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*Scientific articles*

***Mejoramiento de la competencia moral: equilibrando las  
emociones en un grupo de trabajadores mexicanos***  
***Improving Moral Competence: Balancing Emotions in a Group of Mexican  
Workers***  
***Melhoria da competência moral: equilibrando as emoções em um grupo de  
trabalhadores mexicanos***

**Víctor Hugo Robles Francia\***

Universidad Juárez Autónoma de Tabasco, División Académica de Ciencias Económico-  
Administrativas, Mexico  
[vicrob13@yahoo.com.mx](mailto:vicrob13@yahoo.com.mx)  
<https://orcid.org/0000-0003-1046-4768>

**Nancy Fabiola Martínez Cervantes**

Universidad Autónoma Metropolitana, División Académica de Ciencias Sociales y  
Humanidades, México  
[nfmc@azc.uam.mx](mailto:nfmc@azc.uam.mx)  
<https://orcid.org/0000-0002-1629-8003>

**Adriana Mariela de la Cruz Caballero**

Tecnológico Nacional de México, Instituto Tecnológico Superior de Centla, México  
[adriana18100@hotmail.com](mailto:adriana18100@hotmail.com)  
<https://orcid.org/0000-0001-7155-5204>

**Víctor Adrián Robles Ramos**

Universidad Autónoma Metropolitana, División de Ciencias Sociales y Humanidades,  
México  
[adrian\\_robaram@hotmail.com](mailto:adrian_robaram@hotmail.com)  
<https://orcid.org/0000-0003-3949-7176>

## Resumen

Algunos autores destacan la necesidad de investigar las complicaciones conductuales y éticas desde la perspectiva de la salud emocional, el sufrimiento y la competencia moral de los trabajadores. Este estudio, por tanto, tuvo como objetivo realizar una intervención mediante un método deliberativo, individual y colectivo, sobre dilemas semirreales para incrementar la competencia moral en un grupo de trabajadores mexicanos y evaluar su impacto. La metodología aplicada se basó en el método de discusión de dilemas morales emocionales (MDDME). Los participantes fueron 30 trabajadores de un hospital del sureste de México, quienes habían tenido experiencias emocionales y morales significativas que implicaron alteraciones en sus vidas y sufrimiento moral, lo que presumiblemente afectó su competencia moral. En concreto, se utilizó el cuestionario moral emocional (CME) para evaluar a los trabajadores antes y después de la intervención, mientras que para analizar el efecto de la intervención en la diferencia del ICME, se realizó un análisis de varianza (ANOVA) factorial. Los resultados de este estudio son relevantes para procurar mejorar la competencia moral a través de la deliberación sobre los dilemas y las experiencias de vida, pues se demostró que la deliberación y la argumentación de los dilemas son importantes, y que el sufrimiento pasado seguía presente en los trabajadores. Asimismo, la intervención aplicada demostró ser una herramienta útil para desarrollar y elevar niveles bajos de competencia moral, ya que permite la prevención de impulsos y conductas inmorales.

**Palabras clave:** dilemas morales, emociones, intervención.

## Abstract

Various authors point out the need for research on ethical behavioral complications from the perspective of emotional health, suffering and moral competence of workers. The objective of this study was to carry out an intervention using a deliberative, individual and collective method, on semi-real dilemmas to increase moral competence in a group of Mexican workers and evaluate its impact. The methodology applied in the intervention was based on the Emotional Moral Dilemmas Discussion Method EMDDM. The participants were 30 workers from a hospital in southeastern Mexico who had a career marked by a moral emotional experience, which implied an alteration in their life, moral suffering, presupposing an impact on their moral competence. The instrument used was the EMT Moral Emotional

Questionnaire, applied to workers before and after the intervention. To evaluate the effect of the intervention on the difference in EMCI, factorial analysis of variance (ANOVA) was performed. The results of this study are relevant to the improvement of moral competence based on deliberation about dilemmas and life path. It was shown that deliberation is important, as well as the argumentation of dilemmas, it was also observed that the life trajectory, the inflection, although passed, still observed suffering in the workers.

