

## Perception of the Quality of Health Care in Women that Suffered Spontaneous Abortion

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### Abstract

**Background:** Maternal health must be guaranteed at all times of the reproductive life that women live because from this perspective it is possible to generate interventions, in order to improve their life quality. This study aimed to describe the perception of care quality in a group of women, who presented spontaneous abortion (SA) in a health institution.

**Methods:** It is a quantitative descriptive and transversal study, the sample was made up of 63 women with a diagnosis of spontaneous abortion that were tended by the Obstetrics-Gynecology service in the Hospital El Tunal, and who had completed a questionnaire SERVPERF during the second half-year in 2018. It was a low risk study according to the national ethical law.

**Results:** The general quality perception of the Obstetrics-Gynecology service registered 96.2% and its constitutive dimensions indicate a security, reliability and empathy of 98.2%, followed by tangible elements 96.4% and the response capacity 88.9%. It was found a significant statistical relationship between the planned pregnancy and the quality perception  $p = <0.038$ .

**Conclusion:** The confidence, knowledge, ability and credibility of the personnel that work in Obstetrics-Gynecology service was perceived by the patients with SA as "satisfactory" and "very satisfactory". The physical aspect of the facilities, the equipment and the medical personnel appearance, add to the willing to develop an opportune and fast attention are aspects that must be taken into account in an integral way at the moment of providing a comprehensive health care service. All the dimensions overcame the 85.0% of satisfaction. So that, it is crucial that the health institutions supply individualized care according to the patients' characteristics and needs.

**Keywords:** Spontaneous Abortion; Patient Satisfaction; Quality of Health Care; Health Personnel

### Background

It has been conformed diverse sceneries worldwide that seek to enhance the sexual and reproductive health of women. One of those sceneries was the International conference of Population and Development carried out in the Cairo in 1994, which took into account the physical and emotional consequences generated by an abortion in the women's lives [1]; keeping in mind this situation can bring about irreversible effects and even the death. It is estimated that 1 of 4 women have experimented a spontaneous abortion (SA) at some moment of their lives during the first gestation trimester 75.0% [2], in ages that fluctuate between 15 - 44 years [3].

According to the National Survey of Demography and Health completed in Colombia in 2015, about 10.0% of women in fertile age presented a SA; the literature illustrates that between 30.0% and 50.0% of SA has a type of genetic cause [4]. For the specific case in Bogotá, the SA occurs mainly in the 9 - 12-week period of gestation in the 8.9% of women in fertile age that get pregnant [4].

The data referred above allow deducing the difficulty to generate awareness, education, and information processes in health institution where is provided this attention in answer to the need of personalizing women's healthcare who presented SA, it based on the expectations and needs arisen at this moment [5]. It is because of the perception represents a process in which the individuals organize and interpret their sensorial impressions, and they give meaning to the environment [6]. Thus, the importance of knowing in depth the aspects related to healthcare quality at the moment women have access to the sexual and reproductive health services.

### Aim of the Study

The aim of the study was to describe the perception of care quality in a group of women who suffered SA in a health institution in the city of Bogotá during the second half of 2018.

### Methods

#### Design and setting

It was a quantitative, descriptive and transversal study; it was executed in the Obstetrics-Gynecology service at Hospital El Tunal in Bogotá-Colombia, it corresponded to a woman's natural context, which lived this experience during the first half-year in 2018.

#### Participants

It was applied the correction of finite population to 89 people by means of OpenEpi v.3 program, the anticipated frequency was 73.0% [7], the absolute accuracy was 6.0% what allowed establishing a 63-participant sample and a reliability of 95.0%.

It was a convenience sampling, in order to respond to the stated inclusion criteria that denoted:

- The participants were between 14 and 49 years.
- The participants had a medical diagnosis of SA ( $\leq 12$  weeks of gestation).
- The participants did not present any mental or cognitive pathology.

