La resistencia eticaórdica del factor humano ante un programa de salud mental

The Chaordic Ethical Resistance of the human factor to a mental health programme
A resistência ética do fator humano a um programa de saúde mental

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Resumen

Las organizaciones de salud mental están siendo sujetas a cambios que demandan la transformación de los servicios hacia la población. La Resistencia Eticaórdica es un concepto teórico formado con las palabras de ética, caos y orden para identificar la actividad o comportamiento del factor humano para resistirse a un orden estipulado en algún programa o políticas que representan un cambio organizacional, por ello la presente investigación tiene como objetivo el determinar la asociación estadística de la Resistencia Éticaordica del factor humano y la falta de aplicación de un programa de salud mental. La metodología consiste en un enfoque cuantitativo, observacional y descriptivo, a través del análisis estadístico de medidas centrales y tablas cruzadas de los datos obtenidos por el cuestionario de actitud ante un programa de salud mental, aplicado para localizar las asociaciones con las variables de factores básicos de funcionamiento, organización caórdica (chaordic organizations) y ética organizativa con las variables de la actitud del factor humano de profesión, sexo y grupo de edad. Se obtuvieron resultados con alto nivel de asociación con la presencia de resistencia al cambio en los profesionales de la salud asociado a problemas de funcionamiento, de estado y de ética. Se concluye que el factor humano presenta Resistencia Eticaórdica hacia la aplicación del programa de salud mental asociado a factores individuales problemáticos, planeación de actividades problemáticas, estrategia errónea, estructura organizacional inadecuada y procesos internos desarticulados con los objetivos organizacionales que explica la falta de aplicación del programa de salud mental.

Abstract

Mental health organizations are undergoing changes that demand a transformation of services for the population. Chaordic Ethical Resistance (Resistencia Eticaórdica) is a theoretical concept formed by the union of the words ethics, chaos, and order to identify the activity or behavior of the human factor in resisting an order stipulated in a work programme or policy that represents organizational change. Therefore, this research aims to determine the statistical association between Chaordic Ethical Resistance in the human factor and the lack of implementation of a mental health work programme. The methodology consists of a quantitative, observational, and descriptive approach, through the statistical analysis of measures of central tendency and cross-tabulations of the data obtained from the questionnaire on attitudes toward a mental health work programme. This questionnaire was used to identify associations with the variables of basic functioning factors, chaotic organization, and organizational ethics, as well as with the human factor's attitude variables of profession, sex, and age group. Results were obtained with high level of association between the presence of resistance to change in healthcare professionals and problems related to functioning, status, and ethics. It is concluded that the human factor presents Chaordic Ethical Resistance to the implementation of the mental health work programme, associated with problematic individual factors, problematic activity planning, flawed strategy, inadequate organizational structure, and internal processes disconnected from organizational objectives, explaining a lack of implementation of the mental health work programme.

Keywords: change, organizational ethics, quantitative study, human factor, healthcare professionals, resistance to change.

Resumo

As organizações de saúde mental estão passando por mudanças que exigem uma transformação dos serviços prestados à população. A Resistência Ético-Órdica é um conceito teórico formado a partir das palavras ética, caos e ordem para identificar a atividade ou o comportamento do fator humano em resistir a uma ordem estipulada em um programa ou política que representa uma mudança organizacional. Portanto, esta pesquisa visa determinar a associação estatística entre a Resistência Ético-Órdica no fator humano e a falta de implementação de um programa de saúde mental. A metodologia consiste em uma abordagem quantitativa, observacional e descritiva, por meio da análise estatística de medidas de tendência central e tabulações cruzadas de dados obtidos a partir de um questionário sobre atitudes em relação a um programa de saúde mental. Este questionário foi utilizado para identificar associações com as variáveis de fatores básicos de funcionamento, organizações caóticas e ética organizacional, bem como com as variáveis de atitude do fator humano: profissão, sexo e faixa etária. Os resultados mostraram um alto nível de associação entre a resistência à mudança em profissionais de saúde e problemas relacionados ao funcionamento, status e ética. Conclui-se que o fator humano apresenta resistência ética à implementação do programa de saúde mental, associada a fatores individuais problemáticos, planejamento de atividades problemático, estratégia falha, estrutura organizacional inadequada e processos internos desconectados dos objetivos organizacionais, o que explica a falta de implementação do programa de saúde mental.

Palavras-chave: mudança, ética organizacional, estudo quantitativo, fator humano, profissionais de saúde, resistência à mudança.

Introduction

A public sector mental health organization, structured through a bureaucratic model and with operational characteristics distinct from other organizations in the sector, presents a significant challenge regarding its activities. The literature reveals disorganization, errors, and ethical concerns within this organization. When faced with change, the human element may perceive it as threatening to its interests, leading to worry, distress, anxiety, and fear. Therefore, a theoretical framework is needed to assess its functioning in the face of resistance to change, which manifests itself through behavioral attitudes toward the perceived change.

To assess the association between organizational operating characteristics and the human factor, Chaordic Ethical Resistance (Resistencia Eticaórdica) is a theoretical concept formed from the words ethics, chaos, and order. It identifies the activity or behavior of the

human factor in resisting an order stipulated in a program or policy representing organizational change. The combination of the concepts of chaos and order, characterized by the word " chaordic , " and the conversion of the concept of ethics into a quantitative variable within the context of organizational behavior, innovating in the design of the theoretical construct, allows this construct to be assessed using an attitude measurement instrument directed at the human factor. This combination facilitates research in organizations. The assessment of this analytical category, through the human factor's attitude toward the perceived change represented by a mental health program, is carried out using the Questionnaire of Attitudes Toward a Mental Health Program (CURESAM v2.0), which seeks significant associations in the data.

The human factor as an element allows the achievement of objectives aimed at work processes with an impact on productivity, it also formalizes the success of the organization in the sector where it participates, however, in the context of mental health organizations, the available literature is limited in research that relates the response of people as a human factor to a specific health program that describes the type of resistance it presents.

This research examines the association between the human factor's Chaordic Ethical Resistance and the lack of implementation of an authorized mental health program. The study seeks to explain the form of resistance to the lack of implementation of the mental health program by the human factor. To this end, a quantitative, observational, and descriptive approach is used, through the analysis of data obtained from the CURESAM v2.0 attitudes questionnaire applied to the human factor. The aim is to identify the associations between indicators of basic functioning factors, a chaotic organization, and organizational ethics, in conjunction with the variables of profession, sex, and age group.

