The Quality of Health System in Mexico and the Professional Nursing act before the Prescription of Medicines

Saucedo Hernández A¹, Pérez Cano A¹, Chávez Clemente J.L¹, Cortés Ascencio S.Y², Flores Ramírez E.Y³, Ramírez González M.J⁴, Aguirre Rembao L.O⁵, Ruvalcaba Ledezma J.C.^{6*}

¹ Licenciados en Enfermería de La Salle Pachuca Hidalgo, Mexico.

² Profesor investigador en [UNADM] Universidad Abierta y a Distancia de México, México.

³ Licenciada en enfermería de [ICSa-UAEH] Instituto de Ciencias de la Salud-Universidad Autónoma del Estado de Hidalgo, México.

⁴ Estudiante de la Maestría en Ciencias de la Enfermería. Universidad de Guanajuato.

⁵ Departamento de Medicina en [ICSa-UAEH] Instituto de Ciencias de la Salud-Universidad Autónoma del Estado de Hidalgo, México.

^{6*} Departamento de Medicina y Salud Pública en [ICSa-UAEH] Instituto de Ciencias de la Salud-Universidad Autónoma del Estado de Hidalgo, México.

ARTICLE INFO

Article No.: 012318008

Article type: Critical Analysis

DOI: 10.15580/GJEPH.2018.2.012318008

Submitted: 23/01/2018

Accepted: 26/02/2018

Published: 31/03/2018

***Corresponding Author**

Ruvalcaba Ledezma JC

E-mail: dscpjcarlos@gmail.com

Keywords: quality, health-system, professional, bioethics-responsibility.

ABSTRACT

This article introduces a critical analysis regarding the quality of health system in Mexico and the contribution of nursing to it. In the first place, considering the indicators of the quality of health care services to the users is dependent on the origin of the fragmentation of health system. Secondly, the work from bioethics, with special emphasis on the current Health Reform, that is granted to the nursing profession, was derived from its bioethical act, the academic preparation, the recent legal authorization to prescribe medications in the absence of the doctor and the need of the population, especially due to transcendent actions in communities that are not reached by health services. Nursing as a profession has currently advanced and it is effective in helping in realizing the social expectation regarding health, by increasing the responsibility of its exercise, and becoming more professional.

INTRODUCTION

The present analysis arises from a great interest and need to return (quality and service) back to the original significance of the health system in Mexico, part of the reforms in equity and the impartiality in the Mexican health system, have been impacted by the justice administered through the financing system and the democratic government.¹

The magnitude of this fragmentation, resulting in inequality, ignores the health conditions referring to the coverage and quality of services. In terms of the quality of services, the key point is that it emphasizes a problem in the same Health System in Mexico, it should not be a commitment of the population, but a commitment of the health services for continuous improvement of the realization of its activities and programs where practical change is visualized based on the needs and expectations of the population, taking into consideration the collaborative work, multidisciplinary factors that increases the quality, the effectiveness and efficiency.^{2,3}

The Health System in Mexico has deficiencies in terms of quality and coverage that prevents it from being competitive in international terms, it has no initiative to impose management services in different levels of quality, by prioritizing on the third level of health, and a proper organization and management.⁴ The population is the key tool and determinant of the Health System in Mexico, since it determines the problems to tackle in current situations, starting with the services that provides a dignified treatment for the users, in such a way that the observed population, if unsatisfied, can present demands for medical negligence and nefarious dealing.⁵

The reason for being part of the nursing team (the attention) has to be vocational and is dedicated to the social welfare, their mysticism and humanism silently contributes to increase the quality of care in the Mexican health system. The task of professional nursing today is focused on improving treatment and the quality of service, it emphasizes the implementation of duties to meet with basic needs, it generates proper health care to reduce damages caused by the disease, it constantly promotes the health and assists in the prevention of diseases, and it participates enthusiastically in the national weeks of vaccination. The quality of nursing services focuses primarily on the implementation of strategies for the continuous improvement of health services with an emphasis on research as a direction which allows the professional nursery to encourage, investigate, and increase the proper health care knowledge to provide quality to the Mexican Health System.⁶

The goal of this essay is centered on a reflection and critical analysis of the recent reform in the General law of health, involving the increase of the professional responsibility of nursing.

