



Research Article

HEALTH DIAGNOSIS OF THE WORKERS OF THE CHILD DEVELOPMENT CENTERS OF THE UNIT OF SERVICES FOR BASIC EDUCATION OF THE STATE OF QUERÉTARO, MEXICO

Ibáñez Pérez Ana Paulina¹, Reyes-Rocha Blanca Lilia^{2,*}, Elton Puente Juana Elizabeth³, Ojeda Navarro Laura Regina⁴, Sánchez Perales Mercedes⁵ and Mendoza Ayala María Antonieta⁶

¹Student of the Master's Degree in Comprehensive Clinical Nutrition at UAQ. Bachelor of General Medicine. General Practitioner in Child Development Centers of the Services Unit for Basic Education of the State of Querétaro

²Full-time Researcher Professor at the Faculty of Natural Sciences of the UAQ, PRODEP Profile, Participates in different Research projects as main researcher and Co-researcher, Leader of the Academic Body of Well-being and Health at Work with recognition of PRODEP UAQ-CA-136 , in CONSOLIDATION

³Full-time Research Professor at the Faculty of Natural Sciences of the UAQ, PRODEP Profile and Member of the National System of Researchers as a Candidate, Participates in different Research projects as principal investigator and Co-investigator, has published original articles in indexed journals and chapters from books

⁴Master's in Human Nutrition, Full Time Research Professor at the Autonomous University of Queretaro

⁵Full-time professor and Researcher at the UAQ Faculty of Nursing, PRODEP Profile, Member of the Bioethics Committee of the Faculty of Nursing, She is a Member of the Academic Body of Well-being and Health at Work with recognition of PRODEP UAQ-CA, in consolidation

⁶Master's in Nursing Sciences from the Autonomous University of Querétaro, Doctorate in Educational Research from the Escuela Normal Superior de Tampico Tamaulipas. Diploma in Health, Safety and Hygiene at Work from the UAQ, Diploma in Bioethics and Social Responsibility from ANUIES. Member of the Academic Body "Well-being and Health at Work." Member of the Bioethics Committee of the Faculty of Nursing

ARTICLE INFO

Article History:

Received 13th December, 2021

Received in revised form 11th

January, 2022

Accepted 8th February, 2022

Published online 28th March, 2022

Key words:

Health, basic education, lifestyle, well-being and dimensions.

ABSTRACT

Initial education in Mexico involves the care provided to children from 0 to 5 years with 11 months, and this is provided in the Early Childhood Education Centers (CENDI) for its acronym in Spanish, where teaching staff, auxiliary, nutrition, cooking, doctor, psychologist, social worker, administrative and quartermaster are involved. **Methodology.** It was a cross-sectional descriptive study. The universe was made up of the workers of the Child Development Centers (CENDI) dependent on USEBEQ, in the state of Querétaro (N= 147) a convenience sampling was carried out, the Maslach Burnout Inventory questionnaire was used, which evaluates the feelings and thoughts of the subject in relation to his interaction with work. It has 22 items in the form of statements about the professional's feelings and attitudes in their work and towards students. **Results.** The behavior of the workers in terms of their job and the dimensions of the quality of work life instrument that obtained a regular and low perception of it, the workers who had low personal fulfillment were mostly affected in their health perception of overall way. This indicates that as negative self-analysers, they are likely to view their environment outside of work in the same negative manner.

Copyright©2022 *Ibáñez Pérez, Ana Paulina et al.* This is an open access article distributed under the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

INTRODUCTION

Health is determined by the social processes in which each individual finds himself; This is why it is comprehensively defined by the World Health Organization (WHO) as "a complete state of physical, mental and social well-being and not only as the absence of disease or disability" (WHO, 1948). Lifestyle is the way in which individuals or groups carry out their daily activities and that have repercussions on health;

This is why a lifestyle can promote health by seeking well-being, while one that is not considered healthy is related to risk factors that contribute to the presence of disease (Gamarrá, 2010).

Within the social context of each individual, work must be considered a determining factor in the health-disease process, since it is associated with personal growth and development, generates values and also affects their physiology (García, 1994).

***Corresponding author: Reyes-Rocha Blanca Lilia**

Full-time Researcher Professor at the Faculty of Natural Sciences of the UAQ, PRODEP Profile, Participates in different Research projects as main researcher and Co-researcher, Leader of the Academic Body of Well-being and Health at Work with recognition of PRODEP UAQ-CA-136, in CONSOLIDATION

The quality of work life by its acronym in Spanish (CVL) suggests that the conditions in which work is carried out affect not only its quality, but also well-being, health, safety, motivation, commitment, satisfaction, and the employee's job performance; and it is also involved in occupational diseases (Martínez, 2013; Vázquez, 2017).