Background

In health service administration for program evaluation, the focus is on the relationship between administrative problems and the psychodynamics of work, which addresses the defensive ideology of the human factor. Saul Feldman (1977), in the Pan American Health Organization's bulletin on Mental Health Administration, demonstrates the presence of various administrative problems in mental health organizations, ranging from mismanagement by professionals lacking administrative knowledge to the allure of salary and positions of authority. This shows that similar problems persist in the organization of these services from the 1970s to the present day. Subsequently, the presence of mental disorders in the human factor is linked to the concept of *deficiency syndrome* (Dejours, 1988), leading to alterations in concentration, stress resistance, and intellectual performance, affecting functioning and excluding workers from the productive process. This form of disruption, known as *defensive*

ideology (Dejours, 1988), is a characteristic of professionals. This defensive ideology is functional for the work group, as it allows them to demonstrate cohesion and focus on their work, and can also guarantee productivity. However, the anxiety caused by professional risk and administrative policies of change can provoke defensive attitudes, manifesting as resistance.

For the development of a mental health program, focusing on *values, principles, and objectives* (Santirso, 2005) has been proposed as an explanation and advantage in relation to the primary role of mental health services. This advantage offers an opportunity to break with the stagnation of outdated services by updating their activities according to the needs of the population. By considering the health worker as a human capital factor, Soto (2011) discovers the importance of human resources in health in the face of salary, incentive, academic, compensation, and research problems, which contribute to the lack of motivation of the human factor to undertake change in mental health services.

Regarding the legal and fiscal changes brought about by reforms in the health system, these reforms have reduced public concern about the need for universal access to healthcare. Therefore, these reforms are being promoted to reorganize health institutions through the formulation of regulatory, technical, and financial instruments, seeking the necessary changes in the national health system (Juan-López, 2013). In the State of Querétaro, the Health Law of the State of Querétaro (2021) was updated to adjust the articles necessary to formalize the changes to access to health services. Within this context, the Mental Health Law of the State of Querétaro (2017) was enacted to differentiate mental health services from other medical services aimed at facilitating access for people with mental and behavioral problems. This Law establishes the framework for the State Mental Health Program of the State of Querétaro, indicating the time periods for the application of the different points of change. It is here that the human factor, in the face of the implementation of change, presents problems in adjusting the activities carried out in mental health services.

Theoretical Framework

Regarding the object of study

The Human Factor is generally considered part of personnel management and is often referred to by synonyms such as human resources, human talent, worker, staff, or collaborator, referring to the people who work in an organization regardless of their position in the organizational hierarchy. Therefore, this study focuses on the people who are a common

element in organizations, carrying out the activities necessary to achieve the organization's objectives.

Considering organizational change as a process of moving from one specific situation to another implies processes that are interrupted, altered, or disrupt people's routines. This disrupts the equilibrium of the human factor, replacing it with a provisional, uncomfortable, threatening, and tense state regarding individuals' skills, activities, and productivity in daily life. It is clear that resistance to change in these situations refers to the behavior of people within an organization who seek to discredit, delay, or prevent the implementation of that change. This aligns with Newstrom's (2011) assertion that workers resist change when they perceive it as a threat to their need for security, their interpersonal relationships, their frequent social interactions, and their self-esteem. This resistance also occurs when managers demonstrate indecisiveness, reflected in a *paralysis of activity* (Newstrom, 2011), when they are unable to communicate proposed changes. This paralysis directly affects the human factor, causing increased anxiety in daily activities.

The importance of the types of resistance generally observed includes *logical and rational resistance* (Robbins, 2009; Newstrom, 2011), which is based on facts, reasoning, logic, and scientific aspects; *psychological resistance* (Robbins, 2009; Newstrom, 2011), based on emotions, feelings, and attitudes, with an internal reaction directed from an attitudinal and sentimental perspective; and *sociological resistance* (Robbins, 2009; Newstrom, 2011), which stems from the interests of the group, its social norms and values, and is represented by the political coalition, union values, or community values as a form of defense against situations perceived as threatening. However, the aforementioned types of resistance are limited in explaining the use of concepts such as ethics, chaos, and order in the absence of a mental health program, thus requiring a different way of assessing the resilience of the human factor in this new situation. Alvarado (2012) mentions that in the bureaucratic model there are unforeseen conditions that can lead to inefficiency and imperfections, referred to as *dysfunctions of the bureaucracy* , with manifestations of alteration in the organization, among them, resistance to changes, which are perceived as a threat, intimidation or risk to the stability of the current activity, presenting opposition to modifications.

Importing this concept from another discipline allows us to situate the perspective that the human factor often tends to simulate and conceal within a context. This import, by adding an element to the factors of human behavior in organizations, allows us to explain the concept of "exonerating simulation: *an attempt to avoid a civil obligation (military service), a work obligation (unwanted job), or a penitential obligation (imprisonment to serve a sentence)"* (Higher Institute of Psychological Studies, 2022, p. 3). This concept helps explain elements of

the human factor's resistance to change when a program is not implemented. In other words, individuals use various excuses to justify their lack of participation and application, presenting a positive image and seeking to be exonerated from the acquired responsibility. This situation leads to dissimulation to conceal what they think or feel—that is, their attitudes toward change.

Making the *stipulative distinction* (Ortiz, 2016) regarding the concept of Ethics to convert it from a qualitative variable into a quantitative variable, allows it to be constituted with elements and qualities of human actions susceptible to being measured, in a situation of change it allows it to be constituted with the elements of moral values with indicators such as honesty and dishonesty, with a direction in a positive and negative sense, with an intentionality such as the right and wrong of what is done, the intensity of manipulation or impact with what is done, this conversion is called: organizational or organizational ethics.

From the legal system

Public policies, reflected in a formal legal framework, allow for the organization of societal activity across various sectors and the structuring of social relationships among individuals as a means to improve quality of life, well-being, and human development. This framework, in this case legal, regulates the care of individuals with mental health conditions. Within this framework, the care of these individuals is represented in the Mental Health Law of the State of Querétaro (2017) and, as an official guideline, in the State Mental Health Program (2018). This framework permits changes in the organization of activities related to mental health protection. Through its articles, guiding principles, and lines of action, it outlines the process for implementing changes and adapting the organization of services offered. The implementation of this proposed order in public policies, through laws and programs, enables the execution of updated activities within organizations, allowing the human element to perceive change through their attitudes, behaviors, and conduct within the organization.

