

## Professional autonomy for perinatal nurses: social perception of competences gained

*Autonomía profesional de la enfermería perinatal: percepción social de competencias conquistadas*

*Autonomia profissional na enfermagem perinatal: percepção social de competências conquistadas*

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### ABSTRACT

**Objective:** to determine, according to user perceptions, the type of autonomy exercised by perinatal nurses at a maternity facility with care provided exclusively by nurses. **Methodology:** this qualitative, descriptive study, conducted at a maternity facility from June to August 2016, was guided by Moscovici's theory of social representations. The participants were 34 patients who received care during the perinatal phase. Data were codified from information obtained in interviews. **Results:** from the study, the following categories emerged: education, culture, humanism, gender and administration. **Conclusion:** users perceived a natural birth care model resting on care based on intercultural education, which made for humanized nursing care for mother, father and child.

**Descriptors:** Nursing services; perinatal nursing; social perception; humanization of assistance.

### RESUMEN

**Objetivo:** determinar el tipo de autonomía que ejerce la enfermera perinatal en una maternidad con intervención exclusiva por enfermeras según la percepción de las usuarias. **Metodología:** investigación con enfoque cualitativo, descriptivo, orientado por la teoría de representaciones de Moscovici, se desarrolló de junio a agosto de 2016, siendo el escenario de una maternidad. Como actores sociales tuvimos treinta y cuatro pacientes que recibieron atención en la fase perinatal. A partir de la información obtenida de las entrevistas se codificaron los datos extrayendo las categorías que fueron discutidas. **Resultados:** emergieron educación, cultura, humanismo, género y administración. **Conclusión:** las usuarias percibieron un modelo de atención del parto natural de acuerdo a cuidados basado en la educación intercultural, que posibilitan un cuidado humanizado personalizado de las enfermeras para madre, padre e hijo.

**Descriptores:** Servicios de enfermería; enfermería perinatal; percepción social; humanización de la atención.

### RESUMO

**Objetivo:** Determinar o tipo de autonomia que exerce a enfermeira perinatal em uma maternidade com atendimento exclusivamente, realizada por enfermeiras, segundo a percepção das clientes. **Metodologia:** pesquisa realizada de junho a agosto de 2016, sendo o cenário em uma Maternidade, com enfoque qualitativo, descritivo, orientada pela teoria das representações sociais de Moscovici. As participantes foram 34 clientes que receberam o atendimento durante a fase perinatal. A partir das informações obtidas, por meio das entrevistas, codificaram-se os dados e emergiram-se as categorias. **Resultados:** apontou como categorias a educação, a cultura, o humanismo, gênero e administração. **Conclusão:** As clientes percebem um modelo de atendimento do parto natural assente em cuidados baseados na educação intercultural, que possibilita um cuidado humanizado personalizado pelas enfermeiras para mãe, pai e filho.

**Descritores:** Serviços de enfermagem; Enfermagem perinatal; Percepção social; Humanização da assistência.

## INTRODUCTION

The studied maternity is up to the present time, a platform that shows the actions of the obstetric and perinatal nursing, reflecting the meaning that has for the population the competence of the nurses when offering attention to women from the prenatal control, birth and puerperium. Health institution whose main characteristic is to be attended exclusively by nurses.

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The nurse performance is shown in their reality and natural environment, making reference to the work of the nurses in different dimensions: clinical judgment, skills, creativity and specific knowledge, decision-making, as well as their performance regarding safety and support for the patient, during the attention of the reproductive process pointing out the representation and meaning according to the theory of social representations, since that these are considered cognitive systems constituted by stereotypes, opinions, values, norms and beliefs that guide the practices<sup>1</sup>: The phenomenon of professional autonomy, due to professional independence, makes the difference of this maternity with other hospitals.

The research aims to determine the model for care of a motherhood with exclusive intervention by nurses based on the representation of the users, in order to answer the research question that was: Is the professional autonomy of the nurses recognized during the care they provide in maternity?, in this way determine the social representation that users have about the competence of these nursing professionals.

## **THEORETICAL RATIONAL**

The investigation is based on the theory of social representations of Moscovici, who approaches reality from a holistic perspective, where the human experience is described, obtained from his experiences; becoming the driving axis for the analysis and discussion, and thus obtaining the social representations of this social group, where experiences of the users were known in relation to the actions of the nurses, manifested in their natural environment.

Social representations deal with the interdependence of conscious (reflexive) and non-conscious (habitual, automated) thought processes. These are manifested in words, feelings and behaviors, which are institutionalized, so that they must be analyzed from the understanding of social structures and behaviors<sup>2</sup>.