Environmental, demographic, economic, social, cultural changes, and advances in health care have transformed the characteristics of the Mexican population, modifying the epidemiological behavior of diseases, as well as morbidity and mortality. Due to development and urbanization there were changes in the lifestyles of the population, and new causes of the disease emerged; These are stress, smoking, high blood pressure, sedentary lifestyle, high energy density diet, overweight, obesity and high cholesterol levels (Soto, Moreno and Pabua, 2016).

The International Labor Organization recognizes work stress as a concern for employers and workers, since it affects any worker and any job (Rodríguez, 2009). Occupational stress can affect the worker in his psycho-physiological responses involved in pathologies and vulnerability, as well as in the way of decision-making or habits adopting an unhealthy lifestyle (Chen, Wong and Yu, 2008). The main pathologies with which work stress is related are cardiovascular diseases, obesity and overweight, dyslipidemia and arterial hypertension (Navinés, Martín-Santos, Olivé and Valdés, 2016). It is known that the risk of contracting mental and psychosomatic disorders at work is greater in certain professional areas such as health services or education.

The most important health problems in teachers in Latin America are those associated with ergonomic demands, those related to mental illnesses such as stress and depression, and chronic and seasonal illnesses (Robalino, 2004).

Initial education in Mexico involves the care provided to children from 0 to 5 years with 11 months, and this is provided in the Early Childhood Education Centers (CENDI) where teaching, auxiliary, nutrition and kitchen staff are involved. doctor, psychologist, social worker, administrative and quartermaster. Currently there is no analysis of the health-disease profile and quality of life, as well as healthy lifestyles of the personnel who work in these institutions; Therefore, knowing the current situation would provide a valuable tool for decision makers to the extent that it allows formulating alternative solutions that contribute to the well-being of workers.

Due to the above, it was proposed to carry out the present study with the purpose of: evaluating the health-disease profile of the workers of the CENDIs of the state of Querétaro dependent on USEBEQ (Services Unit for Basic Education of the state of Querétaro), and the psychosocial determinants present in it.

METHODOLOGY

It was a cross-sectional descriptive study.

The universe was made up of workers from the Child Development Centers (CENDI) dependent on USEBEQ, in the state of Querétaro (N= 147).

Sampling for convenience was carried out.

In the selection criteria

All the workers assigned to the CENDI (administrative staff, kitchen, maintenance, educational assistants, teachers, psychology, social work and medical area), of indistinct age and sex, with or without chronic non-communicable diseases were included.

Workers who were not present at the time of data collection for various reasons, and those who did not agree to participate in the study were excluded.

Workers who did not answer 100% of the battery of instruments and those who decided to withdraw from the study were eliminated.

The plan for data collection

The workers who agreed to collaborate with the data collection signed the informed consent that contained a broad and detailed description of the objectives, risks and benefits of the study, as well as the data of the researchers responsible for it.

Data collection was carried out in each of the educational establishments, during hours and facilities provided by the pertinent authorities, in order not to affect the activities of teachers or staff.

The Maslach Burnout Inventory questionnaire was used, which evaluates the feelings and thoughts of the subject in relation to their interaction with work. It has 22 items in the form of statements about the professional's feelings and attitudes in their work and towards students. Evaluates the following dimensions: emotional exhaustion, depersonalization and personal fulfillment at work. It is considered positive with the presence of high scores in emotional exhaustion and depersonalization, as well as low scores in personal fulfillment.

The conditions in which the work is carried out affect not only its quality, but also the well-being, health, safety, motivation, commitment, satisfaction and work performance of the employee; and in the same way it affects dysfunctions such as absenteeism, job rotation, accident rates and occupational diseases (Vázquez *et al.*, 2017).

To measure the quality of work life, the CVT-GOSIHALO instrument was used, which has 74 items that evaluate seven dimensions: institutional support for work, job security, job integration, job satisfaction, well-being achieved through work, personal development, and free time management (Table 1). It has a reliability of 0.95 with Cronbach's alpha (González *et al.*, 2010).

The data was analyzed with descriptive and inferential statistics using the statistical package SPSS Statistics v25.0.

For continuous variables, means and standard deviations were used; and for categorical variables, frequencies were used.

Thechi² statistical test was used to determine the relationship between the main variables.

Study Ethics

This research protocol was evaluated and approved by the Bioethics Committee of the Faculty of Natural Sciences under registration number 94FCN2017. This research was carried out in accordance with the Regulations of the General Health Law on research material (LGS, 2014).

RESULTS AND DISCUSSION

There was the participation of 64 workers from the three CENDI of the state of Querétaro, which corresponds to 42.6% of the total number of workers (n=150), who met the inclusion criteria. There were no eliminated participants.

