



## BEHAVIOR AND VARIATION OF PSYCHOSOCIAL RISK IN THE LABOR AND PATHOLOGICAL FIELD IN THE PERSONNEL OF A HEALTH DISTRICT IN COTACACHI

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### ABSTRACT

The study focuses on the factors associated with psychosocial risk, which are factors that affect the health of the individual in the work area or organization and that result in physiological, emotional, cognitive and behavioral responses, the same ones that can be potentially precursors for the development of pathologies according to the intensity, frequency and duration of the risk factor. The purpose of the research was to determine the behavior and variation of psychosocial risk in the workplace and pathology in the personnel of a Cotacachi Health District. A quantitative and cross-sectional investigation was carried out, having as a sample 328 collaborators from a health district of Cotacachi, to whom the psychosocial risk assessment instrument proposed by the Ministry of Labor was applied. Among the main results obtained, it is observed that there is a low risk corresponding to 49.09% of the collaborators, followed by 46.95% of collaborators with medium risk and to a lesser extent 3.96% with high risk of Psychosocial risk. Therefore, it is considered conclusive to design an epidemiological surveillance plan (EVP) aimed at preventing this type of factor to improve the work environment in the short and medium term.

**Keywords:** Behavior, psychosocial risk, workplace, pathological.

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### INTRODUCTION

This article addresses the issue of psychosocial risk factors associated with the administrative and operational staff of a health institution, taking into account that psychosocial factors to those factors that affect the health of the individual in the area or organization of work and that results in physiological, emotional, cognitive and behavioral responses, The same ones that can be potential precursors for the development of pathologies according to the level of intensity, level of exposure and duration to the factor (University of Valencia, 2019; INSST, 2019).

According to the World Health Organization (WHO), with respect to mental health in the workplace, it states that, in 2019, 15% of adults presented a mental disorder. In addition, annually, 12 billion days are lost due to problems associated with depression and anxiety, meaning a trillion dollars of losses each year (WHO, 2022). In this regard, the Pan American Health Organization (PAHO) considers that the most frequent cause of stress in the workplace corresponds to psychosocial factors, such as; job design, organization, employment conditions and other external conditions that may influence and alter the worker's health status, as well as their performance and job satisfaction (PAHO, 2017).

A clear relationship has been evidenced between psychosocial risk factors and their impact on the physical, social and mental health of employees, this being a public health problem. One of the main associated factors corresponds to work stress, which is related to heart disease, depressive disorders and musculoskeletal disorders, as a result of effort in the workplace, as well as little control and lack of reward or recognition, which are considered the main risk factors that produce pathologies (WHO, 2023).

The results obtained in this article will directly benefit the health personnel and administrative staff of the different health units, since it will allow establishing the necessary guidelines to contribute to the reduction of risk factors that endanger the integrity of each of the collaborators. Indirectly, with the application of strategies to mitigate psychosocial risks, it will contribute to improving the health status of the staff and in this way, the productivity of the institution will be improved. Finally, it should be considered that the operational staff of the health center corresponds to professionals who exercise multidisciplinary tasks, responsible for providing primary, secondary and in some cases tertiary health care, the same who must enjoy complete biopsychosocial well-being for the fulfillment of their profession and vocation.

In this regard, the study conducted in Colombia by Salamanca et al. (2019) established among the main psychosocial risk factors the lack of organization and management of work, work stress, exhaustion, depression, working conditions. In addition, in the study conducted in Mexico by Soliz (2022) established that the main psychosocial risk factor associated with the work area corresponds to stress, however, extra-occupational psychosocial risk factors can be observed, such as; sociodemographic characteristics and mental health.

In the Ecuadorian context, generalized figures have not been established that address the problem of psychosocial risk factors. However, the study carried out in Manabí, by Villacreses and Ávila (2020) In order to analyze the psychosocial risk factors of 414 employees in the administrative area, applying the instrument of the Ministry of Labor, its main results were that 72.6% of low psychosocial risks were observed. In addition, it was identified that the dimension load and pace of work, and development of competencies has a low risk of 74%, while the leadership dimension has a low risk with 71%, the dimension margin of action and control has a 65% low risk, while the organization of work has a low risk with 82%. Finally, recovery has a low risk of 72%, while support and support a low risk of 70%.