Nursing as an activity has gained recognition as a health care profession facing health problems on a daily base, which until recently was not contemplated.

Nursing as a profession is in constant development as a scientific discipline, it is a social transformer and promoter of the quality of attention given to health, it suffers theoretical changes that aim to project the development of nursing and that is why there is the following:

Development “reflection and critical analysis of professional activities in nursing”

To increase the quality of the health system in Mexico, nursing plays a determining role since combined in its daily activity are a series of elements that make it indispensable, as the discipline and tenacity that is characterized importantly by constant training and preparation of the personal, as well as its friendliness during treatment that promotes quality of life of the user; and it should be considered as a goal with six categories or actions, that need to be considered: *“The work experience, the opportunities in the professional field, the motivational environment, the proper characteristics of nursing, the motivation to change, and the update to theoretical changes”*.

Nowadays, it is very important that the nursing profession submits to training programs to motivate the new generations as well as the professionals who already have the experience, but they lack the ability to implement their knowledge.

There is interest for the quality of service provided by the National Health system in Mexico, therefore, it is correlated with the quality of life that is experienced by the nursing professionals, meaning, that both influences the proper welfare of their work to be done well. In the 1960s and early 1970s, a special interest in the quality of professional life is defined as “The feeling of well-being that derives from the balance that the individual perceives associated with the burden of profession as well as the psychological, organizational and relational resources”.

According to the General Health Law, Health is an indispensable condition of human development and a fundamental means to achieve the individual and collective well-being, it is the responsibility of the State to regulate it, to monitor and promote it. Every single person has the right to the protection of their health in the terms and conditions established by the law.⁸

The right to the protection of health is irrenounceable, and is the responsibility of the State to monitor and attend to the various problems of malnutrition and mental health of the population, those of environmental health, as well as the problems of health of the disabled one, of the different sectors of the population; of the child, of the adolescent, of the mother and of the elderly in a situation of social abandonment.

The responsibility of the State promotes the conditions that ensure adequate coverage of health care to the population, in terms of the socially acceptable security, opportunity, and quality. Who do not enjoy the coverage of another health benefit scheme, public or private.⁸

The financing of the State is preferably committed to the functions of public health and to fully or partially subsidize the medical care for low-income population, who do not benefit from the coverage of another regime of health benefits, public or private.⁷

The general law of health sets in their recent changes from the THIRD SECTION of the EXECUTIVE BRANCH, MINISTRY OF HEALTH, added to an article 28 Bis of the General Law of Health.

At the margin, a stamp with the National Shield, that says: **United Mexican States - Presidency of the Republic. FELIPE DE JESÚS CALDERÓN HINOJOSA, President of the United Mexican States, its habitants know: That the Honorable Congress of the Union, has served to address the following DECREE "GENERAL CONGRESS OF THE UNITED MEXICAN STATES, DECLARES:**

IT IS ADDED TO AN ARTICLE 28 BIS OF THE GENERAL LAW OF HEALTH

ONLY ARTICLE - it is added to an article Bis of the General Law of Health, to be as follows:

Article 28 Bis - The professionals who may prescribe medicines are:

1. Doctors;
2. Homeopaths;
3. Dental Surgeons;
4. Veterinary surgeons in their area of expertise, y
5. Graduates in Nursing, only those who will be able to prescribe when you do not have the services of a doctor, those medicines of the core table that determined by the Secretariat of Health.

The professionals referred to in this article shall count with professional identification issued by the competent educational authorities. The assistants in social services of any of the races mentioned above and the nurses may prescribe in accordance to the specifications determined by the Secretariat.⁷

TRANSITORY

UNIQUE-the present decree will be introduced the next year from its publication in the Official Diary of the Federation, during this period the Federal Executive Authorities through the Secretary of Health Care and in accordance with the proposed text in the last paragraph of the 28th article of the General Law of Health Care, will have to establish the guidelines and the operation procedures as well as the criterions for prescription of medications by the nursing workers in the primary health care.