Sociodemographic characteristics

The results correspond to 64 workers, 9.4% (6) were men and 90.6% (58) women, with a minimum age of 21 years and a maximum of 67 years ($\bar{x}=42 \pm 11.9$), with 60.9% being older than 40 years and the predominant age ranges from 40 to 49 years (29.7%) and from 50 to 59 (23.4%). Of the women, the predominant age range was 40 to 49 years (27.5%), followed by the age ranges of 20 to 29 years and 50 to 59 years (24.1% each). Of the men, 50% are in the age range of 40 to 49 years. The predominant marital status was married with 45.3% (29), made up of women in 86.2% and 13.7% men. Regarding schooling, 39.1% have university education, followed by 37.5% with high school. 21.9% secondary and 1.6% primary. (Table 2)

78.1% (50) of the workers reported having important family history, the most frequent being Diabetes mellitus (29.9%) and arterial hypertension (27.2%). Graph 1 shows the antecedents that occurred most frequently in the workers.

Regarding the personal medical history of the workers, it was found that 59.4% (38) did not have any disease diagnosed at the time of the study. Regarding men, 33.3% (2) have a previous diagnosis of obesity and diabetes mellitus, respectively.

41.4% (24) of the women have a previous diagnosis, the most frequent being overweight (61.2%), followed by arterial hypertension (25.8%). The rest of the pathological personal history is shown in Graph 2.

According to a study carried out in León, Gto. in 117 teachers of the three levels of basic education of 11 public schools, it was found that the main diseases diagnosed were gastritis (36%), stress (27%), arterial hypertension (13%), irritable colon (13%), disease coronary (2%) and diabetes (2%), among others (C *et al.*, 2005).

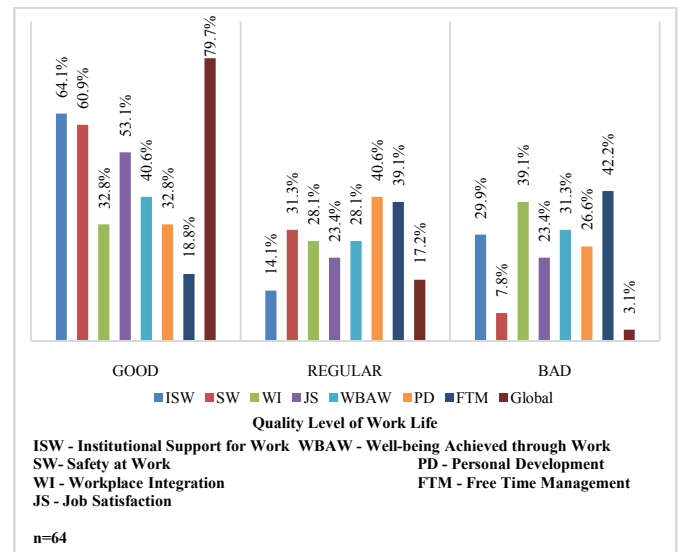
Likewise, the results obtained in terms of diagnosis of arterial hypertension were up to 6 percentage points below what was found in the National Survey of Health and Nutrition (ENSANUT) 2018 (INSP, 2018), which indicates a prevalence of 18.4%, being higher in women (20.9%) than in men (15.3%).

Table 1 Sociodemographic characteristics of the workers (n=64).

		fx	%
Civil status	Women	58	90.6
	Men	6	9.4
	Married	29	45.3
	Single	25	39.1
	Divorced	8	12.5
Civil status	Widow/widower	2	3.1
	Primary	1	1.6
	Secondary	14	21.9
EducationLevel	High school	24	37.5
	University	25	39.1

The ENSAUT 2018 also reports that 10.3% of Mexicans have a previous diagnosis of diabetes, being higher in women

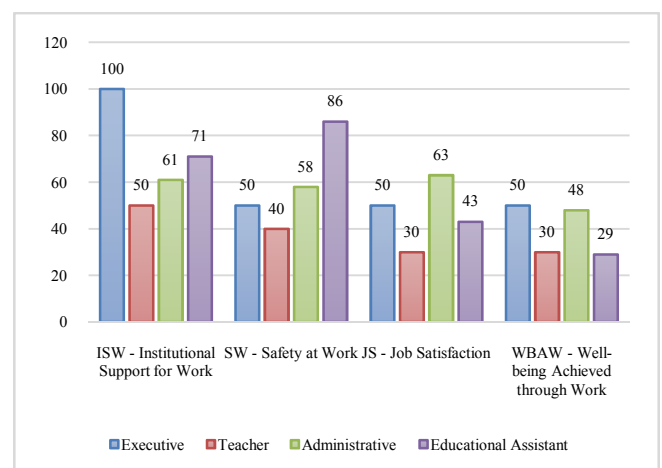
(11.4%) than in men (9.1%), the above is not observed in the study population since the presence of said disease was greater.



Graph 1 Quality of Work Life by Dimensions

It was obtained that the Quality of Work Life was good in 79.5% (51) of the workers, which indicates that the perception of the workers regarding the Quality of Life is high in this organization, however, prevails an area of opportunity.

