

Culture of Care in the Quality of the Nursing Service: A Systematic Review

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Abstract:- The culture of care in the quality of the Nursing service aimed at the effectiveness and efficiency of professional practice has made it manifest certain aspects that precede the provision of the service, such as personal, institutional and even ethical when providing a nursing service. **Objective:** to describe the components of the culture of care in the quality of the Nursing service. **Methodology:** A systematic review was carried out, where 11 databases were consulted, using keywords for the search and using the Boolean DNA and OR operators. A total of 18 original articles were obtained that met the established inclusion and exclusion criteria. **Results:** the dimensions of service quality refer mainly to physical goods, the lack of defects and their reliability over time, on the other hand, the culture of care is based on the commitment and participation of those involved in attention. **Conclusion:** it is necessary to establish interdisciplinary and multidisciplinary support networks to achieve comprehensive health, culturally with quality care, taking into account the real needs of the population.

Keywords:- Culture, Care, Nursing, Service, Attention.

I. INTRODUCTION

This research article is conceived as a reflection from an analytical perspective as a result of a previous observation of the reality to be studied, which is referred to the context of the culture of care in the quality of nursing services, in different health institutions under the Ministry of Public Health and the Ecuadorian Institute of Social Security, where the theoretical bases on the culture of care in organizations and the quality of nursing services have been taken into consideration.

In this sense, the quality of health service is an issue that has become more relevant today, since the highest world body responsible for the regimentation of the health portfolio, decreed the Covid-19 as a pandemic and spread the suggestion in relation to protective measures for the population worldwide. The events that have marked the year

2020, have also generated that greater importance is given to nursing care and organizational culture that can affect or benefit the activity exercised daily by these professionals, in the national, regional and global context.

Faced with this pandemic event, the decision was made to choose the topic concerning the culture of care, in order to analyze it based on a theoretical approach that reveals its intrinsic connection with the quality of the health service. In this regard, it has been necessary to consider one of the precepts found in the text of the Committee of Experts of the World Health Organization (WHO, 2018), called the practice of nursing, which states the following on the topic addressed: "citizens increasingly demand health services of easy access and high quality", making nursing professionals the "health personnel who enable users not only to recover, but also to learn to take care of themselves from external agents, to maintain high standards of well-being" (1).

Thus, it is necessary to highlight the conceptions that experts give to the key words of this article. For this purpose, the criterion of Siles (2) was taken, who conceived culture as "the beliefs, customs and values that govern the way of life of a community". From this perspective, the culture of care was defined by Santos, Marques and Bittencourt (3) as "the components on which the actions of nursing professionals are based, in relation to the factors of the internal and external hospital environment, which directly influence the performance of nurses". Meanwhile, Fea (4) states that service quality is specifically focused on "doing things in an optimal way, from the very beginning of a process, in order to satisfy relevant requirements for users".

It should be noted that the culture of care and the quality of health services have been affected by political, social and economic factors, which influence variations in both categories or dimensions. Therefore, in Latin America, where most of the countries have the denomination of developing nations, the lack of resources, weak laws, corruption and demographic growth, are components that have had a negative impact on the cultural level of nursing

professionals responsible for the practice of care, reducing the levels of satisfaction expected by citizens, to the detriment of health quality in this region, whose affectation caused by the pandemic, is among the worst in the world (5).

The above mentioned in the previous paragraph, is also assignable to Ecuador, because the nursing profession was framed in the exercise of nursing assistants until the end of the last century and only in the last two decades that situation has been changing in public and private hospital establishments in the country, which have been oriented towards the training of Bachelor and Bachelor of Nursing, and even, since 2010, the Ecuadorian government that led in this period, motivated them to continue studying in graduate education, to strengthen their culture, despite the economic and political problems in which health services are performing, which affect the quality of health care, locally and nationally (6).

For this reason, the main problem of the research is centered on the low or moderate quality of the health service offered by the hospital establishments located at local and national level, and from what has been described in the previous paragraphs, a very close association with the culture of nursing care can be deduced. Therefore, it is intended to review theoretical constructs that refer to this intrinsic relationship that has been highlighted by the World Health Organization (WHO) and some authors already mentioned, who have also coincided in expressing a close link between the cultural level of nursing practice and citizen satisfaction with the practical application of this care. This means that the elements that are part of the culture of nursing professionals, which are not only found inside the hospital establishment, but are also immersed in the external environment of these institutions, can greatly affect the efficiency in the practice of the nursing profession, a situation that in turn, can trigger limitations to achieve high standards of quality in health services and significantly reduce the satisfaction of users, who increasingly demand better health care (7).

