





Personal and institutional factors associated with the quality of nursing notes recording in hospitalized oncology patients

[Factores personales e institucionales asociados a la calidad del registro de notas de enfermería en pacientes oncológicos hospitalizados]

Anngela Talancha León * , Zulma Nataly Carpio Mayma , Jackeline Djana Legua García , Rocio Del Pilar Torres Chachi .

Instituto Nacional de Enfermedades Neoplásicas, Peru.

* anngela.talancha@unmsm.edu.pe

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Resumen

Objetivo: Determinar si los factores personales e institucionales están asociados con la calidad del registro de notas de enfermería en pacientes hospitalizados del Instituto Nacional de Enfermedades Neoplásicas. **Metodología:** Estudio de enfoque cuantitativo, de tipo básica, descriptiva-correlacional, de diseño no experimental y de corte transversal. La población estuvo conformada por un total de 129 profesionales de enfermería que trabajan en el área de hospitalización que elaboran notas de enfermería. Se utilizó dos instrumentos, para evaluar los factores personales e institucionales y calidad del registro de notas de enfermería el cual fue validado por juicio de expertos y con su confiabilidad fue de Alfa de Cronbach 0.8 y KR de 0.86. Los resultados obtenidos muestran una correlación moderada (0,695), entre los factores personales e institucionales y calidad de notas de enfermería. Asimismo, los factores personales e institucionales y contenido de notas de enfermería tienen una correlación moderada (0,492 y 0,483), Mientras que en la factores personales e institucionales y estructura de notas de enfermería tienen una correlación moderada (0,471 y 0,445). Se concluye que se requiere continuar con el entrenamiento de las enfermeras para afianzar competencias y habilidades para desarrollar adecuadamente el contenido y estructura de las notas de enfermería.

Palabras clave: Factores personales e institucionales, calidad del registro de notas de enfermería, pacientes oncológicos y hospitalizados.

Abstract

Objective: To determine whether personal and institutional factors are associated with the quality of the nursing notes register in hospitalized patients at the National Institute of Neoplastic Diseases. **Methodology:** A quantitative, basic, descriptive-correlational, non-experimental, cross-sectional study. The population consisted of a total of 129 nursing professionals working in the hospitalization area who prepared nursing notes. Two instruments were used to evaluate the personal and institutional factors and the quality of the nursing notes register, which was validated by expert judgment and with a reliability of Cronbach's alpha 0.8 and KR of 0.86. The results obtained show a moderate correlation (0.695) between the personal and institutional factors and the quality of nursing notes. Likewise, the personal and institutional factors and the content of nursing notes have a moderate correlation (0.492 and 0.483), while the personal and institutional factors and the structure of nursing notes have a moderate correlation (0.471 and 0.445). It is

concluded that it is necessary to continue with the training of nurses to strengthen competencies and skills to adequately develop the content and structure of nursing notes.

Keywords: Personal and institutional factors, quality of nursing notes, oncologic and hospitalized patients.

1. Introduction

The quality of the nursing notes in the medical records made by nurses is of vital importance to provide information on nursing interventions and patient evolution whose accurate data favor the continuity of care. In this sense, the quality of the nursing notes records requires reflection to improve the quality indicators and the visibility of the actions that are constantly performed. Therefore, it is necessary to create strategies, improvement plans and interventions that reverse this reality, highlighting the importance of the correct elaboration of Nursing Records (Fernández et al., 2016; Figueira-Teuly et al., 2022).

According to the World Health Organization (WHO), the nursing profession is responsible for the autonomous or interdisciplinary care provided to individuals in different age groups, families, and populations (healthy or sick), in order to achieve health and prevent disease (WHO, 2015).

In nursing practice, the application of the scientific method is known as SOAPIE. This allows nurses to provide care in a rational, logical and systematic way; this in turn is composed of five steps: assessment, diagnosis, planning, implementation and evaluation, the information provided for the records come from various primary sources (patient) and secondary (family, health personnel, etc.) (Vera et al., 2022).

The nursing notes records according to SOAPIE (S: subjective data, O: objective data, A: interpretation, P: plan of care, I: nursing interventions, E: evaluation), however, there are incomplete nursing notes and illegible handwriting in the annotations. Likewise, the signature and seal of the nurse providing the care should be included in this document (López-Cocotle et al., 2017). The absence of records of the care provided to a patient can be understood as a legal, ethical and professional fault, which calls into question whether or not the nursing professional is assuming responsibility for his or her interventions as well as for all the decisions that at the individual level he or she must make in the exercise of his or her profession (Núñez et al., 2018). Nursing care has the purpose of preserving persistence, safety of care, and transferring legitimate reliable work group data; and that is why the notes are fundamental, guide of excellence, indicator of the efficacy of nursing care and have a legal character (De Arco-Canoles et al., 2018; Potter, 2004).