#### Measures and variables

The instrument implemented to measure the satisfaction with the care quality in the health service was SERVPERF, this instrument was validated by Córdoba in Colombia [8] and it corresponds to Likert type scale (from 1 to 5 points) formed by 22 items not grouped, which assess 5 dimensions and have a Cronbach's alpha of 0.9. These dimensions are described below:

- Assurance: It makes reference to the confidence transmitted at the moment of providing knowledge with credibility and politeness by the medical personnel (items 1, 2, 3, 4, 5, 6, 7, 8).
- Reliability: It is the ability to perform a suitable, reliable and sufficient service (items 9, 10, 11, 12).
- Empathy: It is the understanding ability that the medical staff has with the patients through individualized healthcare (items 13, 14, 18, 19).
- Tangible: It is all the physical aspect of the facilities, equipment and the appearance of medical staff (items 15, 16, 17).
- Responsiveness: It denotes good disposition and support through an opportune and fast attention (items 20, 21, 22).

It was administered the SERVPERF to 63 women who accomplished with the inclusion criteria, explanation of the objective of study, development and signature of the informed consent. It was clarified that will be keep the participants' confidentiality and anonymity.

**Procedures**

The data were processed through the statistical software SPSS v.25, the data analysis was given from the descriptive statistics which determined central and dispersion tendency measures. On the other hand, the inferential statistic permitted to establish the presence of possible and meaningful statistical relationships. The interpretation around the quality perception of health care was the follow: Very dissatisfied 0.0 - 20.0%, Dissatisfied 21.0 - 40.0%, Intermediate 41.0 - 60.0%, Satisfied 61.0 - 80.0% and Very satisfied 81.0 - 100.0%.

**Ethical considerations**

The research was approved by the School of Nursing of Universidad El Bosque, the Ethics and Research committees of Hospital El Tunal (Health services unit) and Profamilia. It was a low risk study according to the national ethical law.

**Results**

The socio-demographic characterization indicates that 82.5% (n = 52) of the participants were Colombians. The average age was 24.6 ± 6.9 years with a shortest age of 14 and a maximum age of 44, it categorizes as a heterogenous variability (CV = 28.2%), the predominant level of education was of high school 60.3% (n = 38), and the most frequent marital status was common law marriage 58.7% (n = 37).

On the other hand, the table 1 expresses the satisfaction level of the healthcare according to the socio-demographic variables.

| Variables          | Categories          | Very dissatisfied | Dissatisfied | Satisfied | Very satisfied | Value p |
|--------------------|---------------------|-------------------|--------------|-----------|----------------|---------|
|                    |                     | % (n)             | % (n)        | % (n)     | % (n)          |         |
| Nationality        | Venezuelan          | 0 (0)             | 0 (0)        | 18.2 (2)  | 81.8 (9)       | .700    |
|                    | Colombian           | 0 (0)             | 0 (0)        | 23.5 (12) | 76.5 (39)      |         |
| Level of education | Elementary school   | 0 (0)             | 0 (0)        | 14.3 (1)  | 85.7 (6)       | .897    |
|                    | High school         | 0 (0)             | 0 (0)        | 21.6 (8)  | 78.4 (29)      |         |
|                    | Technician          | 0 (0)             | 0 (0)        | 28.6 (4)  | 71.4 (10)      |         |
|                    | Professional        | 0 (0)             | 0 (0)        | 25.0 (1)  | 75.0 (3)       |         |
| Marital status     | Single              | 0 (0)             | 0 (0)        | 26.3 (5)  | 73.7 (14)      | .434    |
|                    | Married             | 0 (0)             | 0 (0)        | 50.0 (2)  | 50.0 (2)       |         |
|                    | Common law marriage | 0 (0)             | 0 (0)        | 18.9 (7)  | 81.1 (30)      |         |
|                    | Other               | 0 (0)             | 0 (0)        | 0.0 (0)   | 100.0 (2)      |         |
| Age                | 0 to < 18 years     | 0 (0)             | 0 (0)        | 22.2 (2)  | 77.8 (7)       | .306    |
|                    | 18 to < 35 years    | 0 (0)             | 0 (0)        | 26.1 (12) | 73.9 (34)      |         |
|                    | ≥ 35 years          | 0 (0)             | 0 (0)        | 0.0 (0)   | 100.0 (7)      |         |

**Table 1:** Socio-demographic characterization and healthcare quality perception.

It was not found meaningful statistical relationships between the socio-demographic characteristics and the quality perception of gynaecological service.