In Cotopaxi, the study by Medina et al. (2022) in order to identify the psychosocial risk factors that exist in the staff from the use of the instrument proposed by the Ministry of

Labor, which was applied to 40 professionals, it resulted that, in the dimension load and pace of work, and margin of action and control has a low risk of 71%, While the dimension development of competencies has a low risk of 95%, in terms of leadership has a low risk with 68%, the dimension organization of work has a low risk with 87%. Finally, recovery possesses a low risk of 68%, while supporting, I support a low risk of 74%, other important points with 87% low risk.

On the other hand, the study conducted in Manabí by Tomalá et al. (2021) With the main objective of identifying the psychosocial risk factors that affect and influence the mental health of health personnel, applied to 40 professionals in the health area, had as main results that, among the main associated factors are, 25% overload and rhythm, in addition to 18% the risk of suffering occupational diseases, while 16% schedules, while 13% the relationship between work and family. Similarly, it was observed that 51% manifest symptoms of stress, while 35% anxiety.

In the city of Manta, the study conducted by Marcillo et al. (2022) with the purpose of identifying the psychosocial risk factors present in the laboratory staff, which was carried out from the application of the instrument provided by the Ministry of Labor, applied to 21 professionals in the area, obtaining as main results that, 76.19% are women, it was also identified that, in terms of discriminatory harassment, 80.95% had a low risk, Workplace harassment had 42.86% had a low risk, while a 42.86% medium risk, 14.29%. In addition, sexual harassment 61.90% had a low risk, and finally, job and emotional stability 66.67% had a low risk.

For the reasons stated above, the study arises as a question: What is the behavior and variation of psychosocial risk in the workplace and pathological environment in the staff of a Health District of Cotacachi? Similarly, the main objective of the article corresponds to determine the behavior and variation of psychosocial risk in the work and pathological environment in the personnel of a Health District of Cotacachi. Likewise, its purpose is to diagnose current diseases due to psychosocial exposure from their source and epidemiological conditions, identify through tools and methods applicable to occupational health conditions and their results, propose an epidemiological surveillance plan (EPP) aimed at the prevention of psychosocial factors for the improvement of the work environment in the short and medium term and finally, Establish an action plan to establish measures for the prevention and mitigation of psychosocial risk.

## **METHODOLOGY**

The approach is quantitative and transversal, taking into account that, according to Hernández and Mendoza, (2018) A quantitative research focuses on the analysis of data or numerical information, aimed at answering the problems of the study. Also, for Arévalo et al. (2020), the development of the article is cross-sectional since it takes place in a set period. Finally, the study is non-experimental, since no alterations were made in the variables analyzed. (Gonzalez, 2021).

According to Moroy and Nava (2018) defines the population as the total set of individuals who share similar characteristics, while, for Pérez et al. (2020) The sample constitutes a part or subset of individuals with similar characteristics. In the specific

case of the study, the population is formed by all the administrative and operational personnel of a Health District of Cotacachi - Imbabura. In the research, all individuals from the administrative and operational area of various health institutions in the district were taken into consideration, that is, 328 collaborators of the health institution.

As a collection instrument, the psychosocial risk questionnaire of the Ministry of Labor was applied. (2018) The same one that has a reliability level of 0.967, that is, a high level. Likewise, in terms of validity, it was observed that all items have a value greater than 0.30, which indicates that each of them is valid.

The dimensions of the instrument (workload and pace of work, development of competencies, leadership, margin of action and control, organization at work, recovery, support and support and other important associated points) were taken into consideration as a fundamental basis for designing a data collection sheet in Microsoft Excel, to collect and graph the information properly.

The development of the study is associated with the four basic bioethical principles of scientific research; beneficence, non-maleficence, autonomy and justice. The bioethical considerations in the present research are focused on charity which refers to providing benefits to other people, as well as preventing the development of alterations or damages.