Because a social representation is an act of thought through which the subject is related to an object through a meaning and that representation is perceived to be retained in the content of the thought, these supposed to question and deconstruct the symbolic structures that, revalidated by practices and beliefs of individual and collective character, (re) produce the order and the social hierarchies, that is, this attributes a signal to make it present in your mind and this symbol is socially recognized, thus constructing social representations and meanings<sup>3</sup>. The contents are: information, images, opinions, attitudes related to an object, whether an event, a character, a situation, etc., the result of experiencing the contradictions that permeate the day to day of social groups and their expression, brand or understanding of these with their peers or their institutions.

## **METHODOLOGY**

The research has a qualitative approach, its purpose is to describe in detail the representations and meanings in situations and observed behaviors; it is also descriptive, it shows the angles or dimensions of a group in the context where the phenomenon or situation was found<sup>4</sup>. Interviews were conducted in this research with 32 maternity patients, who were attended throughout their prenatal, delivery and postnatal process, this being the inclusion criteria, in order to find the representation of interventions of nurses in their professional performance. It is worth mentioning that data saturation was achieved with this number of interviews; there were no limitations during the development of the investigation, nor was it necessary to eliminate interviews; only the pilot test was applied with two instruments, in order to determine the reliability and comprehension of the language used.

The theory of social representations of Moscovici was used to discuss the results, being the subjects who give meanings and intentions because by means of this method an organized corpus of knowledge and one of the psychic activities thanks to which men make the reality, physical and social, are made intelligible<sup>5</sup>. Therefore, it has large applicability for the object of study: interpret the competence of the nurse in the care offered during the perinatal period.

Instrument: semi-structured interview guide that consisted of 12 questions generated from those elements inferred from the objectives. At the end an open question was asked to the participants, allowing them to submit additional ideas. The research was developed in a period going from June to August 2016. Data collection was carried out by means of interviews; afterwards, an exhaustive and critical reading of these data was carried out, in order to capture the most important ideas and thus select the most transcendental information, by means of chromatic technique, to group the studied topics.

The following terms were used to delineate the sectorization or categorization of the study: competencies, professionalism and autonomy to characterize the sectorial contribution in relation to the nurse's performance. For the analysis stage, with the intention of interpreting the underlying content, exposed in the manifestation of the

experiences related to the professional practice of the nurses and obtain the representation that the participants perceived, which allowed the abstraction of the cognitive representations, for being contrasted with the theoretical referential, thus visualizing the apprehension of relevant structures of empirical and theoretical material<sup>6</sup>. The discussion was carried out under a systematic and interpretative analysis of that information, in order to determine the meaning of both competence and autonomy with regard to the work of the nursing professional.

On the ethical aspects of research and with respect to studies focused on ethics related to health, nursing and work, in every investigation there are elements that must be declared in explicit and unrestricted form<sup>7</sup>, through free informed consent; on this occasion it was read and signed prior to the interviews, complying with the policies, regulations and provisions of current legal order, as well as observing accepted ethical standards, such as anonymity, when identifying people with a number, without indicating their name.

To protect access to specific data, such data will be protected for five years, and other people will be prevented from accessing them. The evaluation and/or valuation of the research project was carried out by an established exprofesso group, such as it is stated by the law, in case there is no formally formed ethics committee, in the field of research on human beings. Due to the characteristics of knowledge, objectivity and impartiality of the research, this is considered to be of lower risk, since only people were interviewed, and no financial, employment or professional conflicts were exposed.

## RESULTS AND DISCUSSION

Thirty-four users were interviewed, in a period of three months (June-August 2016). All the interviewees were between 21 and 35 years old; 29 of them with a level of education going from middle and upper middle to higher levels. In relation to their conjugal situation, 31 of them were married and three were single. They reported having realized their prenatal care in the institution and on the type of pregnancy, 19 were primiparous and 15 multiparous.

### Specific knowledge

The knowledge that nurses must possess is not only a central care element, but also in their task, considering this part of their autonomy. It is very important to settle a good clinical judgment based on the knowledge of the profession, leading to the realization of their daily activities, handled with prudence, diligence, expertise and respect, translated into a safe care for the people<sup>8</sup>. According to findings, nursing professionals have greater control over their duties and responsibilities, as reflected by the users:

*They are prepared, because I did not feel that they did not know what to do, no, on the contrary, because they gave me oxytocin, because they did not cause me pains. (E-7)*

*In psychoprophylaxis courses [...] when I have taken care of the delivery, they were some higher-level qualified nurses but also very capable, they looked after me very well. (E-26)*

The users, through these experiences, appreciate a care conceived through the knowledge of the nurse, since these consist of the subjective and inter-subjective interior construction of the lived experience, to function as a scheme of experience for the subject, it is to say, a fabric of meanings, instituted by human actions, possible to be grasped and intercepted<sup>2</sup>.