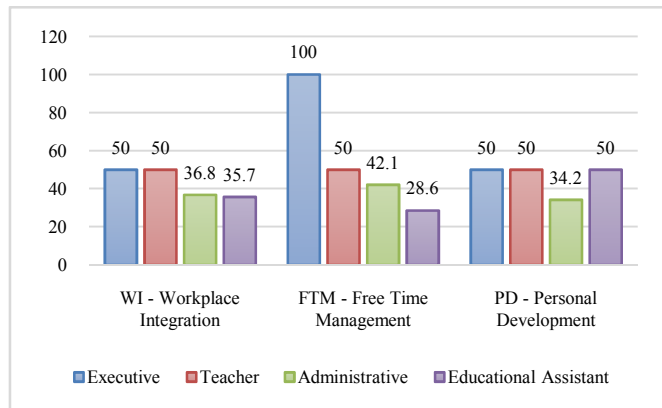
Graph 1 shows the results obtained in each dimension. The dimensions with a good perception of quality of life were Institutional support for work (64.1%, 41), Safety at work (60.9%, 39), Job satisfaction (53.1%, 34) and Well-being achieved through work (40.6%, 26). With these dimensions with a high perception, workers are considered as people with clear activities, according with their motivation, professional profile, or work position. Workers who have a high degree of satisfaction in working procedures and who are committed to the mission of the institution, and who are satisfied with the personal, social, and economic progress they have obtained for their work (González *et al.*, 2010).



Graph 2 Work Position vs dimensions with good QLWL

Graph 2 shows that 100% (2) of the executive personnel have a good quality of work life in the dimension of Institutional support for work and 50% (1) in the Well-being dimension achieved through work. 85.7% (12) of auxiliary personnel have a good quality of work life in the Safety at work

dimension. 63.2% (24) of the administrative personnel have a good quality of life in the Job Satisfaction dimension.



Graph 3 Position vs dimensions with regular and bad QLWL

Graph 3 shows the workers behavior in terms of their work position and the dimensions of the quality of work life instrument that obtained a regular and poor perception of it.

Notice that 50% of managers, teachers and educational assistants regularly perceived their quality of work life in terms of the Personal Development dimension. Regarding the dimensions with a low perception of the quality of work life, it was observed that 100% of managers lack good time management, which characterizes them by long hours, taking work home and affecting their rest and recreation. And 50% of managers and teachers have a low perception of quality of life in the dimension of integration into the workplace.

Relations between the main variables

The chi square statistical test was performed, which assumes that the distribution of the variables is normal, among the main variables.

Relating the presence or absence of work stress with chronic non-communicable diseases (presence/absence), quality of work life (good/bad), and lifestyle profile and its dimensions (healthy/unhealthy), only statistical significance was found ($p < .05$) with this last variable.

Table 2 Study Variables Relation: Work stress and lifestyle profile with dimensions.

Variable	Relation	chi ²
Work Stress	Work stress and Lifestyle Profile.	7.723 **
	Work Stress and Stress Management.	4.587 *
	Work Stress and Responsibility in Health.	4.796 *

* Significant values $p < .05$, **very significant values $p < .01$, *** highly significant values $p < .001$

Notice that 5.3% (1) of the workers who did not present symptoms of work stress were perceived as Unhealthy; while 94.7% (18) of the workers with symptoms of work stress were perceived as Unhealthy.

Regarding the relationship between work stress and Stress Management, it was shown that workers who do not show symptoms of work stress perceive themselves with a healthy Work Stress Management in 41.2% (14), and workers who have symptoms of work stress are perceived as unhealthy in their stress management in 83.3% (25). The indicators that this dimension measures are relaxation, sources of tension and meditation or stress control; It can be inferred that regardless of the health perception that a worker has, if his stress

management is not correct, he will show symptoms of work stress.

Regarding the relationship between work stress and Responsibility in Health, it was shown that workers who perceive themselves as Unhealthy in this dimension, show greater symptoms of work stress (83.3%, 25) than workers who perceive themselves as healthy (54.2%, 13). Workers with low medical assistance, disregard for their health or lack of attendance at educational programs show greater symptoms of work stress.

Table 2 shows the chi² value that was statistically significant ($p < .05$) found in the relationship between Burnout Syndrome and its dimensions, with symptoms of work stress, chronic non-communicable diseases (presence/absence), quality of work life (good/bad), and lifestyle profile and its dimensions (healthy/unhealthy).

Regarding the relationship between Emotional Exhaustion and work stress, 84.2% (16) of the workers who do not present symptoms of work stress do not have emotional exhaustion; while 51.1% (23) of the workers with stress symptoms have present emotional exhaustion.