Jointly, the applied intervention serves as a tool to develop and raise low levels of moral competence, allowing the prevention of immoral impulses and behaviors.

**Key words:** moral dilemmas, emotions, intervention.

## Resumo

Alguns autores destacam a necessidade de investigar as complicações comportamentais e éticas a partir da perspectiva da saúde emocional, do sofrimento e da competência moral dos trabalhadores. Este estudo, portanto, tem como objetivo realizar uma intervenção por meio de um método deliberativo, individual e coletivo, sobre dilemas semirreais para aumentar a competência moral em um grupo de trabalhadores mexicanos e avaliar seu impacto. A metodologia aplicada baseou-se no método de discussão de dilemas morais emocionais (MDDME). Os participantes foram 30 trabalhadores de um hospital no sul do México, que tiveram experiências emocionais e morais que implicaram alterações em suas vidas e sofrimento moral, o que presumivelmente afetou sua competência moral. Concretamente, foi utilizado o questionário moral emocional (QME) para avaliar os trabalhadores antes e depois da intervenção, enquanto para analisar o efeito da intervenção na diferenciação do ICME, foi realizada uma análise de variação (ANOVA) fatorial. Os resultados deste estudo são relevantes para melhorar a competência moral através da deliberação sobre os dilemas e as experiências de vida, pode-se demonstrar que a deliberação e a argumentação dos dilemas são importantes, e que o sofrimento passado segue apresentado em os trabalhadores. Simismo, a intervenção aplicada demonstrou ser uma ferramenta útil para desenvolver e elevar níveis baixos de competência moral, pois permite a prevenção de impulsos e condutas morais.

**Palavras-chave:** dilemas morais, emoções, intervenção.

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## Introduction

Moral behavior at work has been the subject of study in recent decades, so some research has provided knowledge about the causes and consequences of behaviors with low morality (He *et al.* , 2023). However, it seems necessary to address the scarcity of work on behavioral and ethical complications from the perspective of emotional health, suffering and moral competence of workers (Rodríguez *et al.* , 2017). In other words, research is needed that alleviates moral suffering and balances moral emotional deviation in order to correct the cognitive and emotional impairments that imply a loss of moral competence at work (Davis and Batcheller , 2020).

Moral affectation and suffering in workers implies the impossibility of acting in accordance with ethical principles in their organizational work (Davis and Batcheller , 2020), which can be aggravated due to feelings of anger, disappointment, helplessness and anguish. In fact, some workers may present physiological symptoms, such as lack of sleep, the urge to cry for no apparent reason, stomach upset, and general fatigue (Morley *et al.* , 2019).

Regarding suffering and moral affectation at work, some research has indicated that long working hours prevent the individual from enjoying a full family life. In addition, emotional consequences of harassment, selfishness of superiors, among others, have been observed (Muñoz *et al.* , 2021), which become true insoluble dilemmas for people (Allari and Abu- Moghli , 2013). For example, they must choose between fulfilling work or family needs, carrying out work actions or following their own principles, fulfilling work obligations or respecting their dignity, surviving at work or maintaining their personal values. In this way, it is recognized that there are countless situations that cause moral impairment, suffering and even a residual cognitive and emotional impact on moral competence (Muñoz *et al.* , 2021).

The impact of suffering and moral competence can occur in workers in any field, since any person usually faces great intellectual burdens, both cognitive and emotional, that cause discomfort and moral anguish (Muñoz *et al.* , 2021). These situations demand specific skills to evaluate and overcome them, including deliberative, cognitive and emotional components that help in the management of the pathology and symptomatology of moral suffering (Muñoz *et al.* , 2021).



Now, although moral competence is defined as the capacity of the human being to make assessments based on a cognitive stage and act accordingly (Kohlberg, 1964; Lind , 2011), it has been shown that this depends more on the emotional state and emotions. particulars than a rational cognitive structure (Etxeberria *et al .*, 2018; Haidt , 2001; Prinz and Nichols, 2010). In this way, moral suffering and an emotional imbalance in the worker lead to a deterioration in moral competence, which involves important emotional sensations such as guilt and shame, which affect the ability to reason and act morally (Morley *et al .*, 2019; Robles *et al .*, 2022).

