

Appreciation of the Educational Role of the Nurse on the Inhabitants of a Community

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ABSTRACT

Introduction: Health education is one of the most powerful desires that are used to struggle for equality and attain a healthy population with autonomy and capacity of election, where the nursing professional has a pivotal role. **Objective:** Explore the perception of the users of a health center about the role of the nurse in health education (EpS, by its acronym in Spanish). **Methodology:** Qualitative study based on the Grounded Theory carried out in a health center of a community located in Pie de Gallo, Santa Rosa Jáuregui, State of Querétaro. Data collection was made through a semi-structured interview in 2 focus groups. Ethical principles of the Council for International Organizations of Medical Sciences were respected. **Results:** Twenty users (men and women) were interviewed. Three categories of assessments were obtained, namely: a. Attitude of the nurse toward the users, b. Nursing care, and c. Additional findings. **Conclusions:** While the main functions of the personnel within the hospital are identified, it is necessary to go into more depth in the education area within health promotion.

Key Words: Stereotype; Ageing; Students; Health Sciences. (DeCS).

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INTRODUCTION

Health education (EpS) is defined as a “process that informs, motivates, and helps the population to adopt and keep healthy practices and lifestyles; advocates for the environmental changes that are necessary to facilitate these objectives” ⁽¹⁾. While this is not a new area, since it has always been part of the work of the nurse, currently, health promotion toward the population has gained more interest in the health promotion sector given the global health situation, where the work in the basic level of care becomes vital. In this respect, EpS has been proposed as one of the powerful desires to fight for equality and try to reach a health population with autonomy and capacity to make the proper choices for our own health. However, lack of results of such desire is due to the fact that the health concept is focused on disease ⁽²⁾.

Nursing science advocates the study and response to the promotion of individual care and self-care as part of its disciplinary identity; however, the role of nursing in the collective self-care has not been widely explored. This role is related to the quality of the relationship that is established between the nurse and the community, resulting in the implementation of successful care and self-care interventions, this in the current context where the citizens require to be a protagonist in health management and in the active promotion of health ⁽³⁾.

The main responsibility of nurses who work in clinical services in the different levels of health care is to provide nursing care; nevertheless, this responsibility is closely linked to health education, which favors the development of self-care capacities both in patients and in their families in order to increase the care self-efficacy ⁽⁴⁾.

In accordance with the International Council of Nurses (ICN) and the World Health Organization (WHO), the nurses are the backbone of the healthcare systems, who play a major role both in health promotion as well as in prevention, treatment, and care. Many times, the nurses are the first and sometimes, the only, health professional to whom people can have access and the quality of their initial evaluation, care, and treatment is vital. They are part of the local community (share its culture, strengths, and weaknesses), and can shape and carry out effective interventions to cover the needs of the patients, families, and communities ⁽⁵⁾. The functions of the nurses within the health education area are: Health promotion, both at individual and collective level; training with respect to disease preventive measures; moving forward health education providing guidelines for the adoption of appropriate healthy lifestyles and changes of habits and attitudes to favor health and quality of life, among other things ⁽⁶⁾.

Nursing is identified as a humanist profession, focused on individual, collective, and environmental care, from the performance of its actions. However, these have been disregarded due to work overload, scarce institutional infrastructure, lack of material resources for care provision,

and the amount of people who have to be served, according to Rosa, et al. ⁽⁷⁾, which limits the very purpose of a health system, which, according to the WHO ⁽⁸⁾ is to improve the health of the population providing services that respond to the needs of the people and are fair, while at the same time, a dignified treatment is provided to the users.

In accordance with the above, the perception that the people who receive health services have regarding the role of the nurse in health education depends on the care received and the expectation they have about the nurse. Nurses are part of the largest group of health providers who are at the forefront of health care and spend most of their time with patients and their families, which provides excellent opportunities to provide health education ⁽²⁾.