## RESULTS

Of the 328 collaborators from the different health institutions of the selected district, it was observed that 5.4% (18 collaborators) presented pathology associated with psychosocial risk factors, of which 50% of them present a mixed disorder of anxiety and depression, 28% anxiety disorder and the remaining 22% have been diagnosed with a depressive disorder. Likewise, it was established that 88.9% are female, the predominant age ranges from 25 to 34 years with 55.6%. In the workplace, 83.3% falls on personnel who carry out operational activities, 50% have an occasional contract and 55.6% have less than 2 years in the institution.

The sociodemographic characteristics of the study participants are shown below:

**Table 1. Distribution of the sample according to age**

Age	Frequency	Percentage
16-24 years	27	8,23
25-34 years	186	56,71
35-43 years	60	18,29
44-52 years	35	10,67
Equal to or greater than 53 years	20	6
TOTAL	328	100

Table 1 shows the distribution of the sample according to age group, evidencing a higher prevalence of collaborators aged between 25-34 years, corresponding to 56.71%, followed by 35-43 years with 18.29%, 44-52 years with 10.67% and, to a lesser extent, 16-24 years with 8.23% and 6% older than 53 years.

**Table 2. Distribution of the sample according to sex**

Sex	Frequency	Percentage
Male	105	32,01
Female	223	67,99
TOTAL	328	100,00

Table 2 shows the distribution of the sample according to sex, evidencing a higher frequency of female collaborators corresponding to 67.99% and, to a lesser extent, 32.01% male.

**Table 3. Distribution of the sample according to ethnicity**

Ethnic group	Frequency	Percentage
Mestizo	284	86,59
Indigenous	34	10,37
White	5	1,52
Afro-Ecuadorian	5	1,52
TOTAL	328	100

Table 3 shows the distribution of the sample according to sex, evidencing a higher frequency of female collaborators corresponding to 67.99% and to a lesser extent, 32.01% male.

**Table 4. Distribution of the sample according to the level of instruction**

Level of education	Frequency	Percentage
Basic	5	1,52
High school	19	5,79
Technical/Technological	37	11,28
Third level	226	68,90
Fourth level	41	12,50
TOTAL	328	100

Table 4 shows the distribution of the sample according to the level of education, evidencing a higher frequency of employees with a third-level degree with 68.90%, followed by 12.50% who have a fourth-level degree, while 11.28% have a technical or technological degree, while 5.79% have a bachelor's degree and 1.52% have a basic level of education.

**Table 5. Distribution of the sample according to the work area**

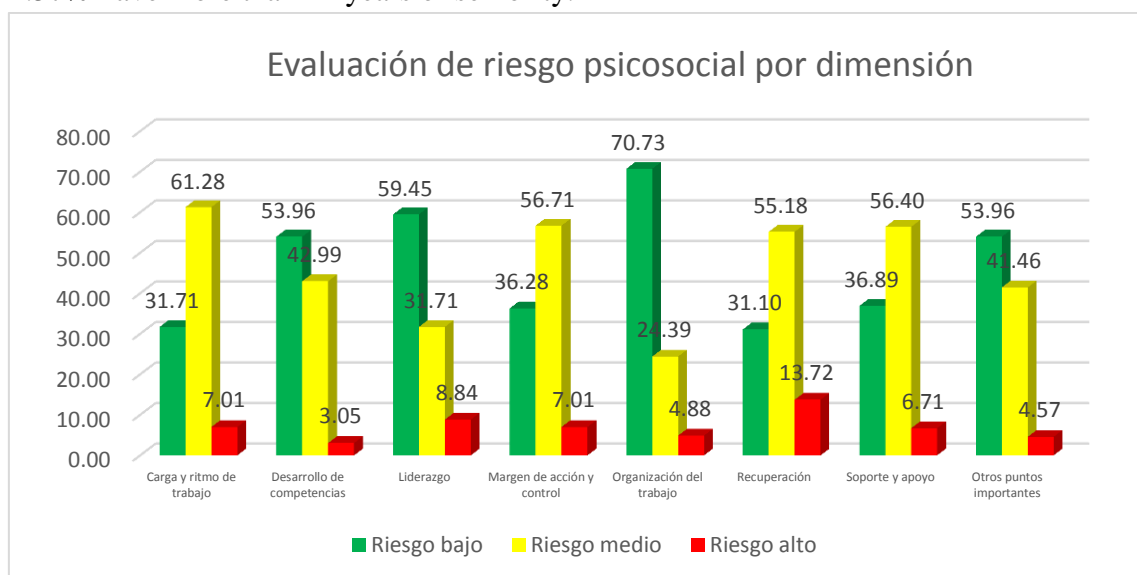
Work Area	Frequency	Percentage
Operative	283	86,28
Administrative	45	13,72
TOTAL	328	100