Therefore, it should be noted that moral competence depends more on the emotional structure than on cognitive logic. In the words of Roeser (2011), deontological intuition determines moral action more than rational imperatives. Thus, moral competence is an emotional reaction that drives an action that is rationalized *a posteriori* , which allows it to be assessed as correct or incorrect (Etxeberria *et al .*, 2018; Haidt , 2001; Prinz and Nichols, 2010). Even Greene and Haidt (2002) and Greene *et al .* (2004) have shown evidence, from brain neuroimaging, of emotional predominance in moral decisions.

Returning to the cognitive and emotional affectation at work, this causes the individual to be unable to recognize moral imperatives, ignore the rules and manifest practical irrationality (Greene and Haidt , 2002). Consequently, the person may point to someone to blame or feel guilty for not having complied with certain principles linked to their work.

The impairment of moral competence, therefore, involves moral anguish caused by the perception of an unpleasant or repugnant fact that violates self-imposed moral principles, which causes emotional tension that can be very high and manifest in symptoms such as palpitations, feeling of shortness of breath or stomach pain, among others.

Low moral competence is due to the perception of something that violates the dignity of the person, which can affect their self-esteem, the recognition obtained and cause feelings of frustration and anger (Morley *et al .*, 2019). In this way, we move from a pleasant emotion of pride to a painful self-evaluation of guilt (Taylor, 2012; Tracy and Robins , 2007).

For this reason, some authors point out the need to design strategies to reduce the impact on the moral competence of workers ( Allari and Abu- Moghli , 2013), through interventions to correct cognitive deviations, balance emotions and improve moral

competence, as well as remedy the associated moral suffering (Davis and Batcheller , 2020; ( Allari and Abu- Moghli , 2013) with the purpose of helping workers face emotional and cognitive moral effects (Aguiar *et al .* , 2020; Schaefer and Vieira, 2015 ).

However, it is worth highlighting that the effectiveness of a given intervention depends on the dilemmas exposed to the participants and the limitations at a personal, interpersonal, group and organizational level, as well as the early detection of moral affectation and its adequate attention (Bong , 2019).

Furthermore, some research has shown that the participation of workers in deliberative processes—where all emotional expressions and opinions are respected, a group vision is integrated, and resolutions are reasoned—has a favorable effect on moral competence (Habermas, 1992; Schaefer and Vieira, 2015). These moral deliberations and conversations encompass both intuition and rationality (Aguiar *et al .* , 2020; Appiah and Mosconi, 2010; Roeser , 2011). For example, certain studies on open dialogues between workers, bosses and subordinates, and empathic emotional interrelation within the work team, demonstrate an improvement in moral affectation and moral competence in workers (Wenwen *et al .* , 2018).

Now, regarding emotional health conditions in Mexico, the 2022 National Health and Nutrition Survey indicates that 35% of the surveyed population reported having felt sadness and 34% having felt depression. These two effects were experienced by respondents at least once a week or almost all week. In the same survey, it was observed that a low percentage of respondents (8%) have thought about suicide and 4% have harmed themselves to take their own lives (Vázquez-Salas *et al .* , 2023).

However, in databases such as Scopus, Web of Science, Redalyc and Google Scholar, few empirical investigations were found in Mexico on the moral suffering of workers related to some type of interventions that favorably affect their moral competence. Consequently, it is important to observe how Mexican workers face moral demands and their emotional suffering to propose procedures that strengthen moral competence and *subsequently evaluate* the implemented procedure (Schaefer and Vieira, 2015).

Having explained the above, the objective of this study was to carry out an intervention using a deliberative, individual and collective method on semi-real emotional

moral dilemmas to increase moral competence in a group of Mexican workers and evaluate its impact.

## Hypothesis

Intervention through the discussion of emotional moral dilemmas increases the moral competence of workers.