Accordingly, knowing the perception of the users about health systems is identified as a priority, this in order to contribute to improve the quality of the care or a specific area within the health system. The following are some of the studies focused on the perception of the users regarding health systems (mentioning that within the primary healthcare facilities the information is scarce) that confirm the value of the care from the nursing area:

In the study under the name “Perception on the nursing care in a intensive care unit”, a result obtained was the importance that the nursing care within this area has for the patients, who felt secure and confident, also establishing a difference between a positive experience and a negative one ⁽⁶⁾.

In the research under the name “Perception of the user of a dignified treatment from the nurses in a hospital located in the State of Mexico”, it was found that the user satisfaction regarding nursing services is directly proportional to the perception of a dignified treatment received from this health professional ⁽⁹⁾. Likewise, in “Perception of the patient about the nursing profession in primary healthcare in Tenerife”, the patients acknowledged that the nurses were available, thus, offering a service that improved their health ⁽¹⁰⁾.

On this basis, the affinity shown by the nurse regarding the requirements and needs of the citizens is measured by the perception that the community and the health system confer her; therefore, knowing the opinion of the user becomes a vital tool within the health area since it is an important indicator to determine the quality of the care according to the information offered by the users through interviews or discussion groups. Hence, identifying this perception through the use of qualitative research regarding the nursing role within this area provides relevant and supplementary data both in primary care and hospital services, in addition to be of utmost importance for the nursing practice itself. For this reason, the need to discover the point of view that the community inhabitants have regarding the nursing work emerges.

In this context, the Grounded Theory (TF, by its acronym in Spanish), which through the Symbolic Interactionism carries out an approach to the reality of the subject matter; TF is a analysis tool that generates,

formalizes, and increases the knowledge of the profession from the findings, contributing to the nursing practice. It helps to identify subjectivity and effects originating from the interaction among the actors as central points of the sociological perspectives; thus, the questions in the studies based on this perspective are addressed to the meaning that things have for the individuals, and the manner in which they affect their conduct and interaction with each other ⁽¹¹⁾.

Thereby, based on the raised reference, it was proposed as the objective of this research the determination of the perception of the educational role of the nurse in the population of a community in the State of Queretaro, Mexico.

METHODOLOGY

The design of the research was of qualitative nature based on the Grounded Theory (TF), using as reference the Symbolic Interactionism. The study population included men and women with residence in a rural community in the central-north part of Mexico. This place has 4,089 inhabitants and is situated 7.8 kilometers from the center of Santa Rosa Jáuregui. The community has access to basic services such as housing and utilities, in addition to pavement on the main street. The health center has a reception, where the nurse has her/his work area, two doctors' offices, a warehouse, and a room independent of the main building where the people receive talks as part of the support given by some government programs. The health personnel work from Monday to Friday, from 8 am to 3:30 pm; health personnel are comprised by one nurse (who additionally is in charge of the administration area), a general doctor, and a dentist. According to the doctor, the average visits per day vary between 20 and 30. However, it is important to mention that in occasions, the nurse is absent attending meetings or collecting material for the center and the user are consulted by the doctor or dentist, according to the type of consultation required.

To participate in the research, the participants required to have referred their attendance to the Health Center in the last year, regardless they knew how to read or write, aged between 20 and 65, with voluntary availability to participate in the focus group through a verbal consent, as well as an authorization to use the information for academic and research purposes, always respecting its confidentiality and by using an alias.

Snowball was used as sampling, seeking theoretical saturation of the data. As strategy to collect information, the semi-structured interview in the modality of the focus group was used, with the purpose to listen to and analyze information, having as main objective to better understand the feelings and thoughts of the people regarding any subject, problem or service ⁽¹²⁾. In order to delimit the object of interest, a series of questions were designed; however, during the interview, the participants had freedom to express

what they considered it was important. To validate the questions, two pilot tests were applied to 5 and 7 persons, respectively, with the same corresponding characteristics, but who were not part of the final sample. Such pilot study allowed exploring the quality of the questions made to the participants, in order to determine if they were clear and it was allowed to give comprehensive responses.

