and healthy distance. The objective of this work was to compare a theoretical model taken from the literature review with respect to an empirical model observed in a town in central Mexico. An exploratory, transversal, psychometric and correlational work was carried out with a sample of 100 students in academic, professional and work training. The results indicate that the model can be contrasted in other settings and samples, although the level of reliability and validity can be adjusted to optimize the instrument and the proposed model.

Keywords: *COVID-19, commitment, model, social work*

INTRODUCTION

At the time of writing this work, the pandemic caused by the SARS-CoV-2 coronavirus and COVID-19 have infected 15 million, sickened 7 million and caused 700,000 deaths worldwide (Lirios, 2021). In Mexico, 400,000 infections and 40,000 deaths have been recorded (García, 2021). Social work is involved in public policies and social programs aimed at vulnerable, marginalized or excluded people; it is necessary to analyze its commitment considering its relationship with the management for the treatment of the disease and the rehabilitation of health sector institutions (García et al., 2023). Policies to prevent COVID-19 were distinguished by confinement and social distancing derived from an epidemiological traffic light that reduced or increased organizational processes, such as work commitment.

In the case of Mexico, the health culture that inhibits disease prevention, as well as resistance to medical care until a critical and irreversible stage, combined with the discretionary and non-selective recruitment of 50,000 health professionals, hospitals without equipment and the lack of ambulances; They have caused the death of 40,000 people and at least 80,000 more deaths are projected (Lirios et al., 2021). However, as deaths increase due to the risks associated with the health crisis, work commitment intensifies (Quiroz et al., 2023). Mexico's anti-pandemic policies allowed the rehiring of health professionals in the midst of the health crisis (Alshaabani et al., 2021). In addition to the hiring of health personnel recently graduated from universities (Bermudez et al., 2021). In this complex scenario, work commitment, understood as dispositions against or in favor of health policies, public assistance service, self-care and social support, has been observed as a complex and multidimensional variable, which explains exposure to risks of health workers, as well as the prevalence of taking more risks expecting minimal benefits or recognition.

The health crisis, anti-COVID-19 policies and work commitment are aligned by an epidemiological traffic light, which defines the strategies of confinement, distancing and use of anti-pandemic devices (Abbas et al., 2022). In this way, work commitment is a guiding axis of academic, professional and work training in health crisis scenarios (Aldarhami et al., 2020). Therefore, the study of the dimensions of work commitment will clarify the impact of the pandemic on the training of health professionals.

Theoretical frameworks on work engagement highlight proposals that observe a balance between demands and resources, as well as approaches that propose dispositions as predictors of performance (Allaberganov et al., 2021). A hybrid model is extolled in which engagement indicators reflect and affect performance (Aman et al., 2021). Within the framework of pandemic mitigation policies, scenarios of confinement and violence prevail between the parties involved, as well as between rulers and the governed, attributable to risk management and communication (Ranadewa et al., 2021). In this sense, health professionals develop expectations towards their authorities and users of public health services, as well as towards the infrastructure of their work areas (Athar, 2020). In this way, the theoretical and conceptual frameworks that explain their degree of commitment refer to their dispositions, intentions and actions in the face of scarcity, lack, unhealthiness and famine.

In this way, the explanatory theories of the organizational and personal situation of health professionals were designed and consolidated in the 1970s (Sharif et al., 2021) . These are the Theory of Reasoned Action, the Theory of Agenda Setting, the Theory of Prospective Decisions and the Theory of Risk Amplification.

In a context where health institutions and organizations were considered as balanced environments of demands and resources, the Theory of Reasoned Action contributed to the state of the art by relating beliefs of abundance or scarcity with dispositions against or in favor of their performance. (Özkan et al., 2021). This is the case of health professionals who, by interacting with their environment, developed self-management skills that earned them the formation of associations such as “Doctors Without Borders” or the “International Red Cross” itself (Cahapay & Bangoc 2021). From this theoretical approach, commitment was the result of a deliberate, planned and systematic process of biomedical, rather than social or organizational, decisions for the well-being of health professionals.