Table 5 shows the distribution of the sample according to the work area, where it is observed that 86.28% corresponds to the operational area, while 13.72% of the administrative area.

**Table 6. Distribution of the sample according to seniority in the workplace**

Antiquity	Frequency	Percentage
0-2 years	177	53,96
3-10 years	105	32,01
11-20 years	31	9,45
Equal to or greater than 21 years	15	4,57
<b>TOTAL</b>	<b>328</b>	<b>100</b>

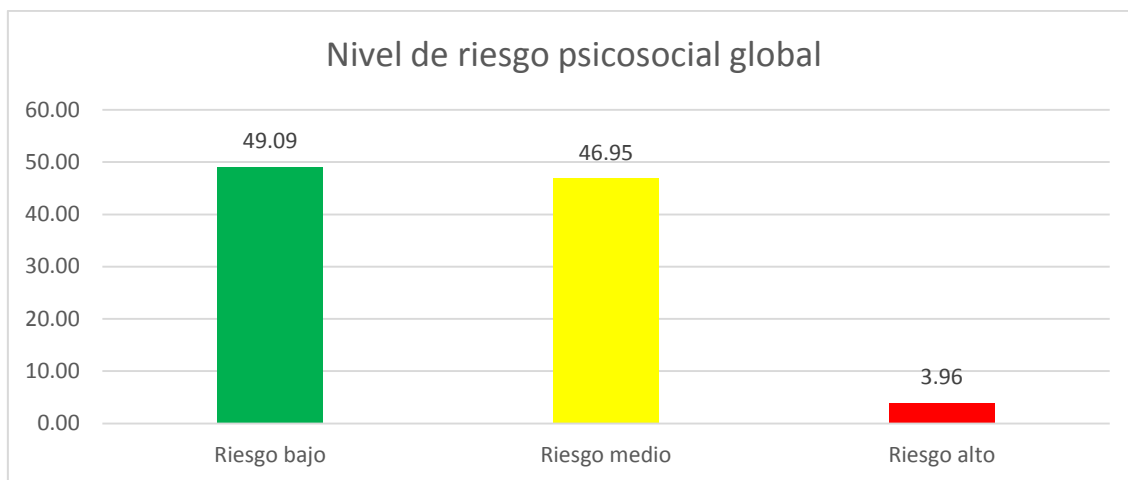
Table 6 shows the distribution of the sample according to seniority in the job, where it is observed that 53.96% have 0-2 years in the job, while 32.01% have between 3-10 years. To a lesser extent, 9.45% have between 11-20 years working in the workplace and 4.57% have more than 21 years of seniority.