The interviews were made at the address of one of the leaders of the community (Pie de Gallo), due to the fact that the place is big and has easy access. Information was collected from October to November 2018, and it was the people of the community who set forth the dates for the meetings according to their time availability and activities. When carrying out this study, the ethical aspects appointed in the Regulation of the General Health Act in the Area of Health Research, and the International Ethical Guidelines related to the Human Health Research prepared by the Council for International Organizations of Medical Sciences (CIOMS) in coordination with WHO ⁽¹³⁾, were considered. The research was revised by the Bioethics Committee of the Nursing School and after that it was approved and registered, with registration number 10145. All the participants in the study had clear understanding that their participation was voluntary, that they could withdraw when required without any explanation, and that the information provided would be managed as confidential. No identification data was required from any of the participants that could facilitate her/his location.

Each focus group was comprised by 10 individuals. At the beginning, the objective and the characteristics of the research were explained to the participants of each focus group, as well as their authorization was requested in order to be able to audio-record the sessions. From that moment, the interview took place. Once it was finalized, we proceeded to transcribe the information of the audio-recorded interviews with the help of the program Listen N Write. For the registration of the information in Word, each participant received an alias.

The method that was followed to do the analysis and interpretation of content was the continuous comparison of the data (MCC), according to Corbin & Strauss ⁽¹⁴⁾, in order to shape the theoretical trend and refine the concepts and meaning from the search of categories and sub-categories. Likewise, simultaneously data coding and data analysis continued, using open coding, where data was examined, compared, and conceptualized, generating a code. After that, through axial coding the data was grouped according to the relationship between categories and sub-categories, and, finally, the selective coding from which the main category (representing the core subject of the research) resulted.

RESULTS

Twenty people were interviewed (15 women and 5 men). Table 1 shows the outstanding socio-demographic data.

Table 1. Socio-demographic characteristics of the participants of the focus group

Age	Women	Men
Age range		
20-30 años	5	1
31-40 años	5	1
60-65 años	5	3
Occupation		
House	4	0
Sales	1	0
Construction worker	0	2
Without a trade	-	3
Education level		
Elementary school.	6	5
Junior High	8	0
High School	1	0
Total	<i>n</i> =15	<i>n</i> =5

Source: interviews carried out

1st Category: Attitude of the nurse toward the users

According to the perception of the users, it is evident that good treatment and the attitude of the nursing personnel toward them, when they go to see the doctor, are very important, even it is considered a way to rate the nurses, determining how good they are, as well as the way they work, as the following paragraph shows it:

Mrs. Lety: She has to do a good work, right? So, we, since we are going to receive her care, well, we can have the capacity to decide, "she is a good nurse, treats us well, makes her work fine, and collaborates with all of us."

They consider that the nurse has to have a good attitude all the time, being respect the main characteristic:

Mrs. Martha: To have a good attitude toward the people, to the person the nurse is going to provide the care... take care of the person in a good way, with respect, since we all deserve respect, although the service is free, we deserve respect, both from us to them, as from them to us.

Mr. José: More than anything else, firstly, friendliness, right? Most of all, the way they treat the clients or the people...

However, there are occasions that the users justify a poor healthcare arguing that they have excessive work.

Mrs. Flor: My sister told me that she went there one time, and that they were very stressed out, and the nurse told her "things" ...that's what my sister told me.

2nd Category: Nursing Care

With respect to the knowledge about the care provided by the nursing personnel, the users stated a general concept about this activity which is performed within their Health Center:

Mrs. Mercedes: Weigh us, take our blood pressure, our sugar in the finger, give the doctor's appointment to those that will be seen by the doctor, sometimes they put injections or insulin to diabetics... well, that in general.

Mrs. Guadalupe: They also do the Papanicolaou, mmm, put the IUD, all of that to not to get pregnant, and also they give talks about how to take care of us in that respect... this is what nurses do.

Regarding the subject of prevention (fundamental role), they mentioned that sometimes they teach health topics according to the season or to a need that was detected; also, they mentioned topics they would like to be included, for the benefit of the community:

Mrs. Guadalupe: They tell us: "You should not eat this and that..." or, how to say it, to diabetics or hypertensive, they say they do not have to drink soft drinks, or eat sugar, salt, all of that because it will damage their

health, so they know we have that illness, she gives you a little piece of paper and tells you: "you know, you have to take care of you like this, more or less, so you do not get worse..."