### Skills

The activity is not only the way through which the existence of a skill can be determined, but also the condition for its improvement, since its domain puts it in a position to face successfully its care or its object of work; in addition, they are perfected during the exercise of the profession<sup>8</sup>. Skills are important elements for the conditions that the nursing professional must have, to be competent propitiating the solution of problems with the domain of any technique or cognitive activity and experience; in this sense, the users represent it like this:

*It was possible to see that they knew how to do their work, when I started with the pain, very soon, one moved quickly to see what was happening and, when my baby arrived, the other two arrived, they acted very well, the truth very professionally. (E-25)*

*I saw in the ultrasound with the qualified nurse, then you see the experience and the treatment that the qualified nurses have. (E-1)*

*Because here they already have more experience they are specialized, because one knows they are a woman and they have experience, they know about their work. (E-18)*

The professional skills are those specific contributed by the different subjects on the exercise of the profession, which when systematized and generalized allow to guarantee the acquisition of the modes of action. Because nursing care in a perinatal environment, it is not only based on technical-scientific knowledge, but it is mediated by the interaction among the subject or subjects receiving the cares and the one providing them<sup>9</sup>. Act with skill entails assuming a task with responsibility, and being aware of achieving a result; In addition, being able to have self-control over each step that is executed while performing the function.

### Professional performance

Exerting the nursing functions, fortifies their capacity in the independent decision-making, which is fundamental when detecting risks; likewise, to possess competences in their professional practice, allows them to carry out activities with security, favoring the process of interdisciplinary relationship in decision-making, assuming responsibility for the function that develop, manifesting abilities in the resolution of one or some problems; in this way a bridge is settled between theory and practice; this is what users perceive:

*Then I knew later on that not only they are nurses, but they are perinatologists, in addition, they were very sure of what they were doing and, well with that confidence with which they do things and they spread the confidence that they have. (E-28)*

*The treatment is very good, they try to make everything natural, they are very warm they remain very close [...] as if they were your family, mother or sister, they care a lot about your comfort. (E-12)*

This experience lived in the perspective of patients is a representation of professional performance, whose elements that influence the behavior of people, by the interaction between the pregnant woman and the nurse, are perceived as an excellent, professional treatment, which becomes a fundamental part for the care, since that the human warmth of the nurse and the one lived experience are transformed into a scheme of experiences for the subject, with meanings founded on humanism actions. When implying responsibility, this term points out toward a normative and simultaneously evaluative dimension of the representation, indicating that the subjects express the idea that the professional autonomy of the nurse, in this case, is something that requires commitment<sup>10</sup>, because attitude, ability, skill and dexterity guarantee success in executing the professional activity; In addition, emotional care implies an empathic attitude that predisposes the nurse to capture the feelings, wishes, interests and needs of the person in their care, which leads to optimal care.

### Decision-making

The professional competence of the nurse allows for more elements when making decisions and actively participate in the care and attention for patients so that their recovery may be satisfactory. In such a way that structured care is offered, formalized and designed in order to meet the needs of the human being with the purpose of promoting, maintaining or recovering health<sup>11</sup>, as in any practice, this should favor the mother-child-father trinomial which, when applied, necessarily, will be a benefit with professional principles for the users<sup>12</sup>, that is reflected in the responses of the participants:

*The qualified nurses did not let me go to my home until my daughter was able to breastfeed and because she was much below the normal weight. (E-32)*

*The qualified nurse attended me, she was kind, she told me that she was doing well, that one listened well to her heart, she asked me for examinations and she told me everything was fine. (E-8)*

The importance of professional competences is emphasized, which will facilitate a good development in tasks and decision-making regarding health interventions, as well as in the actions carried out by the professional when interacting according to the objectives of the profession, giving solution to the problems that arise within the specialty - such as the perinatal type - that are required in an occupational profile. Because women in labor must be treated with the utmost respect, have all the information and be involved in decision-making<sup>13</sup>. A decision-making model represents an area of great interest, in its effort to improve the attention provided in health services, especially in situations where there is uncertainty and scientific evidence reports a balance between benefits and risks<sup>14</sup>, which leads to the projection of high level of professionalism.

### Accountability

Depending on their actions or lack of these within their work context, by increasing autonomy and making independent decisions, the nurse must be accountable, which means assuming responsibilities over their activities, backed by a duty to participate in the realization of the common well-being, to promote safety and efficacy, as well as responsibility.