Table 3 Study Variables Relation: Burnout syndrome and work stress, chronic non-communicable diseases, quality of work life and profile of lifestyles with dimensions.

Variable	Relation	chi ²
Burnout Syndrome	Emotional Exhaustion and Work Stress.	6.91**
	Personal Fulfillment and Work Stress.	7.263**
	Personal Fulfillment and Lifestyle Profile.	7.799**
	Personal Fulfillment and Interpersonal Support.	10.343 **
	Personal Fulfillment and Stress Management.	8.883 **

* Significant values $p < .05$, ** very significant values $p < .01$, *** highly significant values $p < .001$

Emotional exhaustion is the lack of energy and the feeling that emotional resources have been exhausted, it can be accompanied by tension and frustration; it has been described as if workers had not slept at all (insomnia) (Maslach and Leiter, 1997). According to Maslach, Schaufeli, and Leiter (2001), along with emotional exhaustion, manifestations of irritability, anxiety, and fatigue appear along with the manifestation of physical and emotional symptoms.

Regarding the relationship of Depersonalization and Self-actualization, workers with an Unhealthy perception in the self-actualization dimension show depersonalization in 80% (4). 67.8% (40) of the workers with a Healthy perception in Self-actualization do not have depersonalization.

When a worker is self-actualizing, they have a purpose in life and seek personal development. Depersonalization is when a worker avoids getting personally involved with the difficulties of the people he works with and develops negative attitudes and insensitivity towards the people he cares for and co-workers (Maslach, Schaufeli, & Leiter, 2001). The relationship between these two variables is understandable, since if a worker shows little emotional involvement with the people with whom he works, will also present some degree of affectation on a personal level, self-esteem, optimism, growth and personal satisfaction.

The lack of personal fulfillment is a dimension of the Maslach Burnout Inventory that alludes to the feeling that work achievements are not being achieved, and the worker rates

himself negatively; its presence speaks of a feeling of inadequacy and low self-esteem in the worker (Bakker, 2002). 57.8% (26) of the workers with occupational stress symptoms have low Personal Fulfillment; while 78.9% (15) of workers without stress symptoms show high personal fulfillment. 75% (9) of workers with high blood pressure have low Personal Fulfillment. This could mean that when a worker perceives himself as insufficient in his work and with low self-esteem, this affects his health, showing symptoms of work stress, including the rise in blood pressure.

Regarding the relationship found between Personal Fulfillment and the Lifestyle Profile, it was shown that 73.7% (14) of the workers with a perception of the entire instrument as Unhealthy presented low personal fulfillment, and 64.4% (29) of the workers with a Healthy perception presented a high personal fulfillment. 90.9% (10) of the workers who perceive themselves as Unhealthy in the Interpersonal Support dimension have low Personal Fulfillment. Low interpersonal support characterizes people who have problems expressing their problems and feelings with close people, which can be combined with a worker who has low self-esteem regarding their work.

Regarding the relationship between Personal Fulfillment and the stress management dimension (PEPS-I), it was shown that 66.7% (20) of the workers with an unhealthy perception in this dimension appeared low personal fulfillment; and 71% (24) of the workers who perceived themselves as healthy had high personal fulfillment. People with a healthy perception of stress management recognized the sources of stress and the actions they should take against it.

CONCLUSION

After the analysis of the findings and the reviewed literature, the workers of the Child Development Centers dependent on USEBEQ are a population that clearly represents the health panorama that Mexico is experiencing. It is a population susceptible to the subsequent problems of being overweight and obese, as well as hypertension and diabetes.

Being workers who provide a service, both the children who are taken for their care and education, as well as the parents and managers, find themselves with a great emotional burden that, if not well managed and guided, can lead them to present work stress problems and Burnout Syndrome.

This can also be reflected in getting so little response and participation from personnel, as they could not stop their activities to answer the battery of instruments and we were not provided additional time outside of work time.

Notice that, although it is a population that is mostly perceived as healthy, the dimension of healthy lifestyles that presented the highest percentage as unhealthy was responsibility in health. This indicates that the paternalistic style of Health in our country has led people to hold others responsible for something that is their own. Not feeling healthy about exercise is an indicator that workers do not give time to activities that will allow them to have better health. Regarding the Nutrition dimension, more than half of the workers perceive themselves as healthy, however, many times this perception is not followed by the necessary knowledge to make decisions that do not affect their health.

Regarding work stress and burnout syndrome, it can be concluded that what most affects the workers of these institutions is the lack of self-esteem and the fact of feeling fulfilled by their achievements through work.

Respecting the hypotheses raised, no statistically significant relation was found between work stress and Burnout Syndrome and the presence of chronic non-communicable diseases. This may be due to the simple fact that health is influenced by the totality of your environment and the health determinants that you have around you, work being one of them, it may not be the main one that has affected the people with these types of conditions.