## Materials and method

The approach of this research was mixed. That is, qualitative to evaluate a behavioral characteristic (moral competence) of a group of workers, and quantitative because moral competence is expressed numerically (Hernández and Planchuelo, 2014) based on the quantification of the emotional moral competence index. (EMCI), which ranges from zero to one hundred percentage points.

Likewise, the design was quasi-experimental, without a control group, since the participants were not selected randomly, but by convenience. The quasi-experiment focused on the intervention in an experimental group to determine the effect on their moral competence, quantified by the EMCI, based on the discussion of emotional moral dilemmas method (EMDM). The dependent variable was *change in moral competence*, and the independent variable was *the intervention procedure* (Hernández and Planchuelo, 2014). Each participating worker completed the emotional moral questionnaire (CME) (Robles, 2019) before and after the intervention.

Furthermore, the EMCI mean scores before and after the EMDDM intervention were compared to evaluate its impact among the participating workers. The EMDDM was carried out over a period of five weeks, in a group of workers from a hospital in the southeast of Tabasco, Mexico. The general stages of the intervention included the exposure of emotional moral dilemmas, deliberation, the manifestation of an emotional moral trajectory, interaction, and communication of the participants' sensations and emotions.

## Participants

An experimental group of 30 workers was formed, composed of 17 women and 13 men, with an average age of 36.7 years, all volunteers from a public hospital in the state of Tabasco, Mexico. The sample was of convenience, and the selection criterion was that the participants expressed moral suffering or a turning point in their life trajectory.

To identify these participants, 120 workers were previously interviewed, of which 30 reported having had at least one moral emotional experience that implied an alteration in their life, which presupposes an impact on their moral competence. Finally, participants were asked to sign the informed consent document, where their contribution to the research objective was explained.

## Instrument

The instrument answered by the participants, before and after the intervention, was the emotional moral test (EMT), which allows quantifying the emotional moral competence index (EMCI) (Robles, 2019). The EMT has been validated both theoretically and empirically, through exploratory and confirmatory studies in populations of various ages, while the EMCI has proven to be an effective parameter to evaluate moral competence and emotional balance (Robles, 2019, 2021).

The EMT was applied to all participants in the experimental group, who answered it at the beginning and at the end of the intervention. The questionnaire contains the story of “Juan”, who involuntarily commits patricide in self-defense. This story serves as a stimulus for respondents, as it leads them to respond based on the perceived sensations and emotions of horror, guilt, and pride; That is, they sympathize or not with the protagonist of the story (Robles, 2019).

The EMT inquires about the protagonist's emotions through 12 items: six about guilt and six about pride, corresponding to the six Kohlbergian moral phases. These items presuppose what the protagonist of the story would feel about committing patricide. The moral competence of the participants was recorded by the EMCI by measuring the consistency of the emotional phases of guilt and pride, typically represented in a percentage, from zero to one (Robles, 2019, 2021). The EMCI has been theoretically and empirically

validated and has shown good fit through exploratory and confirmatory studies in different populations of various ages (Robles, 2019, 2021).

## **Intervention procedure**

### **Period**

In the intervention procedure, a pretest and posttest evaluation was carried out with the experimental group that presented a low level of EMCI moral competence. In addition, the changes in moral competence were considered as a dependent variable and the intervention procedure (Hernández and Planchuelo, 2014) was considered as an independent variable using the emotional moral dilemmas discussion method (EMDDM), which includes seven stages.

The intervention period included five sessions: one per week, with an average duration of 90 minutes, scheduled every Tuesday from 9:00 am to 11:00 am to avoid circadian changes that could affect the behaviors and emotional aspects of the participants. (Mendoza, 2009).

The intervention was carried out in person and was guided by the facilitator, who, once the steps of the EMDDM had been explained, allowed the participants to follow the procedure autonomously. Each session included individual and collective deliberations (Habermas, 1992; Panea, 2018) about a moral dilemma (Grasseli and Salomone, 2012).

During the EMDDM, participants deliberated in small groups (Habermas, 1992) and individually reflected on pleasant and painful sensations (Bermúdez, 2013). The procedure for each session, which includes seven phases of the EMDDM, is detailed in Table 1.