"México, D.F., the 7th of February 2012.- Sen. José González Morfín, Presidente.- Del. Guadalupe Acosta Naranjo, Presidente.- Sen. Ludivina Menchaca Castellanos, Secretaria.- Del. Cora Cecilia Pinedo Alonso, Secretaria.- Honorary."

In fulfillment of the plan for the faction I of the 89th article of the Political Constitution of the Mexican United States and for its planned publication and observance issued by the present Decree in the Residence of the Federal Executive Power in Mexico City, Federal District, on the 2nd of march 2002.- **Felipe de Jesús Calderón Hinojosa**-Honorary- The Secretary of the Government- **Alejandro Alfonso Poiré Romero**-Honorary.

This change in the General Law of Health Care indicates the application of the mentioned law to benefit the users, to mark the transcendent role of nursing, to increase and for the recognition of this profession in amplitude of its professional practice. But it clearly shows the need to create a greater awareness among the health care workers of the country and in the educational institutions about the challenge and the compromise of these changes in the General Law of Health Care. It is also necessary to increase scientific and humane character of every health care worker. There is the need to sense and to execute the professional act with major compromises considering the social imminent need of the quality of the health care attention in our country.^{7,8}

The right to the health care is a right for every Mexican by decree of the law, mentioned in the fourth article in the Political Constitution of the Mexican United States, which mentions that "Every person has the right to protect the health, the bases and the modalities for the access to the health care services" (last reform DOF 02/26/2013).⁷

The fragmentation of the health care services was necessary in the beginning of the organizational structure in order to identify effective strategies in every subsystem. Without doubt it has become the example of the social rupture, a frequent phenomenon that is based on the cultural and ethnic diversity, on the stratification, inequality in the distribution of the wealth and on the procedures of decentralization in the country. The ideal in the health care services is the cultural reaffirmation for the creation of the health care models in which the values have a major role, like this generating that the different health care systems can live together where problems are related to the structure and the function as well.⁹

In some Latin American countries where the decentralization is initiated and the coordinated exercise of instances as well that strengthens the health care system together with the State. These institutions cannot leave aside the financial resources in order to have a major redistribution of the budget in an equal way.

The health care programs promote public accessible resources for the vulnerable people, a fair system that has its effect on the person and the community whether ill or healthy. In keeping fragmented the health care system, it loses the effective use of the materials, team, and medications which are now purchased in big cities and are distributed inefficiently; leaving the vulnerable population without protection, and sometimes twice or triple more protection for the wealthy population.

The success of the health care systems does not depend only on its ideals but also on the efficiency and the solidarity that is showed by people with big economic resources, who have the privilege of access to particular health care services, beside the institutional that determines the quality of the attention among the vulnerable population (which is the majority) and they do not have this privilege which is access to the effective health care services. Because of this situation, the authorities are concerned and they are obliged to find options to protect this type of population.

This is how the "Popular Health Insurance" was created in our country in order that the population with low economic resources has the access to a health service that provides a high quality of life for every Mexican. This should be an inalienable right for every human being, just for being a person and in Mexico, and this right should be admitted, respected and protected by the state.

The only condition to have the right to live is to be alive. It is a fundamental right not just because of what it means to a person but because the other rights in the end will depend on it.⁹

Among the human and social rights, the equal and universal access to the individual and collective health is emphasized, a base from which it is possible to boost the full development of the physical, intellectual, working, and social capacities of the population.

The demographic and epidemiologic transition in our country presents a challenge, since there are areas of possibilities where it is necessary to integrate general knowledge for new studies and scientific investigations to attend to the elderly people, a group of people forgotten, and with the big problems of health care among them such as chronic illnesses.²

The "Popular Health Insurance" arises from the necessity of the people with scarce resources who do not have the possibility to have an insurance in the health care institutions such as the Mexican Social Security Agency (IMSS), the Institute for Social Security and Services for State Workers (ISSSTE), the Secretariat of Health and Welfare (SSA), the Mexican Petroleum (PEMEX) and the SEDENA.

Without any doubt, this health care program faces a big challenge attending to the most vulnerable population of the different states of our country, managing the total efficiency and coverage services given generally to the population and in this way favoring the integration of the Mexican Health care System. This type of programs are considered good as long as the persons who are in charge in responsible positions of the economic, material and financial resources have certain qualities and very cemented values to carry out the entrusted functions benefiting the citizenship.