What was stated in the last two paragraphs has become a common denominator during the pandemic, where the demand of the population to access hospitals and health centers that are part of the network of facilities attached to the Ministry of Public Health (MPH) and the Ecuadorian Institute of Social Security (EISS), was totally increasing at the national level, where it was known according to news reports, that users perceived a high level of dissatisfaction due to resource limitations, which did not contribute to the protection of the integrity of patients.

Thus, it is observed that external factors, such as the reduced budget allocations for health institutions, affected the culture and attitudes of nursing professionals during their work, with a clear impact on the non-compliance with the constitutional principle stipulated in Article 32 of the Magna Carta, which expresses the guarantee of offering health care with high quality standards.

The present article was written due to the continuous complaints from the population about the handling of the pandemic in the different hospitals and health centers attached to the Ministry of Public Health (MSP) and the Ecuadorian Institute of Social Security (EISS), which greatly affected the quality of health care. For this reason, it is intended to establish links between this consequence with the practice of nursing professionals, analyzed from the point of view of cultural components, such as beliefs and values, personality, leadership, which are given to these health personnel, as well as the aspects inherent to communication and care in these entities that had to receive many users since March of this year, until the present date (8).

Thus, the analysis of the components that are connected to the culture of nursing care, as well as the brief study of the dimensions of the quality of health service, has been carried out from a theoretical perspective, with a focus on the literature review. This means that the manifestos described in the development of the article may well serve and be very useful to support some studies that relate to these elements that make up the key phrases of the subject raised (9). With this, it is permanently sought that the experts in these sanitary matters can propose valid solutions to improve the current situation of this conflictive situation.

The scientific, social and academic contributions of this article are also exposed, because the theory resulting from the research, besides being of great utility for the discipline of nursing, because it is based on the application of holistic and scientific criteria on the culture of care and its connection with the quality of health service (10), whose development is systematized and coherent, so it can also be useful for trainees who are receiving training in the Nursing Career, to support their projections and research. This, in turn, can become a solid basis for strengthening and maximizing citizen satisfaction.

The main beneficiaries of the research are represented by all the citizens who are users of health services and who maintain the expectation of the enhancement of the quality standards of health care, which is also closely connected to the culture of nursing care, which is why the nursing professionals are also beneficiaries of this article, who should contribute with their research skills to the direct welfare of the community in general, maintaining the expectation that the theoretical constructs described in this study can be of great benefit to the relationship between nurses - patients.

Culture of Nursing Care

The treatment of culture at a general level, according to Gómez, Pelcastre y Parada (11), is conceived as "the way of life adopted by a community", i.e., when referring to organizations, its cultural aspects underlie the policy, mission, education and training of human talent, existence of infrastructure and resources, methods and procedures for citizen service, among others. In short, organizational culture, according to Ortega, German, Brito, Rueda and Salcedo (12), consists of "the internal and environmental

dimensions that shape the way an entity acts in order to fulfill its institutional mission".

It can be clearly understood that the staff of a hospital organization may adopt certain attitudes and work methods, depending on certain internal and external factors, such as, for example, infrastructure, technology, processes, resources, population demand, national political and economic situation, among other elements. If these dimensions represent a constraint in the health service, they can affect the institutional culture and influence the low quality of the hospital.

Factors inherent in the culture of nursing care

In relation to nursing care, Madeleine Leininger put forward her theory on culture in patient care back in the 1970s. According to this expert's thinking, there are external factors that influence the cultural level of the health service, such as the resources available in the economy, health prevention, the family situation of the communities that demand hospital care, religious aspects, among others; while the internal elements associated with the nursing profession were linked to the attitudes, education and training of the nursing staff, as well as the resources available for their daily work (13).

It can be deduced from the above that nursing professionals have formed their culture to provide care to the population, based on the action of different elements, which in turn have a direct impact on the health service. If these factors are negative, nurses will adapt to working and surviving in a stressful and difficult environment that is not conducive to the well-being of the population. On the contrary, if these dimensions are positive, the quality of health care will be strengthened and the institutional mission will be fulfilled.