Regarding the second hypothesis, it was rejected since no statistically significant relation was found between work stress and quality of work life. The Quality of Work Life was mostly good, however, the Administration of free time dimension was the one that obtained a higher percentage of low quality, which makes us think that workers carry workloads to their homes, which prevents them from have a healthier lifestyle, such as exercising or moments of relaxation and stress management.

Respecting the third hypothesis, it is accepted since it was observed that the workers who had low personal fulfillment were more affected in their perception of health in a global way. This indicates that as negative self-analysers, they are likely to view their environment outside of work in the same negative manner.

References

- Alcántara Moreno, Gustavo (2008). La definición de salud de la Organización Mundial de la Salud y la interdisciplinariedad. *Sapiens. Revista Universitaria de Investigación*, 9(1),93-107. [fecha de Consulta 12 de Septiembre de 2020]. ISSN: 1317-5815. Disponible en: <https://www.redalyc.org/articulo.oa?id=410/4101135004>
- Alkon, A, *et al.* (2006) Staff Health in Early Care and Education Programs. 2006. California Training Insitutute. CCHP. https://cchp.ucsf.edu/sites/g/files/tkssra181/f/9_CCHC_Staff_Health_0606.pdf
- Aranda Beltrán, C., Pando Moreno, M., & Salazar Estrada, J. G. (2016). Reliability and validation of the scale Maslach Burnout Inventory (Hss) in workers in western México. *Salud Uninorte*, 32(2), 218-227. <https://doi.org/10.14482/sun.32.2.8828>
- Arenas-Monreal, Luz, Cortez-Lugo, Marlene, Parada-Toro, Irene, Pacheco-Magaña, Lilian E, & Magaña-Valladares, Laura. (2015). Population health diagnosis with an ecohealth approach. *Revista de SaúdePública*, 49, 78. EpubOctober 30, 2015. <https://doi.org/10.1590/S0034-8910.2015049005842>
- Arroyo, P. (2008). La alimentación en la evolución del hombre: su relación con el riesgo de enfermedades crónico degenerativas. *Boletín Médico del Hospital Infantil de México*, 65, 431-440. <https://www.medigraphic.com/pdfs/bmhim/hi-2008/hi086d.pdf>
- Bakker, A.; Demfrouiti, E. Y Schaufeli, W. (2002) “ Validation of the Maslach Burnout Inventory – General Survey : An internet study”, *Anxiety, Stress and Coping*, Vol. 15, Nº 3, pgs. 245 – 260