In theory, the "Popular Health Insurance" seems to be a adequate solution to the fragmentation of the Mexican health care system that nowadays proposes a universal Health Care System. A system combination acknowledged and defined by dynamic elements (people, services, organizations, materials, concepts, etc...) which are independent and are united

with each other at same time act in a permanent way according to certain laws to produce a specific affect (Hernán San Martín).

From this perspective, a system is integrated by several elements that interact with each other in a constant way,¹⁰ thereby reaching the common wealth that is to give quality health care service and warmth to the population. This is crucial, since the principal of the multidisciplinary crew is to maintain the health of the healthy and ill individual as well as of the population from birth until death.¹¹

To be able to give health care services, it is important to have a satisfactory quality of health that consists of the improvement of the quality and the security of the patients. The same way it mentions that "the decision to have a centralized unity with proper crew, goals and infrastructure, is bound to the global politics of the Health Care systems, therefore the health care institutions should have on these topics more explicit demands related with the activities of the health care institutions."

Now the quality in these health care services is something what should be evaluated constantly since occasionally it is not adequately proportional, for this reason, it is clearer to give the concept of the quality of the health care services. Saturno Hernández Pedro Jesús mentions that: "the quality of the health care services is to respond to the needs of the health care attention needed by the population"⁴, referring to this in a complete form without fragmenting it by social classes, occupations, sex, religion etc...

For the authorities, it is important to preserve the health of the population, hence the implementation of the "Popular Health Insurance" program and other opportunities. As a society, the principal challenge is to avoid that the health care system does not create adverse effects, for example the perpetuity of the circle of poverty and illness. Concretely, the goals are: to increase the coverage, reduce the pocket expenses and increase the advance payment, assign the amount of the necessary resources to comply with the compromises of the system and to equalize the contribution of the state governments and others.¹²

DISCUSSION

Nowadays the "Popular Insurance" that was born in 2000-2006 and other health care subsystems do not have a total coverage, moreover the "Popular Insurance" with the program "Opportunities" has a special likeness to act for the population making use of certain predetermined paternalism what the population needs. The population not always needs what the governmental authorities provide.

The "Popular Insurance" is a health care service that seems to be a good option for the vulnerable population with scarce economic resources. Only that, the conditions to have access to this type of service is incongruous. Some of these conditions are: to attend talks about prevention, to pay a quote to maintain their health. It is incongruous in the sense of asking the patients to buy medications because the Health Centers do not have financial and economic

resources to purchase medications, equipment and materials. We can suppose that this service is offered to people who do not have adequate economic resources, therefore it is of no use to give them any attention since the reality is that this type of patients can hardly buy medications, since their priority is to have economic resources to maintain their family.

To generate a change and unification of the Health Care Systems according to the administration, it is necessary to make the goals clear and where we want to get. To have a good approach does not let us loose our goal but helps us to reach it. For this reason, it is necessary that the authorities in high positions are held by people who have experience with the ability to delegate tasks according to professionalization, by this, improving the system regarding the quality of the attention, the coverage, resources, human and financial resources and materials.

The population needs to learn how to get economic incomes to help satisfy their needs, to have some kinds of material resources, and most importantly to have access to the health care systems, to provide their homes with the necessary things, otherwise the popular proverbs will happen. "Give a fish to a man and he will eat it in one day, teach him how to fish and he will eat every day." The only thing what could make the change is the implementation of educative areas and health care systems with total coverage in our country.

The nurse is the designated staff to handle the centers, to control the risks and to improve the quality. They are responsible for revising and improving the quality of health care attention. They do it by monitoring the patients and the systems to detect the presence of factors which can cause delays in treatment or increase the possibility of illnesses or injuries. The role of the nursing staff is unique, since because of their position, they identify the general problems of the system that affect the attention given to the patients. They contribute important reviews which can ascertain if the patients get health care in a practical and uniform way, and in time.