The first phase consisted of instructions and the signing of an informed consent. In the second, the facilitator read the emotional dilemma, followed by each participant's individual reflection on the protagonist's feelings. The third involved discussions in small groups of three to five members. The fourth included a plenary discussion between all teams and participants. The fifth was a small group discussion about different opinions and feelings. The sixth focused on a plenary conversation between all participants. In the seventh, the expression of the participants' feelings throughout the session and at the end was encouraged. In each phase, the duration time was recorded, supervised by the facilitator, and authorization was requested to continue to the next phase.

**Table 1.** Description of the seven phases of the intervention process

Phase	Process description
1	Instructions and informed consent.
2	Reading of the emotional dilemma by the facilitator, reflection on the story and individual responses from each participant about what the protagonist of the story felt. The participants answered the following questions: how painful do you think it was for the protagonist? How much guilt did the protagonist feel?
3	Discussion in groups of three to five members, ranking their opinions on the protagonist's emotions.
4	Plenary discussion between all teams and participants. The participants listen and pay attention to what each one explains in the debate about “Nothing or a little pain” and about “A lot of guilt and pain.”
5	Discussion in the same small groups, ranking different opinions about the protagonist's emotions.
6	Plenary conversation between the teams and all participants. Similar and different feelings, emotions.
7	Plenary closing. Sensations, emotions throughout the session.

Source: self made

The material and monitoring of each session were carried out by a main facilitator and two assistants in person in a classroom arranged for this purpose, in the participants' workplace. The structure of each session included a deliberative process (Panea, 2018), both individually and in groups, about a moral dilemma (Grasseli and Salomone, 2012). The participants reflected and discussed pleasurable and painful sensations individually in small groups (Bermúdez, 2013).

### Moral dilemmas

Four moral dilemmas and one autobiographical request for an emotional moral trajectory were selected, designed to act as stimuli and promote the increase of participants' moral competence. The first dilemma addressed emotional conflict and guilt over the firing

of a manager. The second dealt with the shame of parental incest and the emotional moral conflict that led to the protagonist's suicide. The third focused on the autobiographical trajectory with a moral-emotional inflection at work, where each participant shared their own experience and identified a morally and emotionally relevant change. The fourth was related to the saving of a life, which caused a gratifying emotion, so it was about the pride and happiness of a nurse protagonist. The fifth raised shared innovation, which motivated the emotional satisfaction and pride of an engineer.

It should be noted that the central questions that triggered the deliberation dealt with the sensations (painful or pleasurable) and moral emotions (guilt and pride) of the protagonist of the dilemma. The dilemmas were previously written by the main author of this article, who has created and tested more than 10 dilemmas in various population contexts. In addition, they were previously tested with a pilot group of the same population. Those that reflected a medium and high emotional impact on the population and that were linked to the participants' environment were selected. The objective was to stimulate sensations and exalt the participants' moral emotions, such as shame, moral horror, guilt and pride.

### **Analysis of data**

A descriptive analysis of the continuous variables was carried out, which were characterized by the mean and standard deviation. In addition, the normality of the distribution was evaluated using the Kolmogorov-Smirnov test (Gómez-Gómez *et al.* , 2013). Then, to evaluate the effect of the intervention on the difference in EMCI, a factorial analysis of variance (ANOVA) was carried out, which was carried out using SPSS version 23 *software*.

### **Results**

The descriptive analysis of the variables, including the index and subindexes, was characterized by the mean and standard deviation of the participants. The moral horror subindex was slightly higher than six (6.12), while the guilt subindex showed a higher value (32.25), almost 9% (8.95%) than that of pride (29.60), and moral competence from EMCI was greater than thirty points (33.04), which is detailed in table 2.

**Table 2 . EMT competition and subindices**

	Age-Years	H-Si	G-Si	P-Si	EMCI
Mean	36.70	6.12	32.25	29.60	.3304
Std. Dev.	3.82	2.20	13.25	9.94	.23
Variance	14,586	4.85	175.68	98,854	.54

Source: self made

According to Kolmogorov-Smirnov, the p value (0.200) was greater than 0.05, so the null hypothesis is not rejected. This confirms that the data follow a normal distribution, as seen in table 3.