It was discovered a meaningful statistical relationship between the gestation planned and the quality perception attention p = .038. Other analyzes indicated that the 93.7% (n = 59) of women underwent obstetric curettage, the 27.0% (n = 17) remained hospitalized more than 2 days due to the patients must accomplish an antibiotic treatment, or because they had some type of administrative problem.

| Variables                             | Categories       | Very dissatisfied | Dissatisfied | Satisfied | Very satisfied | Value p |
|---------------------------------------|------------------|-------------------|--------------|-----------|----------------|---------|
|                                       |                  | % (s)             | % (s)        | % (s)     | % (s)          |         |
| Gestations                            | 1 gestation      | 0 (0)             | 0 (0)        | 31.6 (6)  | 68.4 (13)      | .529    |
|                                       | 2 - 4 gestations | 0 (0)             | 0 (0)        | 18.4 (7)  | 81.6 (31)      |         |
|                                       | > 5 gestations   | 0 (0)             | 0 (0)        | 20.0 (1)  | 80.0 (4)       |         |
| Alive siblings                        | None             | 0 (0)             | 0 (0)        | 29.2 (7)  | 70.8 (17)      | .495    |
|                                       | Only 1           | 0 (0)             | 0 (0)        | 26.3 (5)  | 73.7 (14)      |         |
|                                       | 2 - 3            | 0 (0)             | 0 (0)        | 11.1 (2)  | 88.9 (16)      |         |
|                                       | > 4              | 0 (0)             | 0 (0)        | 0.0 (0)   | 100.0 (1)      |         |
| Previous abortions                    | Yes              | 0 (0)             | 0 (0)        | 6.7 (1)   | 93.3 (14)      | .090    |
|                                       | No               | 0 (0)             | 0 (0)        | 27.7 (13) | 72.3 (34)      |         |
| Knowledge about her gestation status. | Yes              | 0 (0)             | 0 (0)        | 16.7 (7)  | 83.3 (35)      | .107    |
|                                       | No               | 0 (0)             | 0 (0)        | 35.0 (7)  | 65.0 (13)      |         |
| Weeks of gestation                    | ≤ 7 weeks        | 0 (0)             | 0 (0)        | 22.7 (5)  | 77.3 (17)      | .260    |
|                                       | 8 - 10 weeks     | 0 (0)             | 0 (0)        | 31.8 (7)  | 68.2 (15)      |         |
|                                       | 11 - 12 weeks    | 0 (0)             | 0 (0)        | 0.0 (0)   | 100.0 (10)     |         |
|                                       | Do not know      | 0 (0)             | 0 (0)        | 25.0 (2)  | 75.0 (6)       |         |
| Gestation planned                     | Yes              | 0 (0)             | 0 (0)        | 13.5 (5)  | 86.5 (32)      | .038    |
|                                       | No               | 0 (0)             | 0 (0)        | 36.0 (9)  | 64.0 (16)      |         |

**Table 2:** Quality perception of care regarding to obstetric histories.

It was demonstrated that 93.7% (n = 59) of the sample received medical instructions before being discharge of the institution. Moreover, it was encountered that 55.6% (n = 35) did not use any previous contraceptive method before being pregnant (Table 3).

| Contraceptive methods     | n  | %    |
|---------------------------|----|------|
| None                      | 35 | 55.6 |
| Monthly injection         | 13 | 20.6 |
| Contraceptive pill        | 7  | 11.1 |
| Male condom               | 2  | 3.2  |
| Intrauterine device (IUD) | 2  | 3.2  |
| Quarterly injection/DMPA  | 2  | 3.2  |
| Tubal ligation            | 1  | 1.6  |
| Implant                   | 1  | 1.6  |

**Table 3:** Contraceptive methods used before gestation.

The descriptive analysis item by item of the quality perception of care was the following (Table 4).