The only profession in the area of health care which has an administrative formation is the nursing staff. Therefore, they bring and implement studies regarding the improvement of the quality of the health care administration given to the patients, thereby, assessing three important aspects: "Evaluation of the results, Evaluation of the process, and Evaluation of the structure".

"These evaluations give us a global analysis that helps us in improving the quality of practices of the nursing profession in the Health Care System in Mexico."

The responsibilities of the nurses is in relation to the improvement of health care quality, they implement it having as a base the investigation and the practice based on evidence (PBE) which gives it a systematic, ordered and objective perspective to give new knowledge (and to refine the knowledge already known) and implement the change by taking decisions on the practice of health care attention based on the newest investigations and experience.^{13, 16}

The patient should be visualized as the starting point, as the most important person in the medical service centers, as the fundamental indicator of the quality of health care.¹⁴⁻¹⁷

If the health professionals had the value-attributes indicated by Fajardo, honesty, knowledge, passion and social sensitivity^{18,19} would not be deficient and if the health system would be equitable, derived from anti-value-corruption, so that, in addition, the execution of essential public health functions in our country is limited, resulting in poor quality of health care¹⁹, but above all the human character of the nursing profession if accepted and reflected in all the health professions, working as a team would help to improve the quality of care.

CONCLUSIONS

The quality of the health care system in our country shows fragmentation from its origin. Because of this we are sure that it requires the structuring and the integration of a health care system where the population's right to health care and its accessibility, and other aspects are favored mainly for the vulnerable population.

With the quality of the health care services resulting from their task and their bioethical act, and the ability of nursing to regulate the needs of the population, make that the professional, following the recent increase in the formation, is granted the capacity to prescribe medications in the absence of the doctor and according to the need of the population, above all transcendental in communities where the health care services are not available.

Nursing as a profession has recently increased a lot and it has the transformative capacity for health care socially and through its major responsibilities and practices. It contains the potential to integrate multidisciplinary health care teams, highlighting the need of learning how to work in a team which means to respect and to approve the others as we want to respect and to approve the individual, professional and academic capacities.

In the same way, counting on the bigger professions, denotes a setback at the technical level, and proves to be a wrong decision. Since the need of the nursing profession and other health care workers exists, as for doctors, nursing requires continued increase of its professionalism, the same will promote the health care quality and the health attention given to the users. Therefore, it is important to progress beyond having a degree to be admitted into postgraduate programme to develop the nursing profession and benefit the Mexican population.

ACKNOWLEDGEMENTS

The authors of the present research article would like to acknowledge and truly thank the collaboration of Lezzly Zaireth Chávez Arizmendi for her contributions on the revision and translation of the article; a gesture

which increases the transfer and modification of scientific knowledge.

CONFLICT OF INTEREST

The authors declare that there is no conflict of interest regarding this article, which is the result of a collegiate work between the authors indicated in this present article.