Mrs. Lety: Oh, I know they have to teach us first aid (laugh), why, do you know that sometimes our children and even our family, or even someone who needs it, and sometimes we do not receive that information.

Within the prevention area, they also mention the education material that is usually used by the personnel to teach or increase their knowledge about various health topics, where posters and talks are the most used tools, both inside and outside the health centers:

Mr. Alberto: Yes, there are signs with information posted in the health center, and sometimes when we are waiting, well, we read them, while we wait to see the doctor, and if anyone wants to know more than what the signs say, well, we ask the nurse or the doctor, well, that is what I do, when I go for consultation.

Mrs. Flor: In the talks too, they put us together and start talking about a specific topic.

Mrs. Fernanda: Also they go to the schools to give talks to the children.

However, in the expressions of the users, there is discontent regarding the care the beneficiaries receive with the government program, to which the information talks are addressed:

Mrs. Guadalupe: The one who is here does it with those who have "Prospera", mostly, they are put together and this is when the meeting takes place and they say... in the talks, the ones we have to attend, about weight, malnutrition, food, or diabetes, or it depends on your disease ...she talks to us about it.

Mrs. Martha: But not all of us have that support (Prospera) and those talks, sometimes when we go to the center we see signs with images, or something like that, and we read them, right? But, not everybody can read, sometimes we just watch.

3rd Category: Additional Findings

From these opinions, it becomes notorious the need to have more health personnel, when the users talk about the Health Center where they receive the health care they need, but this is not exclusive of nursing personnel.

Mrs. Lety: The community is specially big and we need

more nurses and doctors who can provide health care, mainly.

Mr. Rufles: Well, I think we need two nurses; I have gone to the health center for consultation and the nurse was not there, because she went to Santa Rosa or somewhere, and there is no [nurse] to check us, so the doctor see us. Sometimes he checks us like the nurse, but not all the time... and outside is empty, only the people waiting to be called by the doctor.

This means that there is not the necessary medical care for the people of the community:

Mrs. María de Jesús: We need another doctor and nurse; they should come so the whole community can receive the health care needed, because this community is very big.

Mrs. Teresa: I would like to have two doctor's shifts, since there is only one shift; so, if you are lucky enough you have the appointment, but, if not, you don't see the doctor... in Santa Rosa there are two shifts.

Mrs. Camila: To me it is better to go to the Health Center in Santa Rosa, there they do examine us; instead, here, they just say: "There are no more doctor's appointments; or, the person is not very ill, let's see first those who are really ill; if you just have a cold, they tell you there is no problem", this is what they tell us.

DISCUSSION

The use of TF within research allows contextualizing and a better understanding of the subjective experience of the people before a specific situation, of which they do not have much information ⁽¹⁵⁾, such as this study; thus, this approach allowed uncovering the perception of the users of a community about the role of the nurse in Health Education, when describing their experiences, comments, and opinions along the interviews.

To reinforce the importance of knowing the perceptions of the users within the health system, the research under the name "The perception of the quality of health care in Mexico: From the perspective of the users", indicates that despite that in this study the results in relation to the care from personnel were positive, the variable related to good treatment was low; thus, it is acknowledged and suggested to focus on knowing the perspective of the community and determine the need to implement actions to continuously improve the quality of the care ⁽¹⁶⁾.

The category "attitude of the nurse toward the users" which emerged from the interviews carried out to the participants, it is the result of the experiences and feelings

the interviewees themselves had, where they considered that most of the time that they go to see the doctor the treatment or attitude perceived from the nurse toward them is not that of respect, friendliness, or kindness, an important factor regarding the image of the nurse within the community. These results are contrary to the findings from other studies (as similar as possible, although not qualitative). García ⁽⁶⁾, in his study under the name "Perception of the user regarding the dignified treatment provided by the nursing area in a hospital of the State of Mexico", found that the perception of the user about the treatment of the nurse was proper, where 91% of the users said they were treated with respect.