- Barba Evia, J. R. (2018). México y el reto de las enfermedades crónicas no transmisibles. El laboratorio también juega un papel importante. *Revista Latinoamericana de Patología Clínica y Medicina de Laboratorio*, 1(65), 4-17. <https://www.medigraphic.com/pdfs/ptol/pt-2018/pt181a.pdf>
- Beltrán, Carolina & Pando-Moreno, Manuel & Partida, Nidia & Rodríguez, María. (2003). Síndrome de Burnout en maestros de educación básica, nivel primaria de Guadalajara. *Investigación en Salud*. V. 0-
- C, M. R., Körner, A., & Unesco. Regional Office for Education in Latin America and the Caribbean. (2005). Condiciones de trabajo y salud docente. UNESCO Oficina Regional de Educación para América Latina y el Caribe.
- Commission on Social Determinants of Health. ((2008). Subsancar las desigualdades en una generación: alcanzar la equidad sanitaria actuando sobre los determinantes sociales de la salud : resumen analítico del informe final. World Health Organization. https://apps.who.int/iris/bitstream/handle/10665/69830/WHO_IER_CSDH_08.1_spa.pdf?sequence=1&isAllowed=y
- Córdova- Pluma, V. H., Castro-Martínez, G., Rubio-Guerra, A., & Hegewisch, M. E. (2014). Breve crónica de la definición del síndrome metabólico. *Medicina Interna de México*, 30, 312-328. <https://www.medigraphic.com/pdfs/medintmex/mim-2014/mim143k.pdf>
- Córdova-Villalobos, J. Á., Barriguete-Meléndez, J. A., Lara-Esqueda, A., Barquera, S., Rosas-Peralta, M., Hernández-Ávila, M., León-May, M. E. . d. e., Admon, L., & Aguilar-Salinas, C. A. (2008). Las enfermedades crónicas no transmisibles en México: sinopsis epidemiológica y prevención integral. *Salud Pública de México*, 50(5), 419-427. <https://doi.org/10.1590/s0036-36342008000500015>
- Espinoza- Cardenas, Lucía del Rosario (2016). Estilo de vida del profesional de enfermería perteneciente a la micro red de San Vicente Cañete (Tesis de licenciatura). Universidad de San Martín de Porres - Facultad de Obstetricia y Enfermería, Lima, Perú.
- Estrés laboral. (s. f.). IMSS. Recuperado 12 de septiembre de 2020, de <http://www.imss.gob.mx/salud-en-linea/estres-laboral>
- Freudenberger, H.J. (1974), Staff Burn-Out. *Journal of Social Issues*, 30: 159-165. doi:10.1111/j.1540-4560.1974.tb00706.x
- García Carretero, M. Á., Novalbos Ruiz, J. P., Martínez Delgado, J. M., & O'Ferrall González, C. (2016). Validación del test para la identificación de trastornos por uso de alcohol en población universitaria: AUDIT y AUDIT-C. *Adicciones*, 28(4), 194. <https://doi.org/10.20882/adicciones.775>
- González R, Hidalgo G, Salazar J. & Preciado M. (2010). Elaboración y validación del instrumento para medir la calidad de vida en el trabajo "CVT-GOHISALO". *Ciencia & Trabajo*, 12(36), 332-340.
- HEATHERTON, T. O. D. D. F., KOZLOWSKI, L. Y. N. N. T., FRECKER, R. I. C. H. A. R. D. C., & FAGERSTROM, K. A. R. L.-O. L. O. V. (1991). The Fagerstrom Test for Nicotine Dependence: a revision of the Fagerstrom Tolerance Questionnaire. *Addiction*, 86(9), 1119-1127. <https://doi.org/10.1111/j.1360-0443.1991.tb01879.x>
- Instituto Nacional de Salud Pública (2018). Encuesta Nacional de Salud y Nutrición 2018. México.
- Ippolito-Shepherd, J., Cerqueira, M. T., & Ortega, D. P. (2005). Iniciativa Regional Escuelas Promotoras de la Salud en las Americas. *Promotion & Education*, 12(3-4), 220-229. <https://doi.org/10.1177/10253823050120030139>
- Martínez L, Oviedo O. & Luna C. (2013). Condiciones de trabajo que impactan en la vida laboral. *SaludUninorte*, 29(3), 542-560.
- Maslach, C. Y Leiter, P. (1997) "The Truth About Burnout: How Organizations Cause Personal Stress And What to do About it", Jossey- Bass Inc.Publishers, San Francisco, California, E.U.A.
- Maslach, C.; Leiter, P. Y Schaufeli (2001) "Job Burnout", *Annual Review of Psychology*, Vol. 52, pgs. 397- 422
- McGrath, B. J., & Huntington, A. D. (2007). The Health and Wellbeing of Adults Working in Early Childhood Education. *Australasian Journal of Early Childhood*, 32(3), 33-38. <https://doi.org/10.1177/183693910703200306>
- Ministerio de Trabajo, Empleo y Seguridad Social, Ministerio de Educación, & Instituto Nacional de Educación Tecnológica, Organización Internacional del Trabajo. (2014). Salud y seguridad en el trabajo (SST). Aportes para una cultura de la prevención (1.a ed.) [Libro electrónico]. https://www.ilo.org/wcmsp5/groups/public/@americas/@ro-lima/@ilo-buenos_aires/documents/publication/wcms_248685.pdf
- Moncada, S., Llorens, C., Gimeno, X., & Font, A. (2007). Exposición laboral a riesgos psicosociales en la población asalariada española. *Revista Estado de la Cuestión*, 35-45. <http://istas.net/descargas/Exposic%c3%b3n%20laboral%20a%20los%20riesgos%20psicosociales%20en%20la%20poblac%c3%b3n.pdf>
- Monreal, L. A., Delgado, N. S., Trujillo, A. C., Social, I. N. D. D., & Instituto Nacional de Desarrollo Social (México). (2008). Experiencias de acercamiento comunitario y participación de la población en salud. Instituto Nacional de Desarrollo Social.
- Moreno-Altamirano, L., García-García, J. J., Soto-Estrada, G., Capraro, S., & Limón-Cruz, D. (2014). Epidemiología y determinantes sociales asociados a la obesidad y la diabetes tipo 2 en México. *Revista Médica Del Hospital General De México*, 77(3), 114-123. <https://doi.org/10.1016/j.hgm.2014.07.002>
- Montero-Marin, J., Prado-Abril, J., Piva Demarzo, M. M., Gascon, S., & García-Campayo, J. (2014). Coping with Stress and Types of Burnout: Explanatory Power of Different Coping Strategies. *PLoS ONE*, 9(2), e89090. <https://doi.org/10.1371/journal.pone.0089090>
- Nakao, M. (2010). Work-related stress and psychosomatic medicine. *BioPsychoSocial Medicine*, 4(1), 4. <https://doi.org/10.1186/1751-0759-4-4>
- Nakata A. (2012). Psychosocial job stress and immunity: a systematic review. *Methods in molecular biology (Clifton, N.J.)*, 934, 39-75. https://doi.org/10.1007/978-1-62703-071-7_3
- Navinés, R., Martín-Santos, R., Olivé, V., & Valdés, M. (2016). Estrés laboral: implicaciones para la salud física y mental. *Medicina Clínica*, 146(8), 359-366. <https://doi.org/10.1016/j.medcli.2015.11.023>
- Organización Internacional del Trabajo (OIT)(2015) . La definición de los accidentes de trabajo. Disponible en:

- http://white.oit.org.pe/ssos/documentos/cobertura_riesgos/secsoc/anexoii.html
- Organización Mundial de la Salud. (s. f.). Constitución de la Organización Mundial de la Salud. <https://apps.who.int/gb/bd/PDF/bd47/SP/constitucion-sp.pdf?ua=1>. Recuperado 12 de septiembre de 2020, de <https://apps.who.int/gb/bd/PDF/bd47/SP/constitucion-sp.pdf?ua=1>
- Organización Mundial de la Salud. (2010). Entornos laborales saludables: fundamentos y modelo de la OMS: contextualización, prácticas y literatura de apoyo. Sin editorial. Recuperado 12 de septiembre de 2020, de https://www.who.int/occupational_health/evelyn_hwp_sp_anish.pdf
- Pérez-Adame, E., Fulgencio-Juarez, M., & González-Zepeda, A. P. (2013). Burnout en personal de estancias infantiles y su relación con las habilidades y conocimientos requeridos para el puesto. *Revista de Educación y Desarrollo*, 23, 5-12. https://www.uv.es/unipsico/pdf/CESQT/Externos/2013_Perez_Adame_et_al.pdf
- Rivero Rodríguez, Luis Fernando, & Cruz Flores, Cecilia. (2008). Trastornos psíquicos y psicosomáticos: problemática de salud actual de los docentes mexicanos. *Salud de los Trabajadores*, 16(2), 73-86. Recuperado en 13 de septiembre de 2020, de http://ve.scielo.org/scielo.php?script=sci_arttext&pid=S1315-01382008000200003&lng=es&tlng=es.
- Rodríguez, C. A., International Training Centre of the ILO., International Labour Organization, International Training Centre of the ILO., & International Labour Organization. (2009). Los convenios de la OIT sobre seguridad y salud en el trabajo. OIT.
- Rodríguez, M. (2009). Psychosocial factors of labor risk ¿new times, new risks? *Observatorio Laboral Revista Venezolana*, 2(3), 127-141. <http://servicio.bc.uc.edu.ve/faces/revista/lainet/lainetv2n3/v2n3-6.pdf>
- Salgado-de Snyder, V. N., & Guerra y Guerra, G. (2014). Un primer análisis de la investigación en México sobre los determinantes sociales de la salud: 2005-2012. *Salud Pública de México*, 56(4), 393. <https://doi.org/10.21149/spm.v56i4.7360>
- Saltijeral, M. T., & Ramos-Lira, L. (2015). Identificación de estresores laborales y burnout en docentes de una secundaria para trabajadores del Distrito Federal. *Salud mental*, 38(5), 361-369. <https://doi.org/10.17711/sm.0185-3325.2015.049>
- Soto-Estrada, Guadalupe, Moreno-Altamirano, Laura, & Pahua Díaz, Daniel. (2016). Panorama epidemiológico de México, principales causas de morbilidad y mortalidad. *Revista de la Facultad de Medicina (México)*, 59(6), 8-22. Recuperado en 12 de septiembre de 2020, de http://www.scielo.org.mx/scielo.php?script=sci_arttext&pid=S0026-17422016000600008&lng=es&tlng=es.
- Trinidad Rodríguez, I., Fernández Ballart, J., Cucó Pastor, G., BiarnésJordà, E., & Arijá Val, V.. (2008). Validación de un cuestionario de frecuencia de consumo alimentario corto: reproducibilidad y validez. *Nutrición Hospitalaria*, 23(3), 242-252. Recuperado en 13 de septiembre de 2020, de http://scielo.isciii.es/scielo.php?script=sci_arttext&pid=S0212-16112008000300011&lng=es&tlng=es.
- Vázquez-Mata, C. A., Martínez-Martínez, D. N., Reyes-Rocha, B. L., & Mendoza-Ayala, M. A. (2017). Calidad de Vida Laboral en Docentes de Educación Superior. Jóvenes en la Ciencia., 3(2), 17-21. <http://www.jovenesenlaciencia.ugto.mx/index.php/jovenesenlaciencia/article/view/1412>

How to cite this article:

Ibáñez Pérez Ana Paulina *et al* (2022) 'Health Diagnosis of The Workers of The Child Development Centers of The unit of Services For Basic Education of The State of Querétaro, Mexico', *International Journal of Current Advanced Research*, 11(03), pp. 543-549. DOI: <http://dx.doi.org/10.24327/ijcar.2022.549.0120>