From the administration

Considering the management approach allows us to understand the importance of the success or failure of any organization, whether public or private, providing goods or services, for-profit or non-profit, because its activity is related to the administrative tools used to achieve its proposed objectives. Based on these objectives, an organizational structure is developed to assign functions and responsibilities so that each person can fulfill their work activities and achieve the organizational goals. Therefore, the operational process begins with work planning, assigned tasks, and responsibilities within the organization. Among the different types of

organizations, each with distinct characteristics and a structural configuration centered on how the organization operates, are called *Simple Structure, Machine Bureaucracy, Professional Bureaucracy, Divisional Form, and Adhocracy* (Mintzberg, 1991). Therefore, it is possible to identify the structure of the organization under study.

The evaluation of an organization's performance in terms of its analytical and dynamic functionality, as an analytical and action tool for observing the functioning of the organization or company, can be carried out using the McKinsey Model, recognized worldwide because it can be adapted to different production or service organizations. This model is organized into seven factors: *Strategy, Structure, Systems, Style, Staff, Skills, and Shared Values. Values)"* (Mehdi, 2015), making it possible to evaluate the organization, forming the basic operating factors for its analysis.

The concept of *chaordic organization* (Hock, 2001), referring to the union of the words chaos and order, in an interrelation between the two, allows us to address situations related to the inability of political, commercial, or social institutions to manage their affairs, the increase in conflicts among individuals in organizations, and the growing confusion present in society. It seeks to foster a new organizational form, to move from the abnormal to the normal, from chaos to order. An organization or institution lacking a vision for the future simply repeats its past indefinitely without change (Ramírez, 2013). Consequently, the elements of a *chaordic organization* are identified with the mixture of chaos and order, in a system with the qualities of *self-organization, self-governance, adaptation, nonlinearity, and complexity* (Hock, 2001; Montoro, 2007; Ramírez, 2013; Rodríguez, 2016; Mora, 2016).

Changing organizational behavior is accompanied by a set of strategies to address the need to modify the stagnation in the organization's activity. It is based on the main objective of achieving administrative, technical, and social performance. Furthermore, it has the capacity to adapt to organizational change both internally and externally through *learning from innovations in the environment* (Editorial Grudemi , 2019). This premise of change offers movement away from functional stagnation by frequently repeating the past in a chaotic manner.

The Chaordic Ethical Resistance

The construct of Chaordic Ethical Resistance designed to evaluate a public sector mental health organization, is based on a bureaucratic model with operational characteristics distinct from others in the same sector. It aims to demonstrate activities identified as disordered, erratic, and ethically questionable in the face of change intended to impose order. The human factor may perceive this change as threatening to its interests, experiencing worry, distress, anxiety, and fear. Therefore, it requires combining several concepts and organizing them into a

theoretical construct to assess the presence, functioning, and distinct resistance, measured through attitudes toward the perceived change within the human factor. This construct integrates the conversion of the *Ethics variable* within the context of organizational behavior, combined with the basic operational elements of the McKinsey model related to the concepts of chaos and order. This relationship is characterized by the concepts of *Ethics, Chaos, and Order*, and it is through this relationship that the theoretical construct identified as *Chaordic Ethical Resistance (Resistencia Eticaórdica) is integrated*.

Consequently, this construct can be used to evaluate an organization by means of an attitude instrument directed at the human factor regarding the perception of a mental health program, in such a way that this combination helps to carry out research in this type of organization.

Method

An organizational/administrative study was conducted, employing a non-experimental, quantitative, observational, descriptive, and cross-sectional design with a single measurement. A convenience sample was drawn from the natural population, not randomly, with explanatory scope for the relationship between variables. The study included participants from a specialized mental health unit located in the city of Santiago de Querétaro. Participants included members of the organization, such as professionals in psychiatry, psychology, nursing, social work, and administration. As this was a descriptive observational study, a control group was not included.

The hypothesis was put forward that there is a relationship between the Chaordic Ethical Resistance to the lack of application of a mental health program, to respond to and explain the perception of change associated with the variables of the basic functioning factors of a chaotic organization and organizational ethics by means of a questionnaire of attitude of the human factor.

The sample size was calculated using the following formulas: $n' = S^2 \,^/ V^2 \cdot n = n'/1 + n'/N$. This is a probabilistic estimate with a 95% confidence level and a 5% margin of error. Based on a population of 90 participants, a significant sample size of 47.37 was obtained, which was rounded up to 48 people, making it representative of the mental health unit. The study included staff members assigned to the mental health area, both men and women, over 18 years of age, with positions such as psychiatrist, psychologist, nurse, social worker, and administrative staff. Forty-eight people from the organization were interviewed and agreed to participate. No exclusion or elimination criteria were applied to any of the participants. The demographic variables studied were age, sex, and profession. It was assumed that the staff were

familiar with the mental health program and the suggested changes for its implementation. After obtaining the participant's consent, they were informed how to complete the attitude questionnaire designed to measure Chaordic Ethical Resistance. The questionnaire, which assesses attitudes toward a mental health program, was developed using the dimensions of basic functioning factors, chaotic organization, and organizational ethics. It consisted of 32 items on a Likert scale with a score from 1 to 5, where 1 represents strongly disagree and 5 strongly agrees. The basic functioning factors dimension included the variables of Strategy (business), Structure (organizational), Systems (processes), Values (shared), Style (leadership), Staff (personnel), and Skills (learning), with interpretations of erratic, problematic, and functional. The chaotic organization dimension included the variables of Self-organization, Self-governance, Adaptation, Non-linearity, and Complexity in relation to chaos, chaos-order, and order. In the dimension of organizational ethics, the variables included Moral Values (dishonesty, honesty), Direction (negative, positive), Intention (incorrect, correct), and Intensity (low, medium, high). The study was approved by the mental health unit authority based on Article 38, Section V, of the Mental Health Law of the State of Querétaro. The questionnaires were administered by the researcher to avoid immediate doubts regarding the research. The data obtained were recorded on the results collection sheet and in the electronic database for statistical analysis.