The quality perception of general healthcare is explained by dimensions in table 5.

| Item  | 1 Very dissatisfied %/ (n) | 2 Dissatisfied %/ (n) | 3 Intermediate %/ (n) | 4 Satisfied %/ (n) | 5 Very satisfied %/ (n) | SD    | Median |
|---|----------------------------|-----------------------|-----------------------|--------------------|-------------------------|-------|--------|
| 1. Doctor’s training for looking after their health problems (knowledge, ability and experience). | 0.0 (0)                    | 1.6 (1)               | 4.8 (3)               | 30.2 (19)          | 63.5 (40)               | .6667 | 4.55   |
| 2. Confidence transmitted by doctors.   | 0.0 (0)                    | 1.6 (1)               | 6.3 (4)               | 27.0 (17)          | 65.1 (41)               | .6904 | 4.55   |
| 3. Development of the service correctly and immediately by the doctor.                            | 1.6 (1)                    | 1.6 (1)               | 11.1 (7)              | 30.2 (19)          | 55.6 (35)               | .8670 | 4.36   |
| 4. Clarity the doctor informs with.   | 0.0 (0)                    | 6.3 (4)               | 4.8 (3)               | 15.9 (10)          | 73.0 (46)               | .8572 | 4.55   |
| 5. Individualized follow-up applied on you by the doctor.   | 0.0 (0)                    | 0.0 (0)               | 4.8 (3)               | 30.2 (19)          | 65.1 (41)               | .5831 | 4.60   |
| 6. Doctors’ politeness.   | 0.0 (0)                    | 0.0 (0)               | 6.3 (4)               | 22.2 (14)          | 71.4 (45)               | .6000 | 4.65   |
| 7. Interest shown by the doctors for providing solutions to your health concern.                  | 0.0 (0)                    | 0.0 (0)               | 6.3 (4)               | 28.6 (18)          | 65.1 (41)               | .6126 | 4.58   |
| 8. Doctors’ aptitude for giving the service immediately.  | 0.0 (0)                    | 3.2 (2)               | 12,7 (8)              | 27.0 (17)          | 57.1 (36)               | .8314 | 4.38   |
| 9. Politeness of nursing personnel  | 0.0 (0)                    | 3.2 (2)               | 7.9 (5)               | 27.0 (17)          | 61.9 (39)               | .7799 | 4.47   |
| 10. Politeness of non-assistance personnel (information, administration, etc).                    | 0.0 (0)                    | 3.2 (2)               | 12.7 (8)              | 39.7 (25)          | 44.4 (28)               | .8026 | 4.25   |
| 11. Nursing personnel training.   | 0.0 (0)                    | 1.6 (1)               | 4.8 (3)               | 36.5 (23)          | 57.1 (36)               | .6690 | 4.49   |
| 12. Administrative personnel training of the healthcare institution.                              | 0.0 (0)                    | 4.8 (3)               | 12.7 (8)              | 34.9 (22)          | 47.6 (30)               | .8608 | 4.25   |
| 13. Coordination among assistance personnel.  | 0.0 (0)                    | 1.6 (1)               | 7.9 (5)               | 34.9 (22)          | 55.6 (35)               | .7134 | 4.44   |
| 14. Time devoted by assistance personnel.   | 0.0 (0)                    | 0.0 (0)               | 3.2 (2)               | 28.6 (18)          | 68.3 (43)               | .5435 | 4.65   |
| 15. Medical equipment appearance.   | 0.0 (0)                    | 0.0 (0)               | 3.2 (2)               | 23.8 (15)          | 73.0 (46)               | .5278 | 4.69   |
| 16. Facilities appearance.  | 3.2 (2)                    | 1.6 (1)               | 11.1 (7)              | 22.2 (14)          | 61.9 (39)               | .9743 | 4.38   |
| 17. Physical appearance of personnel.   | 0.0 (0)                    | 0.0 (0)               | 3.2 (2)               | 23.8 (15)          | 73.0 (46)               | .5278 | 4.69   |
| 18. Easiness in procedures and documents.   | 0.0 (0)                    | 1.6 (1)               | 9.5 (6)               | 31.7 (20)          | 57.1 (36)               | .7357 | 4.44   |
| 19. Easiness in service Access (schedules, closeness of the hospital, parking, etc).              | 0.0 (0)                    | 3.2 (2)               | 9.5 (6)               | 27.0 (17)          | 60.3 (38)               | .7987 | 4.44   |
| 20. Elapsed time to give a medical appointment.   | 1.6 (1)                    | 3.2 (2)               | 20.6 (13)             | 30.2 (19)          | 44.4 (28)               | .9587 | 4.12   |
| 21. Elapsed time to do complementary tests (analysis, x-ray, etc).                                | 0.0 (0)                    | 4.8 (3)               | 12.7 (8)              | 30.2 (19)          | 52.4 (33)               | .8732 | 4.30   |
| 22. Elapsed time to be underwent surgery.   | 0.0 (0)                    | 4.8 (3)               | 11.1 (7)              | 23.8 (15)          | 60.3 (38)               | .8714 | 4.39   |