With reference to the above, the Constitution of the Republic of Ecuador states in Article 32 that the health service must be governed by certain principles that must ensure the maximum welfare of the entire population living in the national territory, with preference to priority groups. These principles underpinning the Ecuadorian health system are the following: solidarity, interculturality, gender approach, efficiency, universality, effectiveness, accessibility, quality, participation, multiculturalism, warmth, among the most important (14).

If we compare the situation experienced by the Ecuadorian hospital institutions during the COVID-19 pandemic, with the principles on which the health system is based, in accordance with the provisions of Article 32 of the Magna Carta, it is possible to show the existence of a contradiction, establishing as part of the analyzed paragraphs that one of the limitations of the health service during the second quarter of the year 2020, was associated with the weak organizational culture, which continues to be a serious problem in the country and in the Latin American region, where the nursing staff has also been affected by various internal elements and the hospital environment,

which have reduced the efficiency of care, and have generated a negative impact on the health of the population.

Thus, it is clear that the phenomenon inherent to the culture of care has a significant impact on health service indicators (15). Clearly, this essay argues that it is necessary to strengthen each of the cultural dimensions cited by Madeleine Leininger in her theory (16). For this purpose, the Ecuadorian state, through the health portfolio, should orient its strategy to the strengthening of hospital infrastructure, provision of technological resources, education and training of human talent, increase in the number of professionals per patient, approach to the population and their needs, among the most important elements that can contribute firmly to prevent the deterioration of the quality of health care and maximize the welfare of the community.

Dimensions of nursing service quality

Quality as a complex system requires the fulfillment of several indispensable requirements that characterize it, which have a significant impact on the customer's mind, who on the basis of the same comes again achieving loyalty, for this reason some of the dimensions regarding quality, which mainly make up the essence of the same, will be addressed below.

Dimensions of quality

Functioning: Represents the main characteristic, each product or service has a mission to be which will allow the satisfaction of a need or desire.

Particularity: It presents characteristics that allow its differentiation from others, which has relevance in the user's mind for its acquisition or consumption.

Reliability: The results it generates have the ability to meet the expectations of its users. Compliance with specifications: Meet the requirements that users have as expectations to better than the same.

Durability: the results of the service remain for the guaranteed time, in products that can be used for an estimable time before it deteriorates or is changed.

Ease: Ease of acquisition, courteous attention, competence and speed of service.

Appearance: The way the product looks, or good image of where the service is offered (17).

Among the dimensions that are part of the quality that can be part of both the product and the service is focused on meeting the expectations and desires of users, specifically these must provide characteristics of being reliable, have a nice appearance, be durable according to the requirements, be easy to get and have features that differentiate them from other products or services offered by other organizations.

Advantages of strengthening the culture of care

Cultural Nursing Care is a timely and relevant field for nursing study and practice. In fact, the relevance of cultural care in nursing care systems allows the nursing professional to perform a comprehensive analysis of the individual, taking into account both the disease as well as the sociocultural and religious aspects of the patient (18).

Each individual internalizes and applies their care according to their customs, their beliefs, and since the beginning of the world, these techniques have somehow served them to survive and maintain themselves over time. Consequently, Nursing Care must keep these postulates in mind. In this sense, the work done in the field of Nursing stands out Dr. Madeleine Leininger who developed the Theory of Cultural Care, which deals with the importance of providing Nursing Care, according to the culture of the patient to whom health care is being provided (19).

Consequently, it is necessary that nurses keep in mind in their actions the practices, expressions, attitudes, meanings of care; because when they master the customs, religious beliefs, eating habits, values and patterns of care and health, Nursing Care is more useful and comprehensive. Therefore, the main purpose of this article is to reflect on the importance and relevance of cultural care in nursing practices (20).

It is considered that the existence of a cultural care approach in the nursing care system undoubtedly strengthens the role of the nurse in the nursing practice. Therefore, cultural values, beliefs and practices cannot be foreign phenomena in nursing practices. Moreover, cultural knowledge is an indispensable standard in nursing care systems.

The general objective of the present study was to describe the components of the culture of care in the quality of nursing service, whose specific objectives were to define the factors inherent to the culture of nursing care, to indicate the dimensions of the quality of nursing service, under the perspectives of the culture of care, and to establish the advantages of strengthening the culture of care in the quality of nursing service, from a theoretical perspective.

II. METHODOLOGY

Type of research

A systematic review of the literature will be carried out. For this process, the recommendations of the PRISMA statement will be followed.