Within the qualitative research about the "Quality perceived regarding the health care in a public network of the municipality of Pasto, Colombia"; in one of the results in relation to the characteristics attributed to the health personnel, these characteristics were considered good. However, it also showed that workload could affect the behavior of the professional, and the users may consider them rude or stressed out ⁽¹⁷⁾. This agrees with the finding from our study, where the users acknowledged that sometimes the rudeness toward them, in this case from the nursing personnel, is due to an excessive workload, therefore, resulting in bad attitudes or actions toward them.

Additionally, the research entitled "Patient satisfaction in a basic level of health care" states that the satisfaction with the nursing personnel was high, although the implementation of measures to increase the quality of the care is considered important, in order to increase the user satisfaction and improve aspects of the human relationships, such as communication and the treatment of the patient, using a biopsychosocial approach ⁽¹⁸⁾.

In a research under the name "Perception of the relative and patient about the dignified treatment provided by the nursing personnel" it was found that, in general, the interviewees stated they were treated with respect, but they observed that the standard indicator for attention or dignified treatment from the nursing personnel was not reached ⁽¹⁹⁾. This differs from the research called "Perception of the patient regarding the care provided by the nursing personnel", where it is stated that more than 50% of the participants expressed they have never been treated with respect during the time they had received care from the nursing personnel ⁽²⁰⁾.

In this way we can note that according to the users when referring to the care received from the personnel, terms such as treatment, kindness, clarification of concerns, and willingness to help come into play as important factors to rate the care received as good or poor.

With regard to the item "Nursing Functions", the participants were aware of the key activities performed by the nurses, such as "blood pressure measurements", "blood sugar measurements", application of injections, weight and height measurement, and medical support when necessary.

This result is similar to the one found in the research carried out in Costa Rica called "Perception of the users

about the nursing work in primary care level", where the 218 individuals interviewed agreed that the key function of nursing is to measure blood pressure, pulse, temperature, and breathing rate ⁽²¹⁾.

Within a thematic analysis pertaining to "The social image of nursing: A profession to learn about", where aspects such as "what the society expects from this profession, and tasks or functions that they believe they perform, where putting injections, heal wounds, or help the doctor are the most related to the nursing profession ⁽²²⁾.

With respect to EpS, according to the users, this is carried out superficially and sometimes on certain people; Soto ⁽⁴⁾ carried out a literature review entitled "Health education, a core element of the nursing care" in order to find out about health education as part of the nursing role in its professional activities, concluding that this is situated on a less important level, which may be considered as a threat since this basic tool used to take care of patients can be lost, especially for the primary level, particularly because in this level the EpS is fundamental for promoting a change in the health behavior.

Finally, in the category "additional findings", lack of health personnel, both doctors and nurses, is a problem, since from the point of view of the community, it affects the care received.

Basic pillars of the health system shall be immediate availability of the health services when someone in the community gets sick, and be able to have access to medical treatments and to emergency services; however, according to the experiences of the participants these important pillars are stumbling.

Some of the limitations that we had during our data collection were: a) The intention was to have female and male participants in the same proportion, that is, the same amount of men and women, but due to the schedule assigned for community visits, male users were working, which made their participation difficult; b) once day and time were changed in order to make the focus group and be able to have more participation of men, it was found that men were not as collaborative as women; hence, in the second focus group only women were convened.

CONCLUSIONS

Based on the objective proposed in this study, within the community, the basic activities of the nurse as well as their work within the preventive area were identified. In doing so, it was also recognized that in order to meet the chief nursing purpose and function in the community area is necessary that the community delves in the implementation of health promotion exploiting to the full the tools of the EpS, in order to truly have an impact on the community to try to empower them and they make the decision to change their lifestyle in relation to the resources at their disposal. Accordingly, the results of the study showed that, indeed, the manner in

which nurses are valued have an impact on their relationships with the community; however, a high value meaning was not identified given the superficial relationship the participants had with the nurses.

It would be worth to carry out studies that allow knowing the other side of the coin, that is, the perception of the nursing personnel about their education function on the population, their role within the community, and within a multidisciplinary team.

CONFLICT OF INTEREST

There is no conflict of interests among the authors.

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