

Article

Not peer-reviewed version

Aids In Spanish Penitentiary Institutions through the Nurse's Point of View

Enrique J. Vera-Remartnez , [Jose Antonio Zafra Agea](#) ^{*} , Julio Garcia-Guerrero , [Maria Pilar Molés-Julio](#)

Posted Date: 1 December 2023

doi: 10.20944/preprints202311.2010.v1

Keywords: Síndrome de inmunodeficiencia adquirida; enfermería; prisiones; España.



Preprints.org is a free multidiscipline platform providing preprint service that is dedicated to making early versions of research outputs permanently available and citable. Preprints posted at Preprints.org appear in Web of Science, Crossref, Google Scholar, Scilit, Europe PMC.

Copyright: This is an open access article distributed under the Creative Commons Attribution License which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

Article

Aids In Spanish Penitentiary Institutions through the Nurse's Point of View

Enrique J. Vera-Remartínez ¹, José A. Zafra-Agea ², Julio García-Guerrero ³
and María Pilar Molés-Julio ⁴

¹ Nurse at the Penitentiary Center of Castellón I, (Castellón) Spain

² Professor in the Department of Nursing, Faculty of Health Sciences, UManresa, Fundació Universitària del Bages, Universitat de Vic, Universitat Central de Catalunya, Spain

³ Doctor, President of the Bioethics Committee of the Castellón Health Department, Spain

⁴ Professor in the Department of Nursing, Faculty of Health Sciences, Universitat Jaume I, Spain

* Correspondence: jzafra@umanresa.cat

Abstract: Introduction: The HIV/AIDS pandemic in Spanish prison institutions has led to a series of necessary changes to adapt and provide an effective response. **Materials and Methods:** This research was conducted from an interpretative paradigm with a phenomenological perspective, interpreting the experiences of nursing professionals in Spanish prison institutions. Focus groups were conducted with professionals who worked before and after the emergence of antiretroviral treatments through the Microsoft Teams platform, using the ATLAS Ti v.9 software. The project received approval from the Ethics Committee of the UJI university. **Results:** Limited dissemination of news in the press regarding HIV/AIDS and Spanish prisons was observed. Changes occurred in organizational, material, and personnel resources, requiring adaptation among nursing professionals. The available resources and difficulties are described, along with patient perspectives, the role of professionals, their environment, and their experiences, both positive and negative. **Discussion and Conclusions:** There is minimal visibility of the problem, and a description is provided of an adaptation process to the environment compatible with the *Callista Roy's model*.

Keywords: Acquired Immunodeficiency Syndrome; nursing; prisons; Spain

1. Introduction

The purpose of this research is to answer the question: How have the experiences of nurses in Spanish prison institutions been regarding the HIV/AIDS pandemic?

Individuals confined in prison institutions form a marginalized population due to their numbers and social standing. In the early days of HIV infection, given the scientific uncertainty surrounding the disease, great alarm ensued, instilling fear among both inmates and the custodial staff, further stigmatizing those afflicted [1].

These were tumultuous times, especially when the first cases began to spread within prison facilities, leading to protests initially by inmates, including some riots, demanding proper hygienic and sanitary conditions, especially for the infected individuals [2–4]. This situation also prompted formal protests by prison staff, even resulting in demonstrations, advocating for resources to prevent infections [5,6]. There were even proposals, such as the segregation of infected individuals in specific centers for the sick, akin to "leper colonies" [7].

To complicate matters, healthcare in Spanish prisons was more than precarious during this period. Obsolete facilities, minimal healthcare staff presence (no more than three hours of physician and nurse presence per day), scarce or nonexistent resources, lack of medications, and low wages collectively contributed to a demotivated healthcare workforce [8].

The emergence and spread of HIV infection and its correlate, acquired immunodeficiency syndrome (AIDS), within prisons marked the starting point for necessary changes in the penitentiary environment. One crucial milestone in these changes was the establishment of the Subdirectorate

General of Prison Health (SGSP) in late 1989, initially under the Ministry of Justice, tasked with establishing an exclusive prison healthcare system parallel to the National Health System (NHS) [8].

From the SGSP, a proprietary system of epidemiological surveillance was created, and programs for prevention and health education were launched, targeting both inmates and staff [8]. Simultaneously, adjustments were made to schedules and healthcare staffing, with significant numbers of public job offers for physicians and nurses in prisons during certain years.

A profound modernization of prison infrastructure also began, as the existing