A pilot test was conducted. The attitude questionnaire took 10 to 15 minutes to administer. Participants reported that the items were understood, with no confusing words or comments, and their opinion was favorable. Construct validity was obtained from the collected data using the Kaiser-Meyer-Olkin (KMO) technique: KMO = 0.531 for Chaordic Ethical Resistance, KMO = 0.767 for basic functioning factors, KMO = 0.688 for chaotic organization, and KMO = 0.845 for organizational ethics. Content validity was obtained using the expert judgment method (CVC) for Chaordic Ethical Resistance: CVC = 0.896 for basic functioning factors, CVC = 0.882 for chaotic organization, CVC = 0.907 for organizational ethics, and CVC = 0.905 for organizational ethics. The reliability with Cronbach's alpha (α) of the Chaordic Ethical Resistance α = 0.945, of basic functioning factors α = 0.871, of chaotic organization α = 0.820, of organizational ethics α = 0.915; with Pearson correlation (r) of the elements of theoretical construct with the basic functioning factors with r = 0.938, of the construct with chaotic organization r = 0.929, of the construct with organizational ethics r = 0.902; of correlation of basic functioning factors with chaotic organization r = 0.785, of basic functioning factors with organizational ethics r = 0.731, of chaotic organization with organizational ethics r = 0.845.

Once the data was entered into the database, univariate analysis was performed using Excel 2016 and SPSS 21.0. Descriptive statistical analysis was conducted, including frequency distributions, measures such as mean, mode, median, variance, and standard deviation, as well as frequency graphs and contingency or cross-tabulations, for nominal, ordinal, and interval data. Categories were established using percentile cut-off points based on the explored cases (33.33%), and ranges were determined for interpretation. Data within the categories were associated with contingency tables between the variables under study. Inferential statistics were used, including confidence intervals to categorize responses within the variables under study, contingency or cross-tabulations to analyze the association between variables, and Pearson correlation to assess the relationships between elements of the theoretical construct.

The questionnaires were stored in accordance with the regulatory framework established by Mexican Official Standard NOM-012-SSA3-2012, which sets the criteria for research and confidentiality of information concerning human subjects. Participants were informed that their results would be confidential and recorded in the electronic database. The questionnaires were stored according to current regulations. The study's bioethics were considered, adhering to institutional ethical standards, the Regulations of the General Health Law regarding health research, and Technical Standard 313, which establishes the requirements for the presentation of research projects and technical reports in health institutions, and which also applies to mental health research. The confidentiality of the results was guaranteed, the ethical aspects of the research were respected, and the study was conducted without risk to the participants.

Results

48 people were surveyed according to the requirements of the sample, which was distributed by professional category of administrative staff, social work, psychiatry, psychology and nursing.

Figure 1 shows the indicators obtained with the data of construct validity by expert judgment (CVC) that reports on the range of ≥ 0.70, content validity (KMO) on the range ≥ 0.50, reliability with Cronbach's alpha (α) on the range ≥ 0.70, Pearson correlation (r) on the positive range ≥ 0.0 with respect to the elements that make up the Chaordic Ethical Resistance.

Figure 1. Validity and Reliability of the Construct of Chaordic Ethical Resistance
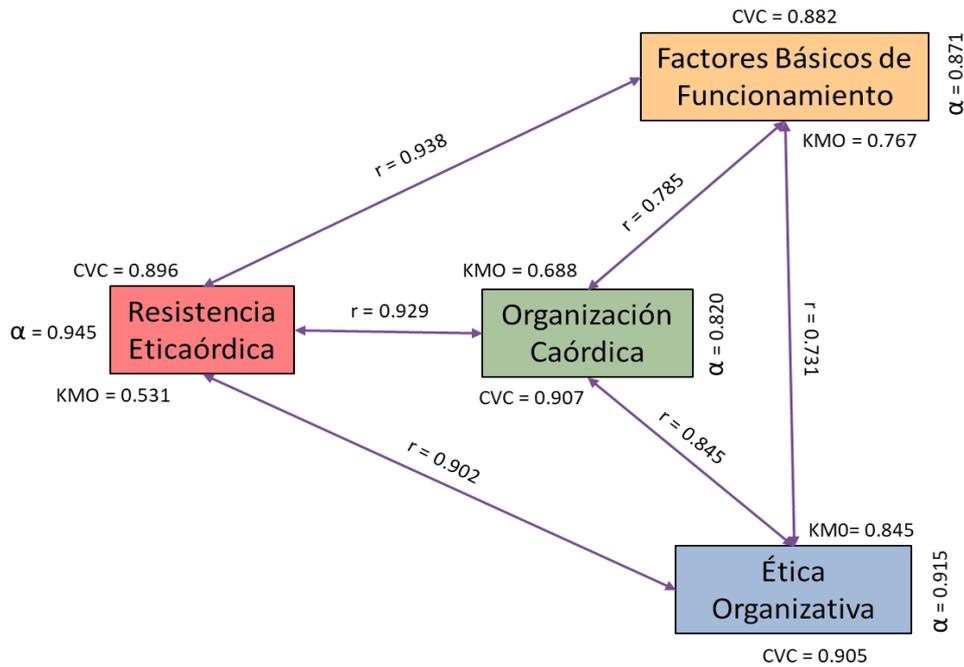
Note. CVC = content validity, KMO = construct validity, α = Cronbach's alpha, r = Pearson, own elaboration.

In Table 1 The distribution of the participating human factor is observed. Forty-eight people were surveyed according to the sample, categorized by profession as follows: psychiatry 16.7%, psychology 22.9%, nursing 12.5%, social work 14.6%, and administrative staff 33.3%. By gender, 43.8% were male and 56.3% were female. Participants were over 18 years of age and categorized by age group as follows: 20-30 years 8.3%, 31-40 years 10.4%, 41-50 years 29.2%, 51-60 years 37.5%, and 61-70 years 14.6%. Administrative staff had the highest participation rate, while nursing staff had the lowest. Female participation was 56.3%, and male participation was 43.8%. The 51-60 age group had the highest participation rate.