Search strategy

The research will be carried out through tools such as PubMed, SciELO, Redalyc, SCOPUS, Springer, Taylor and Francis, Web of Science, Proquest, Ebook Central, Fielweb, EBSCO. Keywords related to the desired objectives will be used for the search. Keywords related to the desired objectives will be used, according to the terms Mesh and DeCs: "culture" AND "quality of care" AND "nursing service". The intersection between these descriptors, using Boolean AND and OR connections.

Inclusion criteria

Will be included to Language study: Spanish and English, published between the years 2015 to 2020, Original article (empirical) of both experimental and non-experimental research and the quality of the articles.

Exclusion criteria

Thesis type studies (undergraduate, graduate and PhD), monographs and argumentative essays, impossibility to retrieve the full text of the article and repeated scientific evidence from a previous search will be excluded.

Procedure

In the first stage, the topic and the formulation of the research question in the acronym PICO (Population, Intervention, Control and Outcome) format will be identified: "What are the factors inherent to the culture of nursing care?" and "What are the dimensions of the quality of nursing service, under the perspectives of the culture of care?".

In the second stage, original articles related to risk factors associated with postpartum hemorrhage, published in Portuguese, English and Spanish, with full text and Internet, will be established as inclusion criteria.

The exclusion criteria include theses (undergraduate, graduate and doctoral), monographs and argumentative essays. Then, in the third stage, the primary selection of publications will be made by reading the title and abstract.

In the fourth and fifth stages, the studies will be evaluated with more criteria (according to the proposed objectives), and the interpretation of the results obtained, to reach the sixth stage where the discussion and synthesis of knowledge has been formed. The aim is to provide a systematic review with rigorous and exhaustive scientific information with studies with more and better pertinent information, without introducing information or publication bias, in such a way as to contribute to the scientific community.