Table 4: Quality perception of attention by item assessed.

|                   | Assurance | Reliability | Empathy | Tangibles | Responsiveness |
|-------------------|-----------|-------------|---------|-----------|----------------|
| Very satisfied    | 79.4      | 71.4        | 73.0    | 79.4      | 60.3           |
| Satisfied         | 19.0      | 27.0        | 25.4    | 17.5      | 28.6           |
| Intermediate      | 1.6       | 1.6         | 1.6     | 3.1       | 9.5            |
| Dissatisfied      | 0.0       | 0.0         | 0.0     | 0.0       | 1.6            |
| Very dissatisfied | 0.0       | 0.0         | 0.0     | 0.0       | 0.0            |

**Table 5:** Healthcare quality regarding to the dimension.

It is important to mention that in the last questionnaire section was left an open space for women to write an opinion or suggestion aimed to improve the healthcare quality provided. These data were encoded into 3 categories: I. Did not comment 28.5% (n = 18), II. Suggestions and recommendations 26.9% (n = 17) and III. Acknowledgements to the employees 44.4% (n = 28).

**Discussion**

The literature review developed for this research did not find any results of similar studies carried on in the Obstetrics-Gynecology service [9]. Nevertheless, in the execution of this study was proved that the all-embracing satisfaction level of women who suffered a spontaneous abortion was perceived between “very satisfied” and “satisfied” due to their dimensions vary in 96.2%.

Additionally, the results of the study coincide with Redhead [10], who affirms that the care quality perception display the interpersonal relationships with the health staff created by the woman. It has to do with the given information of her health condition and the interest showed by the staff during the recuperation. Hence, the reliability, empathy and security were over 98.4% in this context. Coddington and Moore [11] also mention similar findings and denote that show empathy, respect, care, the greeting and know the patients’ names and their family members enrich these perceptions [12]. Besides that, the aspects mentioned above are the most relevant and influential in service quality from a client’s perspective.

Other studies which have measured the care quality have reported different results as it is described by Infantes Gomez [7], who reported 72.9% of general satisfaction of care quality in the users of outpatient consultation. In this research the empathy 73.3%, the security 77.1% presented higher value, while the reliability registered 68.6%. Despite this, both studies showed the quality in their care processes.

In this order of ideas, the same author refers that can occur that some dimensions can be more affected than others partly by the evaluator’s subjectivity. Thus, the capacity to respond can be lower to others. This affirmation is coherent with has been found in this study, where the dimension obtained the lower score 88.9% due to it demands more promptness in the provided service. On the contrary, the reliability and empathy the patients can be more agreeable [7].