Table 1. Number of cases and percentage by Profession, Sex and Age Group

VARIABLE	n	%
PROFESSION		
Psychiatry	8	16.7
Psychology	11	22.9
Nursing	6	12.5
Social Work	7	14.6
Administrative	16	33.3
Total	48	100.0
SEX	n	%
Male	21	43.8
Female	27	56.3
Total	48	100.0
AGE GROUP	n	%
20-30	4	8.3
31 - 40	5	10.4
41 - 50	14	29.2
51 - 60	18	37.5
61 - 70	7	14.6
Total	48	100.0

Note. n = number, % = percentage, own elaboration.

Table 2 shows the descriptive statistics and confidence intervals for the various variables analyzed, according to the elements of the variables analyzed, the descriptive results, and the main variables of Chaordic Ethical Resistance based on the Likert scale. The results from the attitude measurement instrument show that Chaordic Ethical Resistance has a mean of 3.07 and a standard deviation of 0.650; Basic Functioning Factors have a mean of 3.05 and a standard deviation of 0.730; and Chaotic Organization and Organizational Ethics both have a mean of 3.03 and a standard deviation of 0.622, based on the responses.

Table 2. Means, standard deviation, variance, standard error, confidence intervals

VARIABLE	n	μ	σ	σ^2	ET	95% CI	
						Lower	Superior
Chaordic Ethical Resistance	48	3.07	0.650	0.423	0.093	2.88	3.26
Basic Operating Factors	48	3.05	0.730	0.533	0.105	2.84	3.26
Chaotic Organization	48	3.03	0.622	0.388	0.089	2.85	3.21
Organizational Ethics	48	3.03	0.622	0.388	0.089	2.85	3.21
Strategy (business)	48	3.19	0.867	0.751	0.125	2.94	3.44
Organizational structure	48	3.25	0.875	0.766	0.126	2.99	3.50
System (processes)	48	3.45	0.892	0.797	0.129	3.22	3.74
Shared values	48	3.17	1.093	1.195	0.158	2.85	3.48
Leadership style	48	2.94	1.109	1,230	0.160	2.62	3.26
Staff	48	2.49	1.113	1.239	0.160	2.17	2.81
Skills (learning)	48	2.88	1.093	1,197	0.158	2.56	3.19
Self-organization	48	3.38	1.006	1.013	0.145	3.09	3.68
Self-government	48	2.78	0.792	0.627	0.114	2.55	3.01
Adaptation	48	2.91	0.842	0.729	0.122	2.66	3.00
Nonlinearity	48	3.03	0.794	0.630	0.113	2.80	3.26
Complexity	48	3.05	0.794	0.630	0.115	2.82	3.28
Moral Values	48	3.04	0.988	0.977	0.143	2.75	3.33
Address	48	3.20	1.015	1.030	0.147	2.91	3.50
Intention	48	3.17	0.930	0.865	0.134	2.90	3.44
Intensity	48	3.19	0.762	0.581	0.110	2.97	3.41

Note: n = number, μ = mean, σ = standard deviation, σ^2 = variance, ET = standard error of the mean, own elaboration

Table 3 shows the percentage results of the cross-tabulations in a descriptive association for the variables of Chaordic Ethical Resistance, Basic Functioning Factors, Chaotic Organization, and Organizational Ethics. Regarding the relationship with professional category, the table presents the interpretation, showing high Chaordic Ethical Resistance in psychiatry (62.5%), followed by administrative staff (56.3%), nursing (16.7%), psychology (9.1%), and social work (0.0%). In terms of Basic Functioning Factors, psychiatry exhibits erratic functioning (62.5%), while social work shows functional functioning (57.1%). Regarding Chaotic Organization, psychiatry indicates a chaotic organization (50.0%), while psychology shows an orderly organization (54.5%). Regarding Organizational Ethics, psychiatry has low ethics with 50.0%, while nursing has medium ethics with 66.7%.

Table 3. Percentages of Chaordic Ethical Resistance, Basic Functioning Factors, Chaotic Organization, Organizational Ethics by Profession

VARIABLES		PROFESSIONAL				
		PSYCHIATRY	PSYCHOLOGY	NURSING	SOCIAL WORK	ADMINISTRATIVE
		%	%	%	%	%
CHAORDIC ETHICAL RESISTANCE	HIGH RESISTANCE	62.5	9.1	16.7		56.3
	MEDIUM STRENGTH	12.5	36.4	66.7	42.9	25.0
	LOW RESISTANCE	25.0	54.5	16.7	57.1	18.8
BASIC OPERATING FACTORS	ERRATIC	62.5	9.1			50.0
	PROBLEM	25.0	45.5	83.3	42.9	18.8
	FUNCTIONAL	12.5	45.5	16.7	57.1	31.3
CHORDIC ORGANIZATION	CHAOS	50.0	27.3		14.3	50.0
	CHAOS-ORDER	25.0	18.2	66.7	42.9	31.3
	ORDER	25.0	54.5	33.3	42.9	18.8
ORGANIZATIONAL ETHICS	LOW ETHICS	50.0	27.3		14.3	50.0
	ETHICAL MEDIA	25.0	18.2	66.7	42.9	31.3
	HIGH ETHICS	25.0	54.5	33.3	42.9	18.8

Note: % = percentage, own elaboration.

Table 4 shows the results of the cross-tabulations used to categorize the variables of Chaordic Ethical Resistance, Basic Functioning Factors, Chaotic Organization, and Organizational Ethics by sex. Descriptive differences in attitude between males and females are observed. Chaordic Ethical Resistance is high in males (42.9%) and low in females (37.0%). Regarding Basic Functioning Factors, 38.1% of males exhibit erratic functioning, while 40.7% of females exhibit functional functioning. For Chaotic Organization, 52.4% of males exhibit chaos, while 40.7% of females exhibit order. Finally, for Organizational Ethics, 52.4% of males exhibit low ethics, while 40.7% of females exhibit high ethics.