III. RESULTS

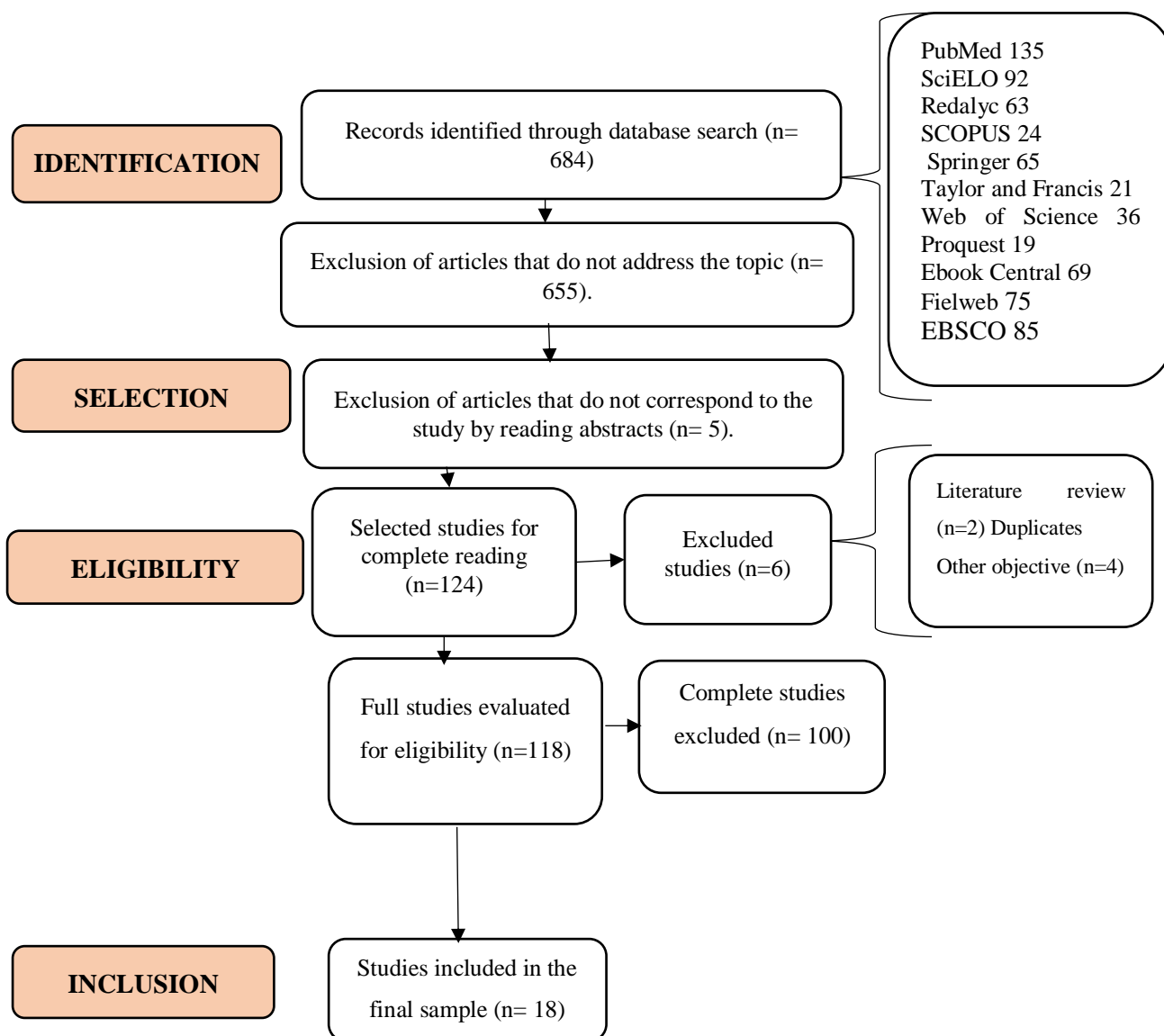


Figure 1. State of the art research.

Once the systematic and exhaustive search of all potentially relevant articles had been carried out manually through the different electronic databases such as PubMed, SciELO, Redalyc, SCOPUS, Springer, Taylor and Francis, Web of Science, Proquest, Ebook Central, Fielweb, EBSCO, the interpretation of the data obtained was carried out, The search yielded 18 original articles that met the inclusion and exclusion criteria, 6 of which refer to culture and transculturation, 7 are related to the quality of care and 5 to nursing services, emphasizing that there is a large amount of material but that not all meet the established criteria and questions, which is why the information available is considered scarce.

These articles, allowed to answer the question of what are the factors inherent in the culture of nursing services, where philosophical, etymological, axiological, curricular, personal and institutional elements are described as fundamental elements in the formation, appropriation and application of the culture of nursing services, since each of these elements mentioned above are the basis of care, ie; In this sense, there are different philosophical references among which Virginia Henderson, Madeline Leininger, Jean Watson, Virginia Satir, and many others are mentioned.

From the etymological and axiological, the discovery of moral and ethical duty is made, which also make it possible for all nursing professionals to build their own professional identity, always respecting the right of patients, the rules, internal regulations and laws clearly established for the exercise of their functions within the health institutions and outside it.

At the curricular level, professional training provides an opening to a new world of knowledge that must be put at the disposal of patients and that in this way the training and personality of each professional will allow to unify perfectly and to be able to have at the service an optimal care that responds to the needs not only of the patients' health but also psychological, spiritual or socioeconomic, since the nursing

professional is the manager of the care of the people within the health centers and the care received will depend on them.

On the other hand, when answering to what are the dimensions of the quality of the Nursing service under the perspective of the culture of care, this expectation to know the quality in health was born with a nurse, Florence Nightingale, who showed her interest in measuring the effectiveness of the assistance provided to the soldiers and the application of the care systems of the field hospitals of the Crimean War at the end of the 19th century, for which she used the rates of intra-hospital morbidity. Since then, the continuing interest in measuring, analyzing, interpreting and testing the quality of health care systems has been present in health care institutions.

In this sense, quality in general terms is related to care services; it is the level of excellence that the health center chooses and imposes as a standard to satisfy the patient's needs. If the institution reaches a level of importance that differentiates it from other institutions, it will be preferred and will have a higher level of affluence of service seekers, since it is known for its high quality of care in the services it offers.

This means that the quality of service and the culture of care are not really innovative topics, but they do have their relevance and importance in health institutions, namely that there can be a quality of service without a culture of care, since they are independent variables that do not correlate with each other, in this sense, the dimensions of the quality of service refer mainly to the physical goods, their attractiveness, the lack of defects and their reliability in their life span. However, the culture of care is based on the commitment and participation of those involved in any care process, it may certainly be strange to speak of a culture of care as a novelty, which is oriented to the fundamental principle of achieving an effective improvement in the living and health conditions of patients.