**Figure 1. Psychosocial risk assessment according to the dimension**

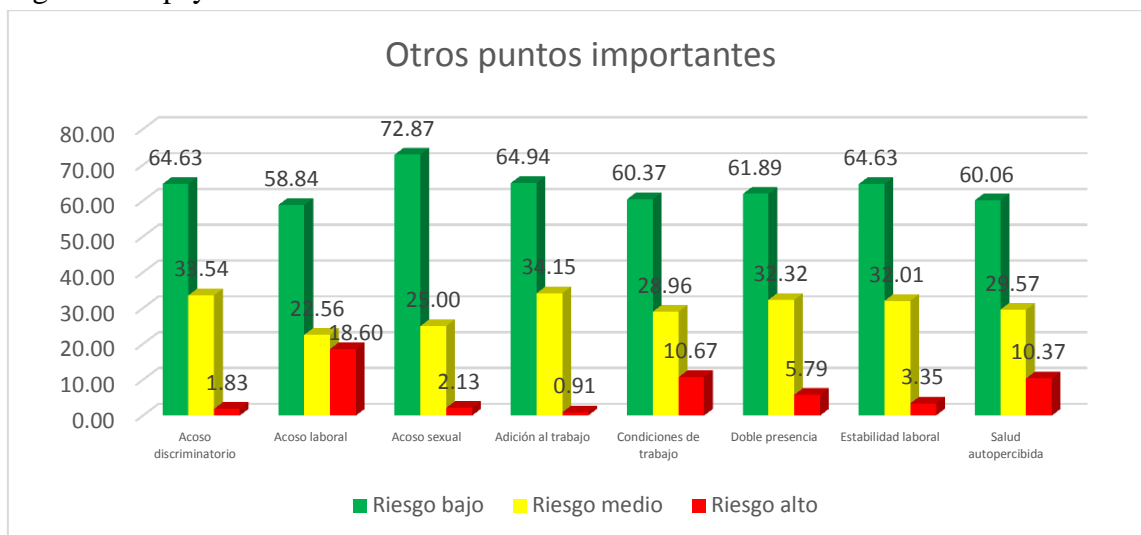
Figure 1 shows that, in relation to the dimension load and pace of work, 61.28% have a medium risk, while 31.71% have a low risk, to a lesser extent 7.01% have a high risk. Regarding the skills development dimension, 53.96% have low risk, while 42.99% have fear risk and 3.05% have high risk. On the other hand, in relation to the leadership dimension, 59.45% have low risk, while 31.71% have medium risk and 8.84% high risk. On the other hand, in relation to the dimension margin of action and control, 56.71% have medium risk, while 36.28% have low risk and 7.01% have high risk. Likewise, regarding the work organization dimension, 70.73% have low risk, 24.39% medium risk and 4.88% high risk.

Similarly, the recovery dimension, 55.18% have medium risk, while 31.10% have low risk and 13.72% high risk. In relation to the support and support dimension, 56.40% had medium risk, while 36.89% had low risk and 6.71% high risk. Finally, 53.96% have low risk in terms of other important points, while 41.46% have medium risk and 4.57% high risk.



**Figure 2. Level of overall psychosocial risk**

Figure 2 shows that there is a low risk corresponding to 49.09% of employees, followed by 46.95% of employees with medium risk and to a lesser extent 3.96% with high risk of psychosocial risk.



**Figure 3. Other important points**

Figure 3 shows that, in terms of discriminatory harassment, there is a low risk corresponding to 64.63%, followed by 33.54% medium risk and to a lesser extent 1.83% high risk. In relation to workplace harassment, 58.84% have low risk, 22.56% have medium risk and 18.60% high risk. In addition, regarding sexual harassment, 72.87% have low risk, while 25.00% medium risk and 2.13% have high risk. Similarly, in terms of addition to work, 64.94% have a low risk, while 34.15% medium risk and 0.91% high risk. In addition, 60.37% have low risk in terms of working conditions, while 28.96% have medium risk and 10.67% high risk. On the other hand, in relation to the double presence, 61.89% have low risk, while 32.32% medium risk and 5.79% high risk. 64.63% have low risk in job stability, while 32.01% have medium risk and 3.35% high risk. Finally, 60.06% have a low risk in terms of self-perceived health, while 29.57% have a medium risk and 10.37% have a high risk.

## DISCUSSION

Within the research carried out, a higher prevalence of collaborators aged between 25-34 years can be established, corresponding to 56.71%, in addition a higher frequency of the female sex is identified with 67.99%. In addition, the study of Marcillo et al. (2022) determined that 76.19% of the participants are women.