Table 4. Percentages of Chaordic Ethical Resistance, Basic Functioning Factors, Chaotic Organization, Organizational Ethics by Sex

VARIABLES		SEX	
		MALE	FEMALE
		%	%
CHAORDIC ETHICAL RESISTANCE	HIGH RESISTANCE	42.9	25.9
	MEDIUM STRENGTH	28.6	37.0
	LOW RESISTANCE	28.6	37.0
BASIC OPERATING FACTORS	ERRATIC	38.1	22.2
	PROBLEM	38.1	37.0
	FUNCTIONAL	23.8	40.7
CHORDIC ORGANIZATION	CHAOS	52.4	18.5
	CHAOS-ORDER	23.8	40.7
	ORDER	23.8	40.7
ORGANIZATIONAL ETHICS	LOW ETHICS	52.4	18.5
	ETHICAL MEDIA	23.8	40.7
	HIGH ETHICS	23.8	40.7

Note: % = percentage, own elaboration

Table 5 shows the percentage results of the cross-tabulations to locate the variables of Chaordic Ethical Resistance, Basic Functioning Factors, Chaotic Organization, Organizational Ethics according to the age of the human factor; there are problems in the components of the organization described by the different age groups. Chaordic Ethical Resistance in the 20–30 age group was high at 75.0% (n = 4), followed by the 41–50 age group at 42.9%, and the 31–40 age group at 60.0%. Regarding Basic Functioning Factors , in the 20–30 age group, erratic functioning was observed in 75.0% (n = 4), problematic functioning in the 41–50 age group at 50.0%, and functional functioning in the 31–40 age group at 60.0%. In terms of Chaotic Organization, in the 20–30 age group, chaotic organization was observed in 75.0% (n = 4), chaotic-order organization in the 41–50 age group at 50%, and orderly organization in the 51–60 age group at 38.9%. In Organizational Ethics, in the 20-30 age group, 75% had low ethics with an n = 4, the 41-50 age group had medium ethics with 50%, and the 31-40 age group had high ethics with 60% with an n = 5.

Table 5. Percentages of Chaordic Ethical Resistance, Basic Functioning Factors, Chaotic Organization, Organizational Ethics according to Age Group .

VARIABLES		AGE GROUP				
		20-30	31 - 40	41 - 50	51 - 60	61 - 70
		%	%	%	%	%
CHAORDIC ETHICAL RESISTANCE	HIGH RESISTANCE	75.0	20.0	28.6	27.8	42.9
	MEDIUM STRENGTH		20.0	42.9	33.3	42.9
	LOW RESISTANCE	25.0	60.0	28.6	38.9	14.3
BASIC OPERATING FACTORS	ERRATIC	75.0	20.0	21.4	22.2	42.9
	PROBLEM		20.0	50.0	38.9	42.9
	FUNCTIONAL	25.0	60.0	28.6	38.9	14.3
CHORDIC ORGANIZATION	CHAOS	75.0	20.0	21.4	33.3	42.9
	CHAOS-ORDER		40.0	50.0	27.8	28.6
	ORDER	25.0	40.0	28.6	38.9	28.6
ORGANIZATIONAL ETHICS	LOW ETHICS	75.0	20.0	21.4	33.3	42.9
	ETHICAL MEDIA		40.0	50.0	27.8	28.6
	HIGH ETHICS	25.0	40.0	28.6	38.9	28.6

Note: % = percentage, own elaboration.

Table 6 shows the association between the profession category and the basic functioning factors component of the construct. It reveals that the human factor across different professions considers the organization's functioning to be erratic, with descriptive similarities in the overall percentages. Within the profession category, 35.4% consider the (business) Strategy erratic, 54.2% consider the (organizational) Structure erratic, 41.7% consider the (process) Systems erratic, 45.8% consider the (shared) Values erratic, 41.7% consider the (leadership) Style erratic, 45.8% consider the (personnel) Staff erratic, and 45.8% consider the (learning) Skills erratic.

Table 6. Percentages of Basic Operating Factors according to profession category

BASIC OPERATING FACTORS		PROFESSION					
		PSYCHIATRY	PSYCHOLOGY	NURSING	SOCIAL WORK	ADMINISTRATIVE	TOTAL
		%	%	%	%	%	%
STRATEGY (BUSINESS)	ERRATIC	62.5	18.2	16.7	28.6	43.8	35.4
	PROBLEM	12.5	45.5	50.0	14.3	37.5	33.3
	FUNCTIONAL	25.0	36.4	33.3	57.1	18.8	31.3
ORGANIZATIONAL STRUCTURE	ERRATIC	75.0	45.5	50.0	57.1	50.0	54.2
	PROBLEM	12.5		33.3		25.0	14.6
	FUNCTIONAL	12.5	54.5	16.7	42.9	25.0	31.3
SYSTEMS (PROCESSES)	ERRATIC	62.5	27.3	50.0	42.9	37.5	41.7
	PROBLEM	12.5	63.6	50.0	14.3	31.3	35.4
	FUNCTIONAL	25.0	9.1		42.9	31.3	22.9
SHARED VALUES	ERRATIC	62.5	27.3	50.0	28.6	56.3	45.8
	PROBLEM	25.0	18.2	33.3		25.0	20.8
	FUNCTIONAL	12.5	54.5	16.7	71.4	18.8	33.3
LEADERSHIP STYLE	ERRATIC	75.0	27.3	33.3	28.6	43.8	41.7
	PROBLEM		45.5	50.0	14.3	31.3	29.2
	FUNCTIONAL	25.0	27.3	16.7	57.1	25.0	29.2
STAFF (PERSONAL)	ERRATIC	62.5	36.4	50.0	28.6	50.0	45.8
	PROBLEM	25.0	54.5	33.3	14.3	37.5	35.4
	FUNCTIONAL	12.5	9.1	16.7	57.1	12.5	18.8
SKILLS (LEARNING)	ERRATIC	37.5	45.5	50.0	42.9	50.0	45.8
	PROBLEM	37.5	18.2	33.3		18.8	20.8
	FUNCTIONAL	25.0	36.4	16.7	57.1	31.3	33.3

Note. % = percentage, own elaboration.

Table 7 shows the association between the profession category and the Chaotic Organization component of the construct. Considering the entire profession category, the chaotic organization element is found to be in chaos-order at 43.8%, the Self-governance element in chaos at 52.1%, the Adaptation element in chaos at 35.4%, the Nonlinearity element in chaos-order at 54.2%, and the Complexity element in chaos at 62.5%.