Table 1. Results obtained from the articles reviewed

N°	Year	Authors	Available in	Title	Target	Results
1	2019	<u>Karla Partida ; Luz Tejada; Yadira Chávez ; Hernández Magdalena; Ana Anguiano.</u>	<u>https://pubmed.ncbi.nlm.nih.gov/31800805/</u>	Nursing care of the renal patient on hemodialysis: challenges, dilemmas and satisfactions.	To identify the challenges, dilemmas and satisfactions presented by nursing professionals in hemodialysis services during renal patient care.	For nurses, caregiving presents challenges such as the complex physical and emotional condition of patients, managing caregiving technology, and coping with the suffering and death of patients with whom they have established a close relationship.
2	2017	Blanca Escobar Castellanos Tatiana Paravic-Klijn	<u>https://www.scielo.sa.cr/pdf/enfermeria/n33/1409-4568-enfermeria-33-00073.pdf</u>	Transculturality, an essential element to improve health and nursing care.	To reflect on the importance of transcultural nursing to support professional practice	It is necessary to establish proposals for improvement, interdisciplinary and multidisciplinary

					based on a body of scientific and humanized knowledge to improve the quality of nursing care.	national and international support networks to achieve integral, humanized and culturally congruent health, taking into account the real needs of the population.
3	2018	Luis Enrique Podestá Gavilano Mirko Maceda Kuljich	http://www.scielo.org.pe/scielo.php?script=sci_arttext&pid=S1727-558X2018000300008	Perceived quality of service and health safety culture in the medical staff of hospital II EsSalud Vitarte. Lima.	To determine the relationship between the perceived quality of service and the culture of health safety among the medical staff of the level II hospital in the district of Vitarte in the city of Lima.	A positive relationship was found between perceived quality of service and health safety culture in physicians.
4	2019	Frediminda Vargas Cárdenas Flor A. Sanmiguel	http://www.scielo.edu.uy/scielo.php?script=sci_arttext&pid=S2393-66062019000100035	Nursing professional practice in reproductive health: an ethnographic perspective.	To discover the meanings of cultural nursing care of a group of nurses at the Maternal and Child Clinical Unit of a public hospital in Venezuela.	the nurse in the provision of care encompasses the knowledge with the art of caring, respecting their beliefs and values to the users admitted to the public hospital in Reproductive Health.
5	2016	Martínez Téllez, Yaumara; Acosta Nordet, Maritza Caridad	https://www.redalyc.org/articulo.oa?id=368446638006	Quality of nursing care in the hemodialysis department of the polyclinic "Giraldo Aponte Fonseca".	To evaluate the quality of nursing care in the hemodialysis department of the "Giraldo Aponte Fonseca" polyclinic.	There was evidence of insufficient standardized material resources, dissatisfaction of nursing professionals with the recognition of their work achievements by management and with the performance of periodic medical check-ups, and dissatisfaction of patients with the good practice guidelines.
6	2016	Correa Zambrano, Martha Liliana	https://www.redalyc.org/pdf/3595/359543375011.pdf	Humanization of care in health services a matter of care.	To exhort on the responsibility that all the actors of the health system have towards the patient and his family.	It points out some professional aspects, based on ethics and integrity, that contribute to humanize health services by involving health management professionals and users.
7	2015	Lenis-Victoria, Claudia Andrea; Manrique-Abril, Fred	https://www.redalyc.org/pdf/741/74141027009.pdf	Quality of nursing care as perceived by hospitalized patients.	To determine the quality of nursing care perceived by hospitalized patients in a private clinic in	Patient satisfaction and experiences with nursing care are above 70%, indicating highly positive results