In that same decade of the sixties, the media reached the status of fourth power, by highlighting the political and institutional mistakes in the corruption scandals associated with health policies, in the face of the impact of natural disasters, the contamination of multinationals or nuclear accidents (Duran et al., 2021). These are environmental organizations that questioned the State's programs and strategies in the face of the extinction of

animal and plant species (Chanana, 2021). Consequently, this theoretical approach considered commitment as the product of establishing axes and topics of discussion in the public agenda derived from the political agenda, and this in turn, influenced by the scientific and research agenda in health (Chauhan et al., 2023). Meanwhile, the Prospective Decision Theory focused on the study of health promotion, prevention of accidents or diseases, as well as self-care and adherence to treatment of users of the public health service (Capone et al,. 2021). This theoretical corpus linked decisions in risk situations with expectations of high costs and maximum benefits, to explain risk behaviors in the face of the emergence of sexually transmitted diseases.

Finally, given the increase in cases of disease in developing countries, the Risk Amplification Theory addressed the problem of crisis communication and management, as well as its effects on vaccination campaigns for the general population or sectoral (Leyton et al., 2021) . In the case of epidemics and even more so, pandemics, risk amplification refers to the fact that political strategies are potentiated to their maximum expression in civil society (Cunningham et al., 2023). In this way, those who make decisions about the confinement of people acquire the commitment to generate expectations in people regarding their capacity and performance, tolerance and empathy with the victims and deaths.

The theoretical and conceptual approaches that explain the impact of public policies on the performance of professionals, subjects of public service and the open population in general, through the dissemination of decisions in the media, have outlined sectors for be able to anticipate their responses to health risks and contingencies (Filimonau et al., 2020). Explanatory proposals for work engagement range from cognitive dispositions to the influence of organizational reputation (Kelly et al., 2022). Theoretical approaches consider that this intellectual capital management process takes place in academic training and culminates in job training (Guoyan et al., 2021). In this process, professional training implies a transition from academic theoretical knowledge to the treatment of organizational problems.

Research on the work engagement of healthcare personnel during the COVID-19 pandemic is of great relevance (Haffar et al., 2023). Healthcare personnel experienced significant levels of stress and fatigue due to intensified workload, lack of resources, and fear of infection (Ishak et al., 2023). Constant exposure to difficult situations and making difficult decisions contributed to emotional and physical fatigue (Khatatbeh et al., 2021). Higher rates of mental health disorders, such as anxiety and depression, were observed among healthcare personnel (Lawrence & Fakuade, 2021). Fear of becoming infected and worry about bringing the virus home also affected the mental health of healthcare workers.

Despite the difficult conditions, many health professionals showed a high level of work commitment and dedication to their duties (Muliana et al., 2022). Intrinsic motivation to help patients and a sense of professional responsibility were key factors contributing to engagement (Sokal et al., 2021). The lack of adequate recognition and support from institutions and society in general negatively affected work commitment (Stewart & Kim, 2021). Shows of gratitude, emotional support, and additional resources were crucial to maintaining morale and engagement.

The importance of implementing interventions and policies that address mental health, well-being and social support for healthcare personnel was highlighted (Su et al., 2023). Resilience training, access to mental health services, and workload reduction were proposed as effective measures (Weijers et al., 2022). Work commitment will allow anticipating the responses of health professionals in general and social workers in the face of a probable scenario of risks, contingencies and threats to their health and integrity.

Work commitment model

A theoretical model of work engagement can be structured by considering several key elements that influence employees' commitment to their organizations.

Individual Background:

Personality: Some personality characteristics such as extroversion, openness to experience, and emotional stability can influence an individual's willingness to commit to their work (García et al., 2014).

Values: Personal values, such as work ethic, autonomy, and a sense of purpose, can affect how employees engage with their work.

Organizational Background:
Organizational Culture: A culture that promotes trust, respect, recognition and personal development can foster employee engagement.

Work Climate: The climate in the workplace, which includes aspects such as communication, leadership, organizational justice and development opportunities, can influence the degree of employee commitment (Fierro-Moreno, Alvarado-Ibarra & García - Lilies, 2018).

Average Variables:
Job Satisfaction: Job satisfaction is a key factor that influences employee engagement. When employees are satisfied with their work, they tend to commit more to the organization (García Lirios, Martínez Muñoz & Sánchez Sánchez, 2019).