The results obtained in the study allow us to identify that there is a low risk corresponding to 49.09% of the collaborators, followed by 46.95% of collaborators with medium risk and to a lesser extent 3.96% with high risk of psychosocial risk. Similarly, the study of Villacreses and Ávila (2020) established a 72.6 % of low psychosocial risks.

Specifically, In relation to the dimension load and pace of work, 61.28% have a medium risk, in the dimension development of competences, 53.96% have low risk, in relation to the dimension leadership, 59.45% have low risk, while as for the dimension margin of action and control, 56.71% has medium risk. Likewise, regarding the work organization dimension, 70.73% have a low risk. Similarly, the recovery dimension, 55.18% has medium risk, in the support and support dimension, 56.40% has medium risk. Finally, 53.96% have low risk in terms of other important points. The results obtained are associated with the study of Villacreses and Ávila (2020) He identified that the dimension workload and pace of work, and development of competencies has a low risk of 74%, while the leadership dimension has a low risk with 71%, the dimension margin of action and control has a 65% low risk, while the organization of work has a low risk with 82%. Finally, recovery has a low risk of 72%, while support and support a low risk of 70%.

Likewise, the results obtained by Medina et al. (2022) are associated with those obtained in the study, since the dimension load and pace of work, and margin of action and control has a low risk of 71%, while the dimension development of competencies a low risk of 95%, in terms of leadership has a low risk with 68%, the dimension organization of work has a low risk with 87%. Finally, recovery possesses a low risk of 68%, while supporting, I support a low risk of 74%, other important points with 87% low risk.

Regarding discriminatory harassment, the research observed a low risk corresponding to 64.63%, according to workplace harassment, 58.84% have low risk, and as for sexual harassment, 72.87% have low risk. Similarly, the study of Marcillo et al. (2022) It identified that, in terms of discriminatory harassment, 80.95% had a low risk, workplace harassment had a low risk, while 42.86% had a medium risk, 14.29%. In addition, sexual harassment 61.90% had a low risk, and finally, job and emotional stability 66.67% had a low risk.

For research, addition to work, 64.94% have a low risk, while 34.15% medium risk and 0.91% high risk. In addition, 60.37% have low risk in terms of working conditions, while 28.96% have medium risk and 10.67% high risk. On the other hand, in relation to the double presence, 61.89% have low risk, while 32.32% medium risk and 5.79% high risk. 64.63% have low risk in job stability, while 32.01% have medium risk and 3.35% high risk. Finally, 60.06% have a low risk in terms of self-perceived health, while 29.57% have a medium risk and 10.37% have a high risk. In addition, the research of



Tomalá et al. (2021) It determined that 25% overload and rhythm, in addition to 18% the risk of suffering occupational diseases, while 16% schedules, while 13% the relationship between work and family. Similarly, it was observed that 51% manifest symptoms of stress, while 35% anxiety. About that Salamanca et al. (2019) established among the main psychosocial risk factors deficiencies in the organization and management of work, work stress, burnout, depression, working conditions. Finally, the Soliz Studio (2022) It shows that the The main psychosocial risk factor associated with the work area corresponds to stress.

## CONCLUSIONS

At the end of the article, it was evident that, through the application of the psychosocial risk assessment questionnaire proposed by the Ministry of Labor, a low risk corresponding to 49.09% of the collaborators was identified, followed by 46.95% of collaborators with medium risk and to a lesser extent 3.96% with high risk of psychosocial risk. Similarly, it was observed that 5.4% (18 collaborators) had pathology associated with psychosocial risk factors, of which 50% of them had a mixed anxiety and depression disorder, 28% anxiety disorder and the remaining 22% had been diagnosed with a depressive disorder. The results obtained, at a general level, allow us to establish the need to design an epidemiological surveillance plan (EPP) aimed at the prevention of psychosocial factors for the improvement of the working environment in the short and medium term. Similarly, it is necessary to establish the proposed action plan for the prevention and mitigation of psychosocial risk.