REFERENCES

- 1.-Gómez-Dantés O, Gómez Jáuregui J, Inclán C. La equidad y la imparcialidad en la reforma del sistema mexicano de salud. *Salud Publica Mex* 2004; 46: 399-416. Disponible en: <http://www.insp.mx/salud/index.html>
- 2.-Ruvalcaba- Ledezma JC, Cortes- Ascencio SY. El sistema de Salud Mexicano. *ODOUS CIENTIFICA* 2012; 13: 34-42. Available: <http://servicio.bc.uc.edu.ve/odontologia/revista/>
- 3.-Bautista-Rodríguez L M. *Administración y gestión en calidad*. Rev. Ciencia y Cuidado. Universidad Francisco de Paula Santander. Colombia. 2000; 119
- 4.-Saturno-Hernández PJ. Aplicación 2. Calidad en salud. Editorial Manual Moderno-INSP: 2013; 469-476.
- 5.-Reséndiz-Dáttoly C, Jiménez- Vázquez M M. *Postura de la enfermera ante su quehacer profesional*. Revista Enfermería Instituto Mexicano del Seguro Social. Veracruz, México: 2010; 137-138.
- 6.-Sosa-Cerda CR, Cheverria-Rivera S, Rodríguez-Padilla ME. *Calidad de vida profesional del personal de enfermería*. Rev Enf Inst Mex Seguro Soc .San Luis Potosí, México: 2010; 153-154
- 7.- Diario Oficial, Tercera sección Poder Ejecutivo, Secretaría de Salud. Decreto por el que se adiciona un artículo 28 Bis a la Ley General de salud. Febrero, 2012: available: <http://gaceta.diputados.gob.mx/Black/Gaceta/Anteriores/61/2012/feb/20120207-III/DictamenaD-3.html>
- 8.-Barillas E. *La fragmentación de los sistemas nacionales de salud* Temas de actualidad/currentetopics. Rev Panam Sal Pub 1997; 1(3): available: www.scielosp.org/pdf/rpsp/v1n3/0441.pdf
- 9.-Castilla, G. O. 2013. Retrieved 04 24, 2013, from <http://enciclopediadebioetica.com/index.php/todas-las-voces/129-derecho-a-la-vida-humana>
- 10.-Castilla, G. O. (2013). Retrieved 04 24, 2013, from <http://enciclopediadebioetica.com/index.php/todas-las-voces/129-derecho-a-la-vida-humana>
- 11.-Población derechohabiente del ISSSTE, Informe Financiero y Actuarial 2011 México, D.F. 23 de junio de 2011, recuperado el día 8 de abril de 2013 en: http://www.issste.gob.mx/instituto/documents/ifa_2011.pdf
- 12.-Noriega C, Huitrón P, Matamoros M. *Financiamiento al Sistema de Salud en México: FUNSALUD-INSP: 2006*; pp. 17-33. Online disponible en: http://www.funsalud.org.mx/serie%20innovaciones/documentos/financiamiento_salud_3_noriega.pdf
- 13.-Alfaro-Lefevre R. *"Control y mejora de la calidad"*. Pensamiento Crítico y Juicio Clínico en Enfermería. España, S.L. Ed.Elsevier Masson.4ª Edición. 2009; 130,131.
- 14.-Díaz, R. "Satisfacción del paciente: principal motor y centro de los servicios sanitarios" *Calidad asistencial*, 200217(1): 22-9.
- 14.-Reséndiz Dáttoly, Carmela. Jiménez Vázquez, María M. *"Postura de la enfermera ante su quehacer profesional"*. Revista Enfermería Instituto Mexicano del Seguro Social. Veracruz, México, 2010; 137-138.
- 15.-Sosa Cerda Cesar R. Cheverria Rivera Sofía. Rodríguez Padilla, Ma. E. *"Calidad de vida profesional del personal de enfermería"* Rev Enferm Inst Mex Seguro Soc .San Luis Potosí, México, 2010;153-154
- 16.-Alfaro Lefevre, Rosalinda *"Control y mejora de la calidad"* Pensamiento Crítico y Juicio Clínico en Enfermería. Ed.Elsevier Masson.4ª edición. pag. 130,131.
- 17.-Díaz, Rocío. *"Satisfacción del paciente: el principal motor y centro de los servicios sanitarios"* Medicina y Ciencias de la Salud, 2002, 17 (1): 22-29
- 18.-Fajardo, S. Medellín, Del Miedo a La Esperanza (Conferencia en el TEC de Monterrey, México). Recuperado el 07 de septiembre de 2017 desde: <https://www.youtube.com/watch?v=mlKz1GSsXpQ>
- 19.-Hernández Medina M.S, Hernández Serrano C. López González A.L, Barragan López N, Islas Vega I, , Cobián Díaz M. L, Reynoso Vázquez J., and Ruvalcaba Ledezma J. C. Values-attributes Needed to Make Decisions in Health, from the Essential Functions of Public Health. *American Journal of Public Health Research*, 2017, 5, (5): 154-158 DOI: 10.12691 / ajphr-5-5-3.

Cite this Article: Saucedo H.A., Pérez C.A., Chávez C.J.L., Cortés A.S.Y., Flores R.E.Y., Ramírez G.M.J., Aguirre R.L.O., Ruvalcaba L.J.C. (2018). The Quality of Health System in Mexico and the Professional Nursing act before the Prescription of Medicines. *Greener Journal of Epidemiology and Public Health*, 6(2): 52-57, <http://doi.org/10.15580/GJEPH.2018.2.012318008>.