In Mexico, this phenomenon is similar; a study classified the clinical registry in a level of non-compliance in the shifts, the greatest deficit of registry is found in the indicators: identification, assessment, evaluation and elaboration (Torres, 2021). Likewise, in Ecuador, a study revealed that most of the time the correct registry is not complied with; of these, it is worth noting that vital signs have a level of non-compliance for recording the administration of medication, evidencing the lack of knowledge about nursing registry standards (Cedeño and Guananga, 2013).

In Peru, according to the "Law of the Peruvian Nurse's Work", 27669 and recognized by the Ministry of Health, by presenting it as a hospital indicator of quality of nursing records in Specialties, based on the SOAPIE and the nursing care process considered a systematic and organized method to administer individualized care, according to the basic approach that each person or group of them responds differently to an actual or potential alteration of health (Colegio de Enfermeros del Perú, 2002). On the other hand, the Ministry of Health (MINSA), expresses that, in order to perform an adequate nursing note, the SOAPIE should be taken into account, It

is the guideline established for the clinical record (clinical history) of the different services (Núñez et al., 2018).

According to the Law of ethics and deontology code DL. 22315 in chapter III, states that the profession that the nurse exercises according to article 27, considers the nursing records, in the documentation of their reports and statements, according to verbal or written testimonies are objective and truthful related to their professional performance having a legal endorsement of nursing work. Despite the years and the updating of the nursing staff, they have had difficulties in filling out the nursing records, (the) nurse does not give importance to the nursing records, but the nursing notes can save or harm the nursing staff as it may include past or present events, as well as other team members, giving information about the quality of nursing care, which may result in civil or criminal penalties (Colegio de Enfermeros del Perú, 2002).

The personal and institutional factors that influence is knowledge is a factor that influences the filling of nursing notes, motivation, time of service and professional identity is the factor that influences the filling of notes. In relation to institutional factors, the following were identified: physical environment; training plan; supervision; material resource in the service, recognition of personal merit; professional staffing; high demand for care (Bravo, 2018; Veramendi, 2019; Cáceres, 2015; MINSA, 2005).

Personal factors: are those inherent to people that can affect their behavior, favoring or being unfavorable for a certain action, among which are: Age: is related to the characteristics of people's behavior; in nursing this factor is evidenced in older staff as a longing for the past and to maintain the status gained by experience, usually resisting innovation that causes change; while in the mature adult their age allows them to behave with all the common sense and thus performs make decisions properly, favoring the person to achieve optimal and efficient performance in the exercise or development of an activity (Castellanos et al., 2016) .

Professional training; which is directly related to the quality of care provided by the nursing professional, since having adequate training with basic and broad knowledge of nursing science will allow him/her to have a better performance. The experience of the person at work because as the worker remains longer in a workplace and/or performing the same function, he/she will have greater knowledge, experience and identification with the organization and the function to which he/she has been assigned; allowing him/her to develop more safely in his/her job (Castellanos et al., 2016).

Institutional factors include the unstable work environment and the lack of professional staff, which, when inadequate, has an unfavorable influence on nursing actions, generating an overload of patients, saturation of the service's healthcare activity and, as a consequence, inadequate completion of nursing records, among which are the nursing notes. Recognition of work: It produces a personal satisfaction that makes the worker happier in his work and in his life in general. Likewise, workload or work is defined as the set of psychophysical requirements to which the worker is subjected throughout his working day (Soza et al., 2020).

Regarding the quality of nursing notes, nursing notes are defined as: record made by the nursing staff on the assessment of the patient's condition, descriptions of changes in their condition, treatment administered, as well as possible reactions and care interventions (Fernández et al., 2016). Watson (1996) refers that when the nursing record is properly elaborated, it is one of the most important instruments for investigating the quality of care, since it shows the experiences, knowledge, skills and abilities of the personnel, in addition to integrating the therapeutic plan. Likewise, the records are documentary testimony on professional acts and behaviors where all the information on the nursing activity concerning the patient, his treatment and evolution is collected; they must be: valid, reliable, of practical use, flexible, simple,

measurable and evaluable. In addition, the need for standardized and digitalized formats is recognized (Soza et al., 2020).

The quality of nursing annotations is evaluated by analyzing two dimensions: structure and content of nursing annotations. For comprehensive care: the continuous and quality provision of care oriented towards promotion, prevention, recovery and rehabilitation in health, for individuals, in the context of their family and community (Quispe, 2017).