		Gustavo			Barranquilla, Colombia.	according to the CUCACE scale.
8	2016	Romero Massa, Elizabeth; Contreras Méndez, Inelda Maria; Moncada Serrano, Anny	https://www.redalyc.org/pdf/3091/309146733003.pdf	Relationship between humanized nursing care and the hospitalization of patients	To determine the relationship between hospitalization and the perception of humanized nursing care in patients.	Hospital service and patient health status are significantly associated with perceived humanized nursing care.
9	2020	Raúl Fernando Guerrero Castañeda, Raúl Antonio Chávez Urías	https://rua.ua.es/dspace/bitstream/10045/111381/1/CultCuid58-7-18.pdf	Moment of care, a phenomenological encounter between nurse and cared-for person: reflection on Watson	To reflect on the moment of care as a phenomenological encounter between nurse and cared person in the light of Jean Watson's theory.	The nurse as a caregiver meets a person being cared for through a transpersonal encounter that should be unique, where their life stories converge to give way to a moment of care that is able to harmonize body, mind and spirit.
10	2017	Ana da Ponte, Márcia de Castro, Michelle Vasconcelos, Francisco dos Santos, Alicequel Ferreira, Vanessa Carvalho	https://rua.ua.es/dspace/bitstream/10045/72908/1/CultCuid_49_03.pdf	Nurses' perceptions of patient safety in the emergency department: a qualitative study	To explore nurses' perception of patient safety.	They suggest that patient safety can be improved by developing and strengthening the culture of safety and providing infrastructure and support mechanisms.
11	2018	Naldy Febré, Katherine Moncada, Paula Méndez, Verónica Badilla Paula Soto, Pamela Ivanovic, Katiuska Reynaldos Mónica Canales.	https://www.sciencedirect.com/science/article/pii/S0716864018300567	Quality in nursing: its management, implementation and measurement.	Contribute to the quality of nursing care from the point of view of its management, implementation and measurement of results.	Concepts such as quality of care, epidemiological surveillance of adverse events, quality of nursing services, monitoring indicators, analysis and interventions and intervention programs will be reviewed.
12	2016	Gladis Puch, Gloria Uicab Myriam Ruiz Hortensia Castañeda	http://revistaenfermeria.imss.gob.mx/editorial/index.php/revistaenfermeria/rt/printerFriendly/101/161	Dimensions of nursing care and the satisfaction of the hospitalized adult patient	To determine the relationship between the dimensions of nursing care with the level of satisfaction of adult hospitalized patients.	The overall level of patient satisfaction with nursing care was 70.1; the care dimension was evaluated with an average of 59.6. The education dimension was evaluated with an average of 90.3.
13	2018	María Claudia Duque Páramo	https://encolombia.com/medicina/revistas-medicas/enfermeria/v-e-52/enfermeria5202-enfermeria/	Nursing and Culture: Meeting Space for the Care of Individuals and Collectives	Contrast the development of transcultural nursing in countries such as the United States where cultural competence is	This perspective provides real possibilities to generate interaction conditions in the nurse's relationship with patients, families and

					considered a necessary condition for nursing care of all patients.	communities; it also allows moving from a vertical, hegemonic and authoritarian model to a participative and respectful one, which by recognizing the other as a subject with knowledge and competencies, opens spaces for the nurse's interactions to transcend to generate solidarity and social integration.
14	2019	Luz Valderrama Johana Rojas	https://revistas.unilibre.edu.co/index.php/cultura/article/view/5850	Nursing at the heart of patient safety: from quality of care indicators	Identify quality indicators in nursing care during the implementation of the patient safety policy.	The results obtained show that the most prevalent indicator according to the review of articles was safe drug administration with 46.6%.
15	2015	Román, Yainit; Lorente, José Arturo	https://www.redalyc.org/pdf/3684/368445169015.pdf	Quality of nursing care in the surgical services of the Hospital Clínico quirúrgico Docente "Dr. Joaquín Castillo Duany".	to evaluate the quality of nursing care in the surgical wards of this institution	The performance evaluation revealed difficulties in completing the material resources (thermometers and alternative sources of illumination), the performance evaluation revealed difficulties in the procedures, and the delay in receiving the patient was one of the aspects that most influenced the dissatisfaction of those investigated in relation to the nursing staff.
16	2015	Aguayo Acuña, Fabíola; Mella Moraga, Rebeca	https://www.redalyc.org/pdf/3704/370444955007.pdf	Practical meaning of the concept of care management in nurses working in primary health care.	To unveil the meaning of the concept of care management for nurses working in primary care in the municipal health departments of the ninth region.	Ten categories emerged in relation to the objectives set: care management, care function, administrative function.
17	2015	Valdebenito, Jorge; Barquero, Ana; Carreño, María.	https://www.redalyc.org/pdf/3704/370441818012.pdf	Care management: assessment and knowledge of nurses in a hospital of the metropolitan region, Chile.	To describe the valuation and knowledge that nurses give to the CMU.	The unit was positively valued, specifically the communicational relationship between the unit and the clinical activity; as a need, the institution's recognition of the ucg and the training in care management as a

						fundamental part of the professionals' competencies were highlighted.
18	2018	Doriam Camacho, Nelly Jaimes.	http://www.revenfermeria.sld.cu/index.php/enf/article/view/1245/323	Patient safety culture in primary care nurses	To identify the strengths and weaknesses of patient safety culture in primary care nurses and its relationship with sociodemographic variables.	The overall patient safety culture score was 51.21%. The best rated dimensions were overall quality scores and information exchange with other health care services. Significant differences were found between the positive assessment of the quality culture and variables such as age, academic level and length of service.