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## ACTION PLAN

Table 7. Activities associated with workload and pace of work

Recipients	Actions	Term	Human resources		Material and economic resources		Tracking		Remarks
			Responsible	Other	Materials	Economic	Indicators	Frequency	
Administrative and operational staff	Train staff about ergonomics techniques applied to health activities and administrative activities	2 months	Human talent	External advice	<ul style="list-style-type: none"> <li>• Laptop</li> <li>• Projector</li> <li>• Loudspeaker</li> <li>• Microphone</li> <li>• Slate</li> <li>• Markers</li> <li>• Draft</li> <li>• Chairs</li> </ul>	Allocated budget	(Number of staff trained/Total administrative-operational staff) * 100	Every six months	It is necessary to divide the collaborators into two groups, the first corresponds to the administrative staff and the second to the operational staff
	Identify the main occupational risks associated with	1 month					-	Every twelve months	It is necessary to divide the collaborators into two groups, the first

	operational and administrative personnel								corresponds to the administrative staff and the second to the operational staff
	Train staff on the risks existing in the different jobs	2 months					(Number of staff trained/Total administrative-operational staff) * 100		

**Table 8. Activities associated with the margin of action and control**

Recipients	Actions	Term	Human resources		Material and economic resources		Tracking		Remarks
			Responsible	Other	Materials	Economic	Indicators	Frequency	
Administrative and operational staff	Design a system of continuous participation for employees based on the use of institutional emails	1 month	Human talent	External advice	-	Allocated budget	-	-	-

	Train administrative-operational staff for the use of institutional emails in order to promote their participation within the institution	1 month			<ul style="list-style-type: none"> <li>• Laptop</li> <li>• Projector</li> <li>• Loudspeaker</li> <li>• Microphone</li> <li>• Slate</li> <li>• Markers</li> <li>• Draft</li> <li>• Chairs</li> </ul>		(Number of staff trained/Total administrative-operational staff) * 100	Once a year	A general training day must be carried out, integrating the collaborators of the administrative and operational area
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**Table 9. Activities associated with recovery**

Recipients	Actions	Term	Human resources		Material and economic resources		Tracking		Remarks
			Responsible	Other	Materials	Economic	Indicators	Frequency	
Administrative and operational staff	Plan working days according to the hours established by current regulations	2 months	Human talent	External advice		Allocated budget	-	Every 12 months	-
	Monitor	2	Human	External	• Laptop		(Number of	Every	-

	and account for overtime from the use of timekeeping software Train staff on the use of registration software	months	talent	advice	<ul style="list-style-type: none"> <li>• Projector</li> <li>• Loudspeaker</li> <li>• Microphone</li> <li>• Slate</li> <li>• Markers</li> <li>• Draft</li> </ul> Chairs		staff trained/Total administrative-operational staff) * 100	month	
	Promote an active pause action plan Train staff on the use of active breaks in the work unit	2 months	Human talent	External advice	<ul style="list-style-type: none"> <li>• Laptop</li> <li>• Projector</li> <li>• Loudspeaker</li> <li>• Microphone</li> <li>• Slate</li> <li>• Markers</li> <li>• Draft</li> </ul> Chairs		(Number of staff trained/Total administrative-operational staff) * 100	Every 12 months	

**Table 10. Activities associated with support and support**

Recipients	Actions	Term	Human resources		Material and economic resources		Tracking		Remarks
			Responsibl	Other	Materials	Economic	Indicators	Frequenc	

			e			c		y	
Administrative and operational staff	Design a program to meet organizational objectives	2 months	Human talent	External advice	<ul style="list-style-type: none"> <li>• Laptop</li> <li>• Projector</li> <li>• Loudspeaker</li> <li>• Microphone</li> <li>• Slate</li> <li>• Markers</li> <li>• Draft Chairs</li> </ul>	Allocated budget	(Number of staff trained/Total administrative-operational staff) * 100	Every 12 months	-
	Disseminate the proposed program to operational-administrative partners	2 months							Organizational objectives should be established for administrative and operational staff
	Propose continuous monitoring days by supervisors to provide adequate support	3 months					-	-	Every month