Table 7. Percentages of Chaotic Organization according to profession category

CHORDIC ORGANIZATION		PROFESSION					
		PSYCHIATRY	PSYCHOLOGY	NURSING	SOCIAL WORK	ADMINISTRATIVE	TOTAL
		%	%	%	%	%	%
SELF-ORGANIZATION	CHAOS	37.5	45.5	33.3	14.3	50.0	39.6
	CHAOS-ORDER	50.0	36.4	50.0	28.6	50.0	43.8
	ORDER	12.5	18.2	16.7	57.1		16.7
SELF-GOVERNMENT	CHAOS	75.0	36.4	16.7	42.9	68.8	52.1
	CHAOS-ORDER	12.5	27.3	33.3	14.3	18.8	20.8
	ORDER	12.5	36.4	50.0	42.9	12.5	27.1
ADAPTATION	CHAOS	50.0	27.3	33.3	28.6	37.5	35.4
	CHAOS-ORDER	12.5	27.3	50.0	28.6	43.8	33.3
	ORDER	37.5	45.5	16.7	42.9	18.8	31.3
NON-LINEARITY	CHAOS	62.5	27.3		28.6	37.5	33.3
	CHAOS-ORDER	25.0	54.5	100.0	42.9	56.3	54.2
	ORDER	12.5	18.2		28.6	6.3	12.5
COMPLEXITY	CHAOS	87.5	45.5	33.3	57.1	75.0	62.5
	CHAOS-ORDER		45.5	66.7	14.3	12.5	25.0
	ORDER	12.5	9.1		28.6	12.5	12.5

Note: % = percentage, own elaboration.

Table 8 shows the association between the professional variable and the organizational ethics component of the construct. It shows that within the organizational ethics category of profession, the Moral Values element is considered dishonest at 60.4%, the Management element is considered negative at 54.2%, the Intention element is considered incorrect at 60.4%, and the Intensity element is considered low at 54.2%.

Table 8. *Organizational Ethics Percentages by Profession Category*

ORGANIZATIONAL ETHICS		PROFESSION					
		PSYCHIATRY	PSYCHOLOGY	NURSING	SOCIAL WORK	ADMINISTRATIVE	TOTAL
		%	%	%	%	%	%
MORAL VALUES	DISHONESTY	75.0	36.4	66.7	28.6	81.3	60.4
	HONESTY	25.0	63.6	33.3	71.4	18.8	39.6
ADDRESS	NEGATIVE	87.5	18.2	66.7	14.3	75.0	54.2
	POSITIVE	12.5	81.8	33.3	85.7	25.0	45.8
INTENTION	INCORRECT	75.0	36.4	100.0	28.6	68.8	60.4
	CORRECT	25.0	63.6		71.4	31.3	39.6
INTENSITY	LOW	62.5	62.5	66.7	28.6	81.3	54.2
	AVERAGE			33.3	28.6	6.3	20.8
	HIGH	37.5	37.5		42.9	12.5	25.0

Note: % = percentage, own elaboration

Discussion

The results obtained identify a similarity with Dejours (1988) regarding *the deficiency syndrome* giving rise to the *defensive ideology* of professionals when it allows the cohesion and focus of the work group, and with Juan-López (2013) in relation to the need to transform the organization through agreements, conventions, laws, programs, procedures in the area of mental health, however, a similarity was observed with the *defensive ideology* in people to resist the need to transform the services of the organization through the mental health program that represents a normative order.

Feldman's (1977) description of the debate between the medical and social models is interpreted through professional profiles, operationalizing the psychiatrist as a representative of the medical model and the social worker as a representative of the social model. The results showed that psychiatrists exhibited high Chaordic Ethical Resistance (62.5%, n = 8) regarding the provision of mental health services, while social workers exhibited low Chaordic Ethical Resistance (57.1%, n = 7) regarding service provision. This suggests a debate among these professionals with differing approaches. This interpretation underscores the need to integrate the transformation, mobility, updating, and administration of mental health services into the debate—a need that has been observed from the 1970s to the present study.

The statements of Robbins (2009), Newstrom (2011), Alvarado (2012), Escudero (2014) regarding the behavior of the human factor when it becomes unpredictable in a bureaucratic organization coincide with the results obtained showing that there is little supervision, with

basic factors of operation with an erratic strategy (35.4%), erratic organizational structure (54.2%), erratic work processes (41.7%), leadership style (41.7%), erratic learning (training) (45.8%), which leads it to present inefficiency and imperfections understood as the *dysfunctions of the bureaucracy* in the organization.

The approach of Chiavenato (2009) and Newstrom (2011) regarding the inclusion of the concept of ethics in organizations, with the results obtained, makes it possible to identify that the human factor in the organization is experiencing high Chaordic Ethical Resistance towards any organizational change associated with the mental health program. This shows that organizational ethics is perceived with moral values located in dishonesty (60.4%), negative direction (54.2%), incorrect intention (60.4%), and low intensity (54.2%), allowing the perception of a threat to the areas or departments when seeking to modify operational actions, habits, customs, work processes, and acceptance of responsibilities. This could strain the ethical principles postulated in the *International Code of Medical Ethics* (World Medical Association, 2022) regarding professional practice, ethical standards, and regulatory aspects of activity in the health field.

The results of the Chaordic Ethical Resistance study show differences across professions. In psychiatry, high resistance was observed (62.5%), in psychology, low resistance (54.5%), in nursing, medium resistance (66.7%), in social work, low resistance (57.1%), and in administration, high resistance (56.3%). These results are similar to those of Chiavenato (2009), who found that the human factor can contribute to resistance to organizational change by perceiving change as a threat, a loss of daily comfort, and a feeling of insecurity. However, they also reveal a rejection of change through attitudes, emotions, erratic ethical behaviors, fears, indifference, and postponement of activities. This is similar to the findings of the Higher Institute of Psychological Studies (2022) regarding covert behavior, where the human factor uses this legal perspective to demonstrate the effects of simulation and psychological dissimulation.

In the category of sex, descriptive differences are observed, following the gender perspective proposed by Soto (2007) regarding feminist theory, which seeks to compare the best ways of thinking among women with those of men. In this context, the results show that the male way of thinking regarding administrative functioning presents descriptive differences compared to the female way of thinking. Men perceive erratic functioning (38.1%), while women perceive a functional organization (40.7%). Furthermore, in accordance with Feldman (1977), there are also problems with the professional management assigned to the position, with limited knowledge of administration, attracted by the salary and the position itself, and also placing administrative activity below clinical activity.