Torres-Santiago, Zárate-Grajales & Matus-Miranda (2018) indicate that nursing notes should be date and time stamped in 24-hour format and should always be made after the patient care has been provided, not before, and their frequency should be determined by the patient's condition. They should contain clear, concise, coherent, legible information in a sequential manner to the care and avoiding leaving blank spaces. If the clinical history is manual, the writing should be as clear as possible and should be in indelible ink so that the information recorded therein remains in time, during our work many times mistakes are made when recording the nursing notes for it should only be placed a line on it, invalidate it and then place the correct information, should be avoided crossings out and amendments because they can be interpreted as negligence and subject to forgery, special situations such as verbal or telephone prescriptions, should be transcribed in detail the order, it should include: date, time and who prescribed and be validated and / or signed in the time established in the institution and always has to be date, time and signature of the person who made it.

The nursing notes are an effective means of communication of the nursing actions provided during their hospital stay, through which rigorous evidence is issued to show the care experiences that day after day are performed in the hospital setting, which is of utmost importance to carry out a quality care management; framed in the holistic, humanistic care, which by its correct filling is synonymous of an optimal result in the evolution of the patient in its charge, with the due attention given during the nursing care (PAE), and exempt of adverse events (Vera et al., 2022).

Nursing notes are divided into 2 components: structure and content are of utmost relevance in the hospital setting as they serve as evidence in the writings issued by nursing professionals, these should be framed in collecting reliable data with scientific rigor, since during their professional practice nurses record data or scientific evidence of nursing care management, in terms of admission, assessment, examinations, diagnosis, treatment, evolution and results, of those who are in charge of the patient. In this aspect, the scientific value is given by the level of training of the nursing professional regarding the filling of the document, since it depends on it that the nursing note keeps an effective care of the continuity of the same; where nursing professionals seek to optimize patient outcomes, and therefore, their recovery will be optimally without risk of complications (Fernández et al., 2016).

For Henderson indicates that the nursing care plan PAE, should focus on the needs of healthy or sick people, in the family or in the community, using a systematic method of work as the nursing process. For her, the 14 basic human needs will guide the 5 phases of the process: assessment, diagnosis, planning, implementation and evaluation that should be specified in the evolution of the patient on an ongoing basis (Pino, 2012).

Finally, it is important to measure this phenomenon because this nursing activity in the work environment is an indicator of quality in the provision of services to the patient and ensures continuity of care.

2. Materials and methods

Research with a quantitative approach, basic research type, correlational level or scope, non-experimental design and cross-sectional. The census population consisted of a total of 129 nursing professionals who prepare nursing notes and work in the various hospitalization areas of the 5th, 6th and 7th floors of the National Institute of Neoplastic Diseases.

The technique to be used to evaluate the factors related to the recording of nursing notes will be the survey and closed questions about personal and institutional factors, the validated instrument of the author Custodio (2018) will be used, validated by expert judgment and with its reliability was Cronbach's Alpha 0.8 and KR of 0.8609 with a checklist of 18 questions the instrument consists of the following parts: Introduction which includes presentation, objectives of the instrument, and the content itself composed of Personal and institutional factors Tabulation of General Results: Good 18 -13, Regular 7 - 12 and Deficient 0 - 6.

To evaluate compliance with the correct completion of the nursing notes, the documentary analysis technique was used and the instrument was a structured checklist with two dimensions: structure and content, which was applied to the sheet of nursing notes filled out in the different shifts (morning, afternoon and evening), based on the SOAPIE methodology. The response scale was dichotomous: If it complies with the record and does not comply with the record with Tabulation of General Results Good 19 - 26, Regular 9 - 18 and Deficient 0 - 8 In the Content Good 10 - 14, Regular 5 - 9 and Deficient 0 - 4 and in the Structure Good 9 - 12, Regular 5 - 8 and Deficient 0 - 4. Both instruments were validated and their reliability was 0.85 and 0.87 respectively.

The questionnaires were administered online with prior informed consent and took approximately 20 minutes to complete. For the analysis of the data, once the instrument had been executed, the data were downloaded to the SPSS version 25 program. The information was analyzed descriptively, using the frequency distribution table. Subsequently, the Rho Spearman test was used to perform the statistical analysis of correlation between both variables and dimensions. The ethical principles were applied throughout the research process, respectively.

3. Results

Table 1. Personal factors associated with quality of nursing notes.