**Table 3. Normality test**

Variable	Test	Kolmogorov-Smirnov <sup>a</sup>		
		Statistical	FD	Sig.
EMCI	Pretest	.131	30	.200 *
	Posttest	.097	30	.200 *
G Si	Pretest	.112	30	.200 *
	Posttest	.090	30	.200 *
P Si	Pretest	.105	30	.200 *
	Posttest	.119	30	.200 *
H Si	Pretest	.164	30	.058
	Posttest	.171	30	.055
*. This is a lower limit of true significance.				
to. Lilliefors significance correction				

Source: self made

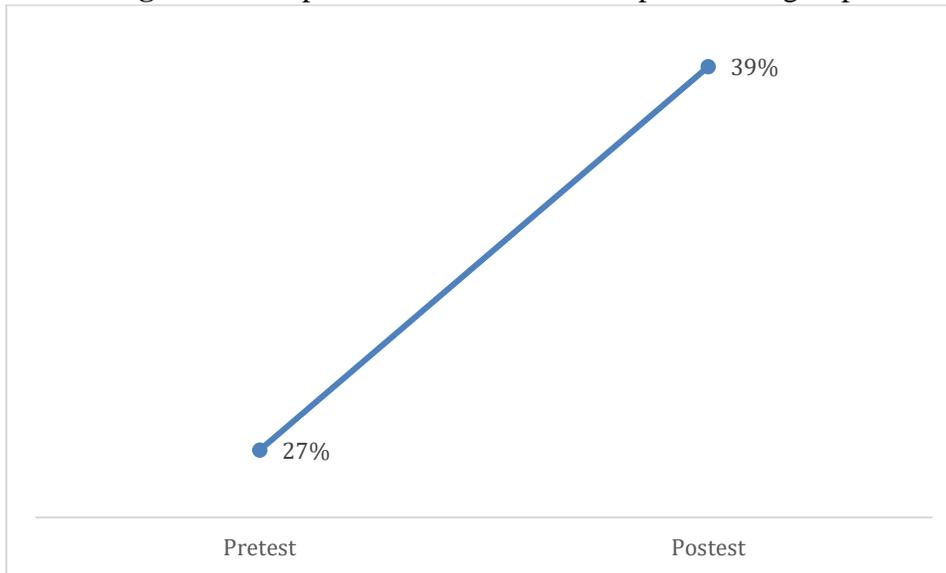
The differences in means in the experimental group are shown in table 4 and figure 1, where this group had an increase of 11 points in moral competence based on the EMCI.

**Table 4.** Comparison of means of the experimental group

EMCI			
Test	Mean	N	Standard deviation
Pretest	.2709	30	.17553
Posttest	.3899	30	.26636

Source: self made

**Figure 1.** Comparison of means of the experimental group



Source: self made

To evaluate the effect of the intervention on the difference in EMCI, a factorial analysis of variance (ANOVA) was performed. Table 5 shows that the between-subject effects of the EMCI participant groups were significant, with a p value less than 0.05 ( $F = 4.18, p = 0.05$ ). Furthermore, the effect size was moderate. The observed power was 0.520 and partial eta squared was 0.067, indicating that approximately 52% of the participants' variance was explained by the variance between the tests (pretest- posttest ).

**Table 5.** Tests of intersubject effects.

Dependent variable: EMCI							
Origin	Type III sum of squares	Fd	Quadratic mean	F	Sig.	Squared partial eta	Observed power <sup>b</sup>
Corrected model	.213 <sup>to</sup>	1	.213	4,180	.045	.067	.520
Interception	6,550	1	6,550	128,728	,000	.689	1,000
Test	.213	1	.213	4,180	.045	.067	.520
Mistake	2,951	58	.051				
Total	9,713	60					
Corrected total	3,164	59					
to. R squared = .067 (adjusted R squared = .051)							
b. It has been calculated using alpha = .05							

Source: self made

## Discussion

The results of this study are relevant to the improvement of moral competence through deliberation on emotional moral dilemmas. In this sense, moral competence - based on the emotional moral competence index - registered a significant increase of 11 points, with more than 50% of its variance explained due to the intervention carried out, which indicates that deliberation on dilemmas, life trajectory based on emotions and sensations of the participants were effective in increasing said competence (Habermas, 1992; Haidt, 2001; Prinz and Nichols, 2010).

