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Engagement Derived From the SDGS in the Context of the Pandemic

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Abstract

Anti-pandemic policies, focused on 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 social distancing. The objective of this work was to compare a theoretical model taken from the literature review with an empirical model observed in a city in central Mexico. An exploratory, cross-sectional, 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 scenarios 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 paper, the pandemic caused by the SARS-CoV-2 coronavirus and COVID-19 has infected 15 million, sickened 7 million, and caused 700,000 deaths worldwide [1]. In Mexico, 400,000 infections and 40,000 deaths have been recorded [2]. Social work intervenes in public policies and social programs aimed at vulnerable, marginalized, or excluded people; its commitment must be analyzed considering its relationship with the management of the treatment of the disease and the rehabilitation of health sector institutions [3]. 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, coupled with the discretionary and non-selective recruitment of 50 thousand health professionals, hospitals without equipment and the lack of ambulances; have caused the death of 40 thousand people and at least 80 thousand more deaths are projected [4]. However, as deaths increase due to the risks associated with the health crisis, work commitment intensifies [5]. Mexico's anti-pandemic policies allowed the hiring of health professionals in the midst of the health crisis [6]. 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 services, self-care and social support, has been observed as a complex and multidimensional variable, which explains the exposure of health workers, as well as the prevalence of assuming greater 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 [7]. Consequently, 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 [8]. A hybrid model is praised in which engagement indicators reflect and affect

performance [9].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 [10]. 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 [11]. 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, in the 1970s, explanatory theories of the organizational and personal situation of health professionals were designed and consolidated [12]. These are the Theory of Reasoned Action, the Agenda Setting Theory, 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 [13]. This is the case of health professionals who, when 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 [14]. From this theoretical approach, commitment was the result of a deliberate, planned and systematic process of biomedical, rather than social or organizational, decisions in favor of the well-being of health professionals. In the same decade of the sixties, the media achieved the status of fourth power, by evidencing the political and institutional failures in the corruption scandals associated with health policies, in the face of the impact of natural disasters, the contamination of multinationals or nuclear accidents [15]. These are environmental organizations that questioned the programs and strategies of the State in the face of the extinction of animal and plant species [16]. Consequently, this theoretical approach demonstrated commitment as a 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 health research agenda [17]. Meanwhile, the Prospective Decision Theory focused on the study of health promotion, the prevention of accidents or diseases, as well as self-care and adherence to treatment of users of the public health service [18]. 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 appearance of sexually transmitted diseases.

Finally, in the face of 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 or sectoral population [19]. In the case of epidemics and even more so, pandemics, risk amplification refers to the fact that political strategies are enhanced to their maximum expression in civil society [20]. 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 victims and deaths. The theoretical and conceptual approaches that explain the impact of public policies on the performance of professionals, public service subjects and the general population, through the dissemination of decisions in the media, have outlined sectors to be able to anticipate their responses to health risks and contingencies [21]. The explanatory proposals of the work Engagement factors range from cognitive abilities to the influence of organizational reputation [22]. Theoretical approaches consider that this process of intellectual capital management occurs in academic training and culminates in job training [23]. In this process, professional training involves a transition from academic theoretical knowledge to the treatment of organizational problems. Research on healthcare staff work engagement during the COVID-19 pandemic is of great relevance [24]. Healthcare staff experienced significant levels of stress and fatigue due to the intensification of workload, lack of resources, and fear of contagion [25]. Constant exposure to difficult situations and making difficult decisions contribute to emotional and physical fatigue [26]. Higher rates of mental health disorders, such as anxiety and depression, were observed among healthcare staff [27]. Fear of getting infected and worries about bringing the virus home also affected the mental health of healthcare workers. Despite the challenging conditions, many healthcare professionals showed a high level of work engagement and dedication to their duties [28]. Intrinsic motivation to help patients and a sense of professional responsibility were key factors contributing to engagement [29]. Lack of adequate recognition and support from institutions and society at large negatively affected work engagement [30]. Tokens 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 health personnel was highlighted [31]. Resilience training, access to mental health services and workload reduction were proposed as effective measures [32]. Work engagement will allow anticipating the responses of health professionals in general and social workers to a probable scenario of risks, contingencies and threats to their health and integrity.

Model of Work Commitment

A theoretical model of employee engagement can be structured by considering several key elements that influence employee 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 [33].
Values: Personal values, such as work ethic, autonomy, and 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 environment: The climate in the workplace, which includes aspects such as communication, leadership, organizational justice and development opportunities, can influence the degree of employee commitment [34].

Variable media

Job satisfaction: Job satisfaction is a key factor that influences employee engagement. When employees are satisfied with their jobs, they tend to be more committed to the organization [35].
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 at their job tasks.
Employee retention: Work engagement is positively related to the intention to remain in the organization [36].
Customer Satisfaction: Employee engagement can impact customer satisfaction, as engaged employees often provide better service.