In other studies, such as Araya Vallespir, *et al.* [12] was developed in a dental clinic and showed that the security and reliability registered high averages respectively. Nonetheless, the lower dimensions were the empathy 4.5, followed by the tangible elements 4.6; which is similar to the notified by Oscco in outpatient consultation where the global satisfaction level was 65.1%. The bigger value dimension corresponded to the security 70.6% and the lower value dimension was tangible elements 60.8% [13]. García Miranda referred the quality perception in outpatient consultation users was 45.1% and the security and empathy dimensions registered 51,8% being satisfactory in the intermediate level [14]. Basantes Avalos evaluated the satisfaction levels in an alternative medicine hospital area. In this, the security dimensions showed an average of 4.63, followed by the tangibility 4.57 and the empathy 4.54 [15].

These behaviors emphasize the confidence transmitted by the staff and material elements increase the perception of satisfaction about the care. However, it is vital to understand that some important aspects can be taken into account to achieve the goal of an ideal care; it should include the care process since a distinguishing perspective because it contributes to improve the care.

According to Bautista-Balbás, *et al.* the attention given to these women can have a different level of importance since can be conclude that the woman has not created a tie with the embryo. Even so, in determined occasions the women who have experienced this event can be annoyed sharing the physical space with women who have culminated their pregnancy successfully; it is inevitable to make comparisons to them [16]. This event can be increased when the hospitals do not have infrastructure that allow the privacy and the feelings expression required at this time.

Huerta Medina [17] found a general satisfaction level of 92.2% in the emergency department service of adults. It was observed the better evaluated dimension was reliability 94.8% and the lower capacity to response 76.6%, these dates are similar to the found ones in this research. While in the study of Readhead García the global satisfaction was 60.4%, and the reliability 66.0%, it was satisfactory and the empathy registered higher dissatisfaction 56.0% [10]. This report put ahead some results of researches already referred that expressed greater general and specific perception about care quality in the evaluated service.

Vizcaino found that the perception of quality in the emergency service was “satisfied” for the users. The analysis for dimensions indicated that the loftiest values were related to the security perception and the tangibility 79.2% for both; and the lowest was the capacity to respond 66.7% [18]. The satisfaction level in outpatient consultation in internal medicine according to Larrea Ascue was 76.9% “very satisfied”, the dimension with capacity to respond 83.2% and the security 81.2% [19]. The data are adjusted to the reported ones in this study, which reveals that it is possible to keep a satisfaction level appropriate to the specialty, in response to the modification that this has according where it is evaluated [13,17].

Jointly, the institutional environment, the confidence sensation and the individualized manner are factors that increased the user’s tie with the service. Thereby, the discussion makes sure that the perception of care in the health field, in any specialty must be a priority, which can allow increasing quality standards specifically in the Obstetrics-Gynecology service.

### Conclusion

- The obtained perception about the care quality to women that suffer SA in this context, reported in the global scale an average of 96.2%, which catalogue as “satisfied” and “very satisfied”.
- The dimensions that represented a higher level of satisfaction were reliability, empathy and security 98.4%, respectively. The dimension with lower percentage was capacity to response 88.9%. Additionally, all the evaluated dimensions were included in the category of “satisfied” what indicate that the patients perceive the care quality as sufficient.
- The 86.5% of the patients expressed to have planned to get pregnant, it reported a relevant statistical relationship between this variable and the care quality perception in the health field  $p < .038$ .

### Limitations of the Study

The limitation of this study consists in the limited number of participants due to the specific inclusion criteria. On the other hand, there was not possible a qualitative analysis so that was not feasible to include other dimensions that go in deep in the theme; added to short stay in the Obstetrics-Gynecology service that is about a day.

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### Conflict of Interest

The author/s has/have no conflict/s of interest to disclose.

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### Human Participant Compliance Statement

The research was approved by the School of Nursing - Universidad El Bosque, the Ethics and Research committees of Hospital El Tunal (Health services unit).

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