Likewise, the results underline the effectiveness of the intervention of this study, which used deliberations about emotions, guilt and pride in moral dilemmas and personal trajectories, so that the limitations of purely cognitivist interventions, such as those carried out by Gutiérrez and Vivó, were overcome. (2005), Lind (2005) and Hernández and Planchuelo (2014).

On the other hand, participants who reported moral emotional impairment increased their ability to express sensations and emotions, which improved their moral reasoning. In a

complementary manner, the workers' comments indicated that this type of deliberations and reflections on their feelings contributed to reducing their moral anguish.

In short, intervention through deliberation of emotional moral dilemmas served as an effective tool to develop and elevate moral competence. This can contribute—as Meza and Guerrero (2016) suggest—to the prevention of immoral behaviors, so we can be optimistic about interventions of this type, since they can improve moral competence and correct morally unbalanced behaviors (Azimpour *et al.*, 2018; Meza and Guerrero, 2016; Osorio, 2018).

## Conclusion

The quasi-experiment presented—that is, training through emotional deliberation on moral dilemmas to stimulate the sensations and emotions of the workers involved—was decisive in increasing moral competence in the participants. Furthermore, this research allowed us to deduce that the expression and communication of particular emotions such as guilt, shame and pride in small groups of workers managed to strengthen trust, empathy and emotional support among them.

## Future line of research

The main purpose achieved with this research was to increase the moral competence of a group of workers through an intervention based on individual and collective deliberation on sensations and emotional reactions to dilemmas and life trajectories. Even the intervention participants stated that their moral anguish had decreased.

However, for future lines and research questions, it would be advisable to conduct longitudinal studies and the simultaneous application of instruments such as the CME by Robles (2019) and the risk of moral suffering scale by Schaefer *et al.* (2019) to observe whether the increase in moral competence and improvement is sustained throughout the adult life of workers.

In addition to this, a future line of study should be established to simultaneously evaluate organizational factors and moral competence. That is, it would be interesting to observe how organizational pressures (eg, workplace harassment, high productive pressure and low salary, among others) deteriorate the moral competence of workers.

Finally, it would be relevant to analyze whether the structure, strategies, policies and organizational culture determine moral competence and affect the emotional and moral balance of workers ( Allari and Abu- Moghli , 2013).

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Contribution Role	Author(s)
Conceptualization	Victor Hugo Robles France
Methodology	Adriana Mariela De la Cruz Caballero (supporting)
Software	Victor Hugo Robles France Nancy Fabiola Martínez Cervantes (same)
Validation	Adriana Mariela de la Cruz Caballero (same) Nancy Fabiola Martínez Cervantes (same)
Formal Analysis	Victor Hugo Robles France Nancy Fabiola Martínez Cervantes (who supports)
Investigation	Víctor Adrián Robles Ramos (same) Nancy Fabiola Martínez Cervantes (same)
Resources	Adriana Mariela de la Cruz Caballero (same) Nancy Fabiola Martínez Cervantes (same)
Data curation	Victor Hugo Robles France Víctor Adrián Robles Ramos (who supports)
Writing - Preparation of the original draft	Victor Hugo Robles France Adriana Mariela de la Cruz Caballero (same)
Writing - Review and editing	Victor Hugo Robles France Adriana Mariela de la Cruz Caballero (who supports) Nancy Fabiola Martínez Cervantes (who supports)
Display	Victor Hugo Robles France Víctor Adrián Robles Ramos (same)
Supervision	Victor Hugo Robles France
Project management	Adriana Mariela De la Cruz Caballero Víctor Adrián Robles Ramos (who supports)
Fund acquisition	Victor Hugo Robles France