IV. DISCUSSION

In this regard, the culture and transculturation of nursing care point towards a globalized, generalized and broad objective such as the care of the sick person, since institutionalized care only describes the user within health institutions, but it forgets those who are actually part of a society and who are often even more subject to risk factors and exposed to contracting a pathology than those who are inside the health centers, so that in this culture, one of the major concerns faced by professionals, managers and users of health systems is the humanization of health services.

This is why humanizing is a reality that means making it worthy of the human person, that is to say, coherent with the peculiar and inalienable values of the human being, recognition of the exclusive dignity of the patient, who manages to feel valued as a person with all his rights, when he is no longer seen as a number and when health is no longer perceived as a business (21).

On the other hand, hospital institutions or health centers, as social subsystems, must fulfill the function of socializing individuals with established guidelines and norms, adapting and integrating them into the system, but not taking into account that holistic care is hindered by the multiple delegated biomedical tasks, relegating actions such as effective communication and interacting with the patient and family in a close way, called by Watson (22), transpersonal care, such actions being valued by the users.

In this respect, culture encompasses a myriad of elements that are difficult to make available in health institutions, due to the monotony and speed with which activities oriented to the care of users must be carried out, i.e., the human value of the therapeutic relationship and even interpersonal relationships are relegated, since the user is often seen more as an object than as a human being who feels and suffers just like the rest.

In relation to quality of care, the World Health Organization (1985) states that the quality of health care consists of ensuring that each patient receives the most appropriate set of diagnostic and therapeutic services to achieve optimal health care, taking into account all the factors and knowledge of the patient and the medical service, and achieving the best result with the minimum risk of iatrogenic effects and maximum patient satisfaction with the process.

Therefore, the quality of care is closely related to care, this implies understanding the human being in his process of living, in his rights, in his specificity, in his integrity, therefore, the quality of care will go in two directions, in a sense the health professional through treatment, care and gestures creates in the user an expectation that could be positive or negative according to the attitude assumed by the professional throughout the care, which can be classified as quality, or dissatisfaction.

Another fundamental element is the nursing service, so it is essential that all professionals of this science focus all their knowledge to the service of users and society, with consonance and ethical relevance in the act of serving the needy, so it is appropriate to highlight human dignity and provide a service based on information and communication of the patient's condition and procedures.

That is why the nursing service implies much more than performing a technical procedure, administering a drug or providing care, the nursing service implies a sense of vocation, a critical clinical judgment and value, it also implies being participatory and dynamic in order to promote health and prevent disease, in addition to intervene in the timely treatment and damage limitation of users.

V. CONCLUSIONS

When talking about the culture of care in the quality of nursing services, it is important to take into account a series of moral and ethical values that are involved in this. For this reason, the commitment of professionals to society is oriented towards acting appropriately, demonstrating their skills and abilities, improving their procedural and communicational competencies in the service of users.

It is of great importance that, within the health institutions, strategies are created that allow the promotion of the culture of care, as well as controllerships of nursing services, with the firm purpose of guaranteeing quality care in the services provided by nursing professionals.

Culture is a social element that is built through knowledge and training, so that when speaking of culture of care, it is evident that the care required by the patient is always provided, but that does not mean that it is always of quality, so that in both, the assessment, modification and improvement of the results must be present, in order to improve the practice and nursing care.

In this sense, in the various articles analyzed, it is concluded that it is necessary to establish proposals for improvement, interdisciplinary and multidisciplinary national and international support networks to achieve a comprehensive, humanized and culturally congruent health taking into account the real needs of the population, so that the management of health centers must ensure the materials and medical and surgical supplies to provide quality care, because without the necessary resources for care it will be impossible to provide quality care and end in user dissatisfaction.

Por otro lado, sería interesante realizar estudios empíricos sobre La cultura del cuidado en la calidad del servicio de enfermería, durante a la emergencia sanitaria por la pandemia de COVID-19 ^(23,24,25) relacionados con aspectos emocionales ⁽²⁶⁾ y realizara estudios de intervención educativa ^(27,28,29).

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