Moderators

Leadership: Leadership style can modulate the relationship between background and job engagement.
Job Resources: The availability of adequate resources, both material and human, can influence employees' ability to engage with their work [37].
This model provides a framework for understanding how various individual and organizational factors can influence employee work engagement, as well as the consequences that such engagement can have for the organization. However, it is important to note that work engagement is a complex and multifaceted phenomenon that can vary in different organizational and cultural contexts. Since work engagement theory increasingly involves the impact of anti-pandemic policies through confinement and distancing strategies, the aim of this paper was to compare the theoretical model reported in the consulted literature with respect to the observations of the present paper. Are there significant differences between the theoretical model reported in the literature and the model observed in this work regarding work commitment in the face of the pandemic? Hypothesis. Anti-COVID policies through confinement and distancing of people impacted the formation of intellectual capital in health in three dimensions related to human capital, structural capital and relational capital [38]. Consequently, significant differences are expected between the theoretical model and the empirical model.

Method

A cross-sectional, correlational, psychometric and exploratory study was conducted 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 work training in a town in central Mexico. The Work Commitment Scale was used (see appendix A). It includes the dimensions of involvement, identification and loyalty. Reliability reached alpha values of 0.764 and omega of 0.723. The adequacy was higher than expected. Sphericity was significant and validity ranged between 0.562 and 0.642. The sample was contacted via email. An invitation letter and a confidentiality agreement were sent to ensure anonymity and protection of personal information. Focus groups were organized to clarify the meanings of work commitment in the face of the pandemic, as well as a Delphi study to evaluate the items. Data were captured in Excel and processed in Google Colab (see Appendix B). The parameters of reliability, adequacy, normality, linearity, homoscedasticity, sphericity, validity, fit and residual were processed. Values close to unity, with the exception of residuals, were considered as evidence of non-rejection of the hypothesis.

Results

The descriptive values that allow multivariate analysis such as reliability, adequacy, sphericity and validity to assess the factorial structure of work commitment reached sufficient values. Adequacy and Sphericity $\lceil \chi 2 = 21.23$ (12gl) $p < .05$; KMO = .0627$\rfloor$ 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 to social, sectorial, 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 antecedents of social work; charity, welfare or altruism. The social factor explained the

largest percentage of the variation with 16%, indicating that the work commitment of the surveyed sample is linked to the reputation, prestige and image of the institution in the eyes of society in general. It is a deep commitment to local values, norms, uses and customs that reflect a demand and requirement 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 predicted in the estimation of the covariances. The analysis of covariances between indicators suggests the inclusion or not of other indicators if the diagonal is close to unity. The results show values close to unity that suggest the convergence of the indicators in the established factors. The empirical model analysis suggests the specification of the observed structure for comparison with the literature review. The findings demonstrate the prevalence of three factors with 11 indicators. The first factor related to participation included three indicators, the second factor related to identification included three indicators, and the third factor related to loyalty included five indicators. 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 (25gl) $p > .05$; GFI = .997; CFI = .999; RMSEA = .0007⌋ suggest the norm of the null hypothesis regarding significant differences between the structure of theoretical relationships with respect to the structure of relationships found. Regarding the theoretical, conceptual and empirical frameworks of work engagement, the structure found indicates a delimitation to seven factors. That is, work engagement is multidimensional because its factors reflect the multidimensionality of engagement 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. In addition, 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 should be adjusted in the proposed dimensions, as well as in the number of items used to measure work commitment. However, the limitations of the study related to the sample size and the length of the instrument suggest an increase in the percentage of variation that can only be achieved by reducing the items and increasing the sample size. In addition, 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 formation and training of intellectual capital in the face of crises. The traditional model highlights that work engagement is a psychological connection between the individual and his or her job [39]. 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. Sense of security involves the perception that work is safe and offers opportunities for personal and professional growth. Sense of availability is related to the individual's willingness to invest energy and effort in his or her job. This model highlights the importance of creating work environments that provide meaning, security, and opportunities for employee engagement. The dimensions of the traditional model contrast with the dimensions established in this work, since while the standard model suggests a reduction of commitment at the individual, emotional and cognitive levels, the proposed model suggests that commitment is a phenomenon that develops at personal, group, organizational and social levels. The stress model focuses on the concept of emotional exhaustion, depersonalization, and lack of personal accomplishment as key components of work engagement [40].The model refers to the physical and emotional exhaustion experienced by employees as a result of work-related stress. Depersonalization involves adopting a cynical and distant attitude towards others, especially clients or coworkers. Lack of personal accomplishment is related to feelings 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 posits that stress and standard traditional processes coexist, but in the direction of learning dispositions in favor of an institution, organization, or process. The "work engagement" model proposes a positive state characterized by energy and vigor toward work, along with deep involvement and dedication [39]. According to this model, vigor refers to an employee's willingness to invest effort in his or her job and persist even in the face of challenges. Dedication involves a strong emotional connection and an enthusiastic attitude toward work. Absorption relates to an employee's ability to be completely immersed in his or her 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 enhance employee engagement. The standard model and the stress model differ from the training model and the happiness model. The proposed model notes that it is the dimensions of happiness that foster the interrelationship

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 for the four models: standard, stress, happiness and training are found in the percentage of explained variance, which ranges between 53% and 69%. This 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 findings reported in the literature from 2020 to 2025. 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 reducing the dimensions and increasing the percentage of variation. The reliability and validity indicators will allow the instrument to be optimized to establish a percentage of explained variance in the measurement of the work commitment of intellectual capital in the face of health risks.

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