The way in which the human factor participates in the organization favors the presence of Chaordic Ethical Resistance, the proposal of Hock (2001) and the assertion of Ramírez (2013) in the results obtained from the total percentages, in Self-organization it is observed in chaos-order (43.8%) by allowing the rights of the worker to be considered inflexible rights when it prevents adaptation to changes and policies; in Self-governance it is observed in chaos (52.1%) with respect to the direction of authority; Adaptation is observed in chaos (35.4%) representing that power relations have difficulty focusing in each department and limiting competition between work departments; Non-Linearity is observed in chaos-order (54.2%) seeking horizontal linearity but dependent on authority; Complexity is observed in chaos (62.5%) seeking malleability and durability, however the human factor seeks to inhibit changes in activities and ignore initiative and change in the organization.

The results show similarity to the findings of Chiavenato (2009) and Newstrom (2011) regarding the perception of change and the opinion of the human factor. The integrated construct of Chaordic Ethical Resistance, considering basic operational factors, the factors of a chaotic organization, and the dimensions of the concept of organizational ethics, allows for its evaluation within the context of organizational behavior. Thus, the development of the theoretical construct of Chaordic Ethical Resistance supports the hypothesis regarding the human factor's resistance to change as a response to and description of the perception surrounding the implementation of a mental health program.

Therefore, as a practical implication, similar to Romano (2022) when he proposes the application of Kotter's eight steps to modify resistance in workers, it helps to promote change in the organization by adding an economic, operational, and technical activities perspective to develop the organization.

On the other hand, integrating the concepts of ethics, chaos, and order into a single construct helps us understand a new form of resistance to change, avoiding the simplistic notion that the human factor merely resists something. In this sense, future studies should incorporate an analysis of Chaordic Ethical Resistance to explore more deeply the dynamics of implementing programs, laws, or policies in relation to the human factor and organizational functioning.

This study makes a significant contribution to the debate on the mobility and transformation of mental health services by offering a theoretical framework to explain a new form of organizational resistance to change. The results suggest that when programs and policies are implemented as a normative order, the human factor tends to react with resistance to change, in this case, with Chaordic Ethical Resistance.

Conclusions

The need to transform services reveals that the Law and the program must be considered as a regulatory framework for transforming the organization and the services it provides, thus enabling a positive shift towards organizational change. Based on the results obtained, the objective can be achieved, and the hypothesis is supported, allowing for a description of this type of resistance to change and facilitating the identification of aspects related to the human factor.

The presence of Chaordic Ethical Resistance in the human factor becomes evident when work-related stress and fear of the unknown arise, impacting personal ethics and potentially leading to situations of exonerating simulation and psychological dissimulation to conceal one's own interests. This can explain why exonerating simulation, when intentionally contrived to avoid unwanted work obligations, seeks to project a positive image and dissemble to obtain what one desires in the face of change, represents a specific agenda.

It is possible to distinguish that the presence of Chaordic Ethical Resistance offers a description of the activity in the organization, where the indicators of Systems (processes) are considered erratic (41.7%), Values (shared) are considered erratic (45.8%), Style (of leadership) is considered erratic (41.7%), which can cause problems in the flow of information, in the development of work activity, which facilitate disunity among the members of the organization, without being able to establish a formal behavior model in the human factor.

The descriptive differences of a chaotic organization facilitate the presence of Chaordic Ethical Resistance in the human factor as a way to justify the operational and strategic difficulties involved in the management of the organization.

Skills (learning) considered erratic (45.8%) are understood as tools in training and development processes, these cease to be effective when considered only part of the teaching-learning process, when only teaching academically is the same as training for work, the possible consequence of this consideration is to inhibit preparation as the commitment of the human factor to change, or the transformation of services.

The influence of the *International Code of Medical Ethics* (World Medical Association, 2022) allows us to describe how the health professional justifies his attitudes towards the basic factors of functioning in the way of organization, it could indicate in people who do not use organizational ethics the presence of exonerating simulation and psychological dissimulation as a different attitude.

Future lines of research

For future research, it is important to specifically examine the construct of Chaordic Ethical Resistance in private and public educational and business contexts to explain the operational problems of institutional programs and promote innovation within organizations. Therefore, it is suggested that the attitude questionnaire be compared with externally validated instruments, as the construct allows for the identification of patterns in behavior.

It is possible to broaden the scope of the study by incorporating a concept from other disciplines to obtain the explanation in complementary qualitative analysis of the phenomenon, in addition to looking for some of the organizational, psychosocial, and organizational ethics aspects, for a greater understanding of the factors that influence the human factor.

The rapid evolution of the uses of artificial intelligence to detect patterns in questionnaire responses will make it interesting to explore how some proposals in intervention studies (pretest-posttest) contribute to achieving organizational innovation.

Finally, apply later to some intervention in Organizational Development to measure indicators of organizational change using the construct of Chaordic Ethical Resistance (Resistencia Eticaórdica).

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Appendix

Chaordic Ethical Resistance. Table of cut-off points

Variable	Cutting Point		Meaning		
Chaordic Ethical Resistance	2,813	3.188	High Resistance	Medium Resistance	Low Resistance
Basic Operating Factors	2,643	3.286	Erratic	Problem	Functional
Chaotic Organization	2,800	3,200	Chaos	Chaos-Order	Order
Organizational Ethics	2,800	3,200	Low ethics	Ethical Media	High ethics
Basic Operating Factors:					
Strategy (business)	2,500	3,500	Erratic	Problematic	Functional
Organizational structure	3,000	3,500	Erratic	Problematic	Functional
Systems (processes)	3,000	4,000	Erratic	Problematic	Functional
Shared values	3,000	3,500	Erratic	Problematic	Functional
Leadership style	2,500	3,500	Erratic	Problematic	Functional
Staff	2,500	3,000	Erratic	Problematic	Functional
Chaotic Organization:					
Self-organization	3,000	4,000	Chaos	Chaos-Order	Order
Self-government	2,500	3,000	Chaos	Chaos-Order	Order
Adaptation	2,500	3,000	Chaos	Chaos-Order	Order
Non-linearity	2,500	3,500	Chaos	Chaos-Order	Order
Complexity	3,000	3,500	Chaos	Chaos-Order	Order
Organizational Ethics:					
Moral Values	3,000	---	Dishonesty	Honesty	
Address	3,000	---	Negative	Positive	
Intention	3,000	---	Incorrect	Correct	
Intensity	3,000	3,500	Low intensity	Medium intensity	High intensity

Note. Percentile cut-off points based on the cases explored with 33.33% of cases, own elaboration.