Sense of Belonging: The feeling of belonging to the organization, work team or work group can increase employee commitment.

Perception of Organizational Support: The perception that the organization supports and values its employees can strengthen their commitment to the company.

Consequences:
Job Performance: Engaged employees tend to perform better in their job duties.
Employee Retention: Work commitment is positively related to the intention to remain in the organization (Santiago-Torner & Rojas-Espinosa, 2022).

Customer Satisfaction: Employee engagement can have an impact on customer satisfaction, as engaged employees often provide better service.

Moderators:
Leadership: Leadership style can modulate the relationship between background and work commitment.

Labor Resources: The availability of adequate resources, both material and human, can influence employees' ability to commit to their work (Sánchez Sánchez et al., 2018).

This model provides a framework for understanding how various individual and organizational factors can influence employee work engagement, as well as the consequences such engagement may have for the organization. However, it is important to keep in mind that work engagement is a complex and multifaceted phenomenon that can vary in different organizational and cultural contexts. Given that the theory of work commitment increasingly involves the impact of anti-pandemic policies through confinement and distancing strategies, the objective of this work was to compare the theoretical model reported in the literature consulted with respect to the observations of the present work.

Are there significant differences between the theoretical model reported in the literature with respect to the model observed in the present work regarding work commitment in the face of the pandemic?

Hypothesis. Anti-COVID policies through the confinement and distancing of people impacted the formation of health intellectual capital in three dimensions related to human capital, structural capital and relational capital (Yuan et al., 2021). Consequently, significant differences are expected between the theoretical model and the empirical model.

Method
A cross-sectional, correlational, psychometric and exploratory study was carried out with a sample of 100 students (M = 20.3 SD = 3.4 years and M = 9'890.00 SD 567.00 monthly income) in academic, professional and labor training in a town in central Mexico.
The Work Commitment scale was used, which includes items around human capital (“My university trains health professionals with values”), structural capital (“My university provided the anti-COVID material to carry out professional practices during the crisis "), relational capital ("My university established consulting

with experts in health crises"). All items are answered with one of five options ranging from 0 = “not at all likely” to 5 = “fairly likely.”
The sample was contacted through their email. An invitation letter and a confidentiality contract were sent in order to guarantee anonymity and the protection of personal information. Focus groups were organized in order to clarify the meanings of work commitment in the face of the pandemic, as well as a Delphi study to evaluate the items.

Results
The descriptive values that allow multivariate analyzes such as reliability, adequacy, sphericity and validity to appreciate the factor structure of work commitment reached sufficient values. Adequacy and Sphericity ⌈$\chi 2$ = 21.23 (12df) $p < .05$; KMO = .0627⌋ Social (16% total variance explained and alpha with 0.778), Sectoral (13% total variance explained and alpha with 0.765), Academic (10% total variance explained and alpha with 0.780), Training (7% total variance explained and alpha with 0.756), Family (4% total variance explained and alpha with 0.752), Professional (2% total variance explained and alpha with 0.790), Personal (1% total variance explained and alpha with 0.760).

The factor structure made up of seven dimensions related the social, sectoral, academic, training, family, professional and personal aspects explained 53% of the total variance, suggesting the extension of the work to other dimensions that the literature identifies as social work background; charity, assistance or altruism. The social factor explained the highest percentage of the variance with 16%, indicating that the work commitment of the sample surveyed is linked to the reputation, prestige and image of the institution in front of society in general. It is a deep commitment to local values, norms, uses and customs that reflect a demand and demand for attention from health professionals, even more so in the face of risk events or contingent situations.

Once the seven factors that explained 53% of the variance were established, the structure of relationships between these seven factors was estimated, considering the possible relationships with other factors not included in the model, but foreseen in the estimation of the covariances.

The structure of relationships between factors revealed that there are possible relationships between the factors with respect to another common second-order factor, which the literature identifies as work commitment. The adjustment parameters and residuals ⌈$\chi 2$ = 231.14 (25df) $p > .05$; GFI = .997; CFI = .999; RMSEA = .0007⌋ suggests the norm of the null hypothesis regarding the significant differences between the theoretical relationship structure with respect to the found relationship structure.