*Because before the doubt that I had or anything that I had or felt, they solved it for me and they explained me why all things happened. (E-21)*

*The qualified nurses explained me when they were going to give me some medication for what and why. They explained me the medicines that they gave me and for me it was very good. (E-32)*

The aforementioned distinguishes what is perceived through the experience of the pregnant woman, which reaches important criteria, by accepting that they adopt a more active role in determining their health, as occurs in shared decision-making, as well as being part of the initiatives and evaluations of health actions<sup>14</sup>, since that by obtaining the full assessment of the patient, one is allowed to settle a nursing diagnosis, which makes it possible to identify any type of potential alteration before the intervention.

### Defender of the patient

Abuse is defined as any action, omission or negligent non-accidental treatment, which deprives of rights and well-being, that threatens or interferes with the physical, psychological and social development of the human being<sup>15</sup>, these concepts guide towards the universal rights of the individuals, reveals one of the identified aspects that frame the professional competence of the nurse, this vision in which nursing work is inextricably linked to emotional work and feelings have developed<sup>16</sup>: being a proactive advocate for the patient, reflected clearly in this way their protection and integrity as a person:

*Here the qualified nurses talk to me on non-abuse practices, of someone who wants to mistreat me emotionally, on how my partner treated me and how we behaved, the two of us, as a couple, for me those talks have helped me a lot. (E-32)*

*Here I arrived when I had pains but they were not yet very strong and as we came from afar, they did not want me to return to where I live, they gave me shelter, I fell asleep, and they were responsible with me. (E-19)*

These opinions show that the nurse becomes a defender of the integrity and health of women, by supporting their compliance, and linking it to the development of human rights and fundamental freedoms and thus incorporating the concepts that help to interpret our relationship with the world and with our peers; guiding, organizing the behaviors and social communication<sup>17</sup>. In this way, this complies with health policies, established as duties of health workers.

### Clinical judgment

The application of clinical judgment based on knowledge, which settles the nursing professional in its actions, the control that the occupational group has over its own practice, its own exercise, as well as the authority and responsibility over the own decisions and exercising the independent practice represents autonomy<sup>18</sup>, which is identified in reports of patients treated in maternity:

*When I came to the clinic, they touched me and told me that my child was in a good position, so you will be living the experience and the treatment that the qualified nurses have and provide, and this gives you the confidence to say yes, to be born here in the maternity (E-1)*

*They never denied it to me, the qualified nurses gave me my daughter and they told me: lady, your daughter can have Down syndrome, I was being examined. (E-32)*

Safety is reflected in the nurse's actions; in perspective, the representations where value judgments are formed that individuals will possess, have a dynamics of their own with undoubted importance over the real<sup>2</sup>; this value judgment is projected as the responsibility of the nurse towards the pregnant woman, becoming a positive aspect, product of their autonomy. The clinical judgment allows the professional to apply their knowledge and reflect it; In addition, apply skills and attitudes in order to solve clinical problems in practice; these are components of professional autonomy as a whole.

### Autonomy

Every profession requires methodological treatment guided by making up and developing professional skills, acquiring habits and capacities in the professional performance<sup>8</sup>, being reflected as aptitude, skill, dexterity and disposition, that lead to competition, and guarantee success in executing the profession, as well as the solution for the most diverse problems of the specialty. This autonomy is identified in the words of women treated in the maternity:

*The qualified nurses, from the beginning of your pregnancy, carry out all the prenatal control, they prepare you for the arrival of your baby [...]. (E-10)*

*The care I received here did have an impact, that is to say that there were just graduate nurses, because I thought I was going to see doctors or something like that but no, they were pure nurses, it was something new. (E-21)*



The aforementioned, reflects the value judgment that nurses have in care, where professional autonomy is the specific competence provided by the different knowledge poured into their training for the exercise of the profession. It is affirmed that all professional practice is socially defined by the domain of a specific field of knowledge, by occupational spaces assigned to its intervention and by the construction of an identity and professional ethics<sup>19</sup>, finally a rich identified representational field is shown, which show a large and diversified set of images to designate the professional autonomy of the nurse and express their concretization, revealing a representation with elements of strong imaginative dimension<sup>20</sup>, therefore, nurses in maternity have achieved an autonomous professional practice with a specific occupational profile whose social perception is positive; in addition, it contributes with a health policy proposal.

## CONCLUSION

Motherhood has rescued a model that highlights the importance of professional skills to achieve a good development of tasks in the jobs, as well as the solution of arising problems; Therefore, it can be deduced that nurses in the maternity are basing on professional knowledge of specific specialty, reflected in the occupational profile or in the professional model.

The domain of the nurse professional skills, in relation to the care of pregnant women, is clear, which promotes the feasibility of implementing this model of humanized natural birth care, because its importance, can be included as proven reference that becomes a contribution for the practice.

Likewise, the research made it possible, through a critical and reflective analysis, to determine the manner in which nurses assume a competence with professionalism, by offering optimal care to patients, becoming a meaning or symbol, as settled by the representation Social principle.

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