Sociodemographic characteristics		N	%
Age	20- 30 years old	4	3.85%
	30 -40 years old	64	61.54%
	41 years and older	36	34.62%
	Total	104	100.00%
Academic degree	Licentiate	28	26.92%
	Specialist	76	73.08%
	Master's Degree	0	0
	Doctorate	0	0
Total	104	100.00%	
Employment status	Appointed	68	65.38%
	Hired	36	34.62%
	Total	104	100.00%
Service time	Less than 5 years	12	11.54%
	More than 5 years	92	88.46%

	Total	104	100.00%
Where do you work?	Only works at the hospital	72	69.23%
	Also works elsewhere	32	30.77%
	Total	104	100.00%
For you, the nursing notes are:	Observations made by the nurse during the work shift	44	42.31%
	Administrative activities performed by the nurse during the work shift	12	11.54%
	Evolution of the patient during the work shift	48	46.15%
	Total	104	100.00%
What aspects are taken into account for the elaboration of the nursing notes?	List of problems and degree of dependence.	12	11.54%
	Patient status and problem list	88	84.62%
	Problem list and previous notes	4	3.85%
	Total	104	100.00%
From your personal experience, do you consider that the time when nursing notes should be made is	At the beginning of the shift	12	11.54%
	After the work shift	8	7.69%
	Duran the shift	84	80.77%
	Total	104	100.00%
How long does it take to make nursing notes?	5-10 minutes	16	15.38%
	10-20 minutes	72	69.23%
	30- 60 minutes	16	15.38%
	Total	104	100.00%

The nursing professionals were mostly aged between 30 and 40 years, 73.08% of them were specialists, 65.38% were appointed, while 88.46% had more than 5 years of work experience, 69.23% only worked in the hospital and 46.15% thought that the nursing notes were used to report the patient's evolution during the work shift.

Table 2. Institutional factors associated with the quality of nursing notes.

		N°	%
The work shifts that you perform are	Daytime only	12	11.5%
	Night only	0	0.0%
	Rotational	92	88.5%
	Total	104	100.00%
The personnel control rules that prevail in your work are	Flexible	24	23.1%
	Rigid	20	19.2%
	a and b	60	57.7%
	Total	104	100.0%
The supervision of the nursing staff is in the following manner	Trainer	52	50%
	Auditing	20	19.2%
	Routine	32	30.8%
	Total	104	100.00%
The work you perform in your	Chief Nursing Officer of your department	60	57.69%

service is recognized by:	Assisting nurses in your department	16	15.38%
	None	28	26.92%
	Total	104	100.00%
In your institution, it has been established that nursing notes must be made in the following ways	Dependent patients	4	3.85%
	Moderately independent patients	0	0.00%
	All patients	100	96.15%
	Total	104	100.00%
The institution carries out training processes related to nursing records.	Yes	64	61.54%
	No	40	38.46%
	Total	104	100.00%
What is the average number of inpatients on your service?	10	4	3.85%
	15	8	7.69%
	20	16	15.38%
	more than 20	76	73.08%
	Total	104	100.00%
Are the number of nursing staff sufficient for the service?	No	88	84.62%
	Yes	16	15.38%
	Total	104	100.00%
When the workload is heavy, you are usually supported by	Nursing technician	84	80.77%
	Nurse from another service	18	17.31%
	Patient's relatives	2	1.92%
	Total	104	100.00%

The nursing professionals (88.5%) work rotating shifts, and 57.7% indicate that the prevailing personnel control norms are rigid and flexible, 50% indicate that the supervisions are training, while 57.69% say that their work is recognized by the head of the service, and 96.15% recognize that it has been established that nursing notes should be made for all patients. In addition, 61.64% indicate that the institution carries out training processes regarding nursing records and 73.08% think that the average number of hospitalized patients is more than 20 patients and therefore 84.62% affirm that the number of nursing personnel is not sufficient and that when the work is intense, 80.77% indicate that they are supported by the nursing personnel.

Table 3. Correlation coefficient between personal and institutional factors and quality of nursing notes.

Hypothesis	Variable*	Rho Spearman	Bilateral Significance	Level
Hypothesis General	Personal and institutional factors * Level of quality of nursing note recording.	0,695**	0,000	Moderate Correlation

** . Correlation is significant at the 0.01 level (bilateral).

There is a relationship between personal and institutional factors and the quality of nursing notes, with a correlation coefficient $Rho = 0.695$, which shows a moderate correlation and a calculated p value = 0.000 at a significant level of 0.01 (bilateral).

Table 4. Correlation coefficient between personal factors and nursing note content.

Hypothesis	Variable*/ Dimensions	Rho Spearman	Bilateral Significance	Level
Hypothesis specifies 1	Personal factors*. Content of nursing notes.	0,492**	0,000	Moderate Correlation

** . The correlation is significant at the 0.01 level (bilateral).

There is a relationship between personal factors and the content of nursing notes, with a correlation coefficient $Rho = 0.492$, which shows a moderate correlation and a calculated p value = 0.000 at a level of significance of 0.01 (bilateral).

Table 5. Correlation coefficient between institutional factors and nursing note content.

Hipótesis	Variable*/ Dimensions	Rho Spearman	Bilateral Significance	Level
Hypothesis specifies 2	Institutional factors *Nursing note content.	0,483**	0,000	Moderate Correlation

** . The correlation is significant at the 0.01 level (bilateral).

There is a relationship between the institutional factors and the content of nursing notes, a correlation coefficient $Rho = 0.483$ is observed, which shows a moderate correlation and a calculated p value = 0.000 at a level of significance of 0.01 (bilateral).

Table 6. Correlation coefficient between institutional factors and nursing grade structure.

Hypothesis	Variable*/ Dimensions	Rho Spearman	Bilateral Significance	Level
Hypothesis specifies 3	Personal factors * structure of nursing notes.	0,471**	0,000	Moderate Correlation

** . The correlation is significant at the 0.01 level (bilateral).

There is a relationship between the institutional factors and the structure of nursing notes, with a correlation coefficient $Rho = 0.471$, which shows a moderate correlation and a calculated p value = 0.000 at a level of significance of 0.01 (bilateral).

Table 7. Correlation coefficient between institutional factors and nursing grade structure.

Hypothesis	Variable*/ Dimensions	Rho Spearman	Bilateral Significance	Level
Hypothesis specifies 4	Institutional factors* nursing note structure.	0,445**	0,000	Moderate Correlation

** . La correlación es significativa al nivel 0,01 (bilateral).

There is a relationship between the institutional factors and the structure of nursing notes, with a correlation coefficient $Rho = 0.445$, which shows a moderate correlation and a calculated p value = 0.000 at a significant level of 0.01 (bilateral).

4. Discussion y conclusions

The nursing note must meet minimum quality standards in form and content to provide information about the patient for continuity and quality of care.

The results obtained on the correlation between personal and institutional factors and the quality of nursing notes show a correlation coefficient $Rho = 0.695$, which shows a moderate correlation and a calculated p value = 0.000 at a significant level of 0.01 (bilateral). Therefore, the null hypothesis is rejected and the research hypothesis is accepted, concluding that there is a direct and significant relationship between associated factors and the level of quality of nursing notes. These results differ with the results obtained by Pariapaza and Puga (2017), who indicates that there is no significant relationship between Personal and Institutional Factors and Quality of Nursing Records.

Regarding the correlation between personal factors and the content of nursing notes, a correlation coefficient $Rho = 0.492$ is observed, which evidences a moderate correlation and a calculated p value = 0.000 at a level of significant of 0.01 (bilateral). Therefore, the null hypothesis is rejected and the research hypothesis is accepted, concluding that there is a direct and significant relationship between personal factors and the content of nursing notes. These results agree with Baldeón (2016), indicates that the personal factor corresponds training activities, professional identity. Likewise, Ríos (2018) refers that the lack of knowledge about the PAE and SOAPIE, the stressed emotional state of the nurse, and overwork.

In relation to the correlation between institutional factors and the content of nursing notes, a correlation coefficient $Rho = 0.483$ was observed, which shows a moderate correlation and a calculated value $p = 0.000$ at a significant level of 0.01 (bilateral). Therefore, the null hypothesis is rejected and the research hypothesis is accepted, concluding that there is a direct and significant relationship between associated institutional factors and the content of nursing notes. These results agree with Baldeón (2016), states that in the institutional factor has a higher percentage in the record made to all patients, the availability of format among others.

In addition, the correlation between personal factors and the structure of nursing notes, a correlation coefficient $Rho = 0.471$ is observed, which evidences a moderate correlation and a calculated value $p = 0.000$ at a level of significant of 0.01 (bilateral). Therefore, the null hypothesis is rejected and the research hypothesis is accepted, concluding that there is a direct and significant relationship between associated institutional factors and nursing grade structure. Likewise, the results differ with those obtained by Ríos (2018), who found no association because the lack of training, the lack of nursing professionals in the services, the work performed is not recognized, insufficient materials, lack of written directives and standards that guide the nurse to perform a correct filling of the nursing notes (Torres, 2021).

Likewise, the institutional factors and the structure of nursing notes have a moderate correlation (0.445). These results agree with Baldeón (2016), who states that it is necessary to strengthen professional competencies to ensure the quality of nursing notes. Finally, these personal and institutional activities favor the quality of nursing notes. This makes it possible to ensure the continuity of nursing interventions (Torrecilla, 2018).

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