In relation to the theoretical, conceptual and empirical frameworks of work commitment, the structure found indicates a delimitation to seven factors. That is, work commitment is multidimensional because its factors reflect the multidimensionality of commitment in a scenario of risks of contagion, illness and death from COVID-19.

Discussion
The contribution of this work to the state of the art lies in the establishment of a factorial and structural model that reflects the dimensions of work commitment in the scenario of intellectual capital formation in the face of the health crisis. The results found suggest that the established model is significantly different from the theoretical model reported in the literature from 2020 to 2023. Furthermore, the empirical model corresponds to the findings reported in the literature regarding the dimensions of work engagement. Consequently, it is recommended to test the model in similar scenarios and samples, although the level of reliability and the percentage of explained variance indicate that the instrument must be adjusted in the proposed dimensions, as well as in the number of items used to measure commitment. labor.
However, the limits of the study concerning the size of the sample and the extension of the instrument suggest an increase in the percentage of variance that can only be achieved if the items are reduced and the sample size is increased. Furthermore, the elimination of items would be guided by the level of reliability and validity. Consequently, the formative implications of the results will guide the discussion towards the training and training of intellectual capital in the face of crises.
The traditional model highlights that work commitment is a psychological connection between the individual and their work (Carreón Guillén et al., 2020). The model identifies three main dimensions of work engagement: Sense of meaning refers to the degree to which work is perceived as meaningful and valuable to

the individual. The sense of security involves the perception that work is safe and offers opportunities for personal and professional growth. The sense of availability is related to the individual's willingness to invest energy and effort in their work. This model highlights the importance of creating work environments that provide meaning, safety, and opportunities for employee engagement.

The dimensions of the traditional model contrast with the dimensions established in the present work, since while the standard model suggests a reduction in commitment at an individual, emotional and cognitive level, the proposed model suggests that commitment is a phenomenon that develops at personal levels. , group, organizational and social.

The stress model focuses on the concept of emotional exhaustion, depersonalization and lack of personal fulfillment as key components of work commitment (García Lirios, Martínez Muñoz and Quintero Soto, 2018) . The model refers to the physical and emotional exhaustion that employees experience as a result of work stress. Depersonalization involves adopting a cynical and distant attitude toward others, especially customers or coworkers. Lack of personal fulfillment is related to the feeling of incompetence and the perception that work lacks meaning and purpose. This model highlights the importance of addressing burnout and fostering personal growth and development to improve work engagement.

In contrast, in the proposed model, personal dimensions interact with organizational, family and social dimensions. The formative model of intellectual capital suggests that stress and traditional standard processes coexist, but in the direction of learning dispositions in favor of an institution, organization or process.

The "engagement" model (work commitment) proposes a positive state characterized by energy and vigor towards work, along with deep involvement and dedication (Carreón Guillén et al., 2016) . According to this model, vigor refers to an employee's willingness to invest effort in their work and persist even in the face of challenges. Dedication implies a strong emotional connection and an enthusiastic attitude toward work. Absorption relates to the employee's ability to be completely immersed in their work and lose track of time while working. This model highlights the importance of promoting a work environment that fosters enthusiasm, dedication and absorption in work to improve employee engagement.

The standard model and the stress model are distanced from the training model and happiness. The proposed model warns that it is the dimensions of happiness that encourage the interrelation between other dimensions. In this sense, the training model coincides with the happiness model in that commitment is the result of a positive learning process.

However, the areas of opportunity of the four models: standard, stress, happiness and training lie in the percentage of explained variance, which ranges between 53% and 69%. It then means that the four models can be integrated to increase the percentage of explained variance and anticipate the behavior derived from work commitment.

Conclusion

The objective of the study was to contrast an observed empirical model against a theoretical model derived from the findings reported in the literature from 2020 to 2023. The results suggest that the model can be contrasted in other scenarios, although the instrument must be adjusted to a number of items that allow the dimensions to be reduced and the percentage of variance to increase. The reliability and validity indicators will allow the instrument to be optimized in order to establish a percentage of explained variance in the measurement of work commitment of intellectual capital in the face of health risks.

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