Keywords: Device, Positivity, Bio politics, Intervention, Social Work

# Introduction

Meta-analytic studies are distinguished by comparing literature that reports positive e ects with respect to literature that warns of spurious or negative e ects. e history of the intervention of Social Work in the area of health has been built from a device that in the case of the Institutions of Higher Education, Social Sciences and Humanities this acquires a connotation of dispositivity sense of reproduction of social domination through the power of vigilance and punishment [1].

In this way, the present work is part of the Social Sciences division, Social Work discipline, subdiscipline of local development, but it can also be evaluated from the anthropology of power, sociology of violence or the

However, the power device is not only in the pseudoscience to reproduce the asymmetries between the actors. It is also observable in institutions that apply science closer to knowledge, medicine and psychology as examples [2]. In this sense, systematic observation is not only an inheritance of medicine, but also intervention with the purpose of modifying the course of personal micro-history, as well as the implementation of a distinctive institutional seal involves the instrumentation of the power device.

If the surveillance and control device subjects those that violate the law, the disciplinary device limits the analysis to the positivity of a scientic tradition that rejects the facility of the most advanced sciences on the pseudosciences that imitate them [7], the results of both devices, surveillance and control, on the intervention isn't only the reproduction of the domination of rulers to their governed, but also the establishment of a legal and punitive sphere that punishes those that have exceeded the disciplinary limits.

In e ect, pseudoscienti c positivity doesn't contribute to the dialogue between political and social actors, but it conditions its asymmetries through discourses and enhances the vigilance of the rulers towards the governed within the same way that knowledge is guided by those who are imitated in their scienti c procedures [4].

However, the devices not only operate in education or the private sphere, they also manifest themselves within the market through the establishment of a fair price, but in thus far as it is established from the monitoring of inputs, supply and demand, he has lost its dimension of justice, since it doesn't re ect the time socially necessary for listing, but rather a police monetary control.

In the same way in which prices reach a true price through supply and demand, the opposite elements that are monitored by the State and determined by a discretionary price, are going to be free and may have a fair value that is the result of utility that a society attributes to him and not that imposed by his government [5].

erefore, justice are going to be achieved by the State as soon as it stops monitoring and establishing a quotation which should be generated by supply and demand, through the natural (h)3 (a)19 (t a g)8.1 (0 (9n)3.9 ( m)4 (o)1u(d a)9.9 (a)8.9 (r)4 (k)9 (d (o)11.ur (t)-5.5 (in)8 a)10 ( )]TJ35 TI sh2rc, tyfcilitieice, thrbugid (i)1 (e)-8 wiceae monit1atiny anpe

and anticipate participation scenarios in several economic, political and social spheres.

# **Studies Wellbeing Subjective**

If health policies are transformed in such a way that considers the individual as a key and factor even preponderant in the new public health system, then what adjustments are models of intervention focused on the passivity of the individual and control of the professionals, disseminated at the stage of the state, but now require?

Power devices that reduced health rights and employment of workers to a specialized and conditioned by the resources and institutional capacities attention devices positivity welfare work instruments rights management, but guided by the prevention supported self-care lifestyles.

In this way, the positivity devices within the Social Work intervention guide civil participation highlight the negotiation and consensus round the labor and occupational rights that health policies recognized from the high costs for care and the low costs aimed at prevention.

In the historical nomenclature the devices are legitimized by the positivity of the sciences that imitate the hypothetic(e)1 (n) (t)10 (ur)1]TJ0.4 (c)-1 (e)2 (s t)

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Next, a model was speci ed for the study of the e ect of intervention devices in Local Development. Finally, its scope and limits are discussed with reference to other models speci ed and reported in the literature.

A content analysis was administered, considering the sort a literature with a grade of 3 and the type B literature with 1. Expert judges within the topics rated synthetic extracts of the ndings reported in three rounds of feedback in which the rst grades were discussed and reconsidered by the participants until the di erences are exhausted and consensus reached.

e data were processed in the QDA Miner version 4.0 chemical analysis packages, estimating the parameters of normality, contingency and correlation between the extracted data.

#### **Results**

e non-parametric values that support the analysis of contingencies between categories A and B with reference to the informative extracts quali ed by the expert judges.

e structure of distribution and contingency suggest a proportional consensus higher within the rst category relative to the literature that reports positive e ects of social services on the quality of life and the subjective well-being of users, suggesting the observation of the structure of relationships between categories and informative extracts.

e structure of the probability ratio shows a prevalence of the six sorts of literature and the ndings that it reports, suggesting the observation of the structure of trajectories of relations between categories and extracts.

e structure of trajectories of proportions of probabilities among the six subcategories with reference to the two categories of the e ects of social services on the quality of life and subjective well-being. A prevalence of the 2 categories is observed with respect to the six subcategories. at is, the literature consulted seems to warn that social services indistinctly a ect negatively and positively the standard of life and subjective well-being.

# Discussion

e contribution of this work to the state of the question lies in the establishment of a model for the study of the indistinct e ects of public health policies on the quality of life and the subjective well-being of the users reported in the literature consulted, but the planning of the research limits the results to the research sample, suggesting the inclusion of repositories.

e literature consulted on the consequences of public health services on the quality of life and the subjunctive warn of an improvement trend based on social care, but within the present work indistinct proportions of probability have been demonstrated.

Such ndings suggest the systematization of other sources from repositories, considering the biased tendency of positive reports, although an emergency of spurious e ects is observed while the negative e ects haven't been reported to the same extent.

# Conclusion

An indistinct scenario was found, although the literature that reports

positive e ects on the quality of life and the subjective well-being of public health services prevails; suggesting the extension of the work to repositories.

e objective of the present work was to establish the proportion of probabilities of the e ects of health policies with respect to the quality of life and the well-being of the users, although the research design limited the ndings to the research scenario suggesting the extension of the work to repositories.

Regarding the incidence of leads to health policies, the necessity for greater transparency in the publication of the spurious and negative effects of care systems, the standard of care and the evaluation of public services is appreciated.

# **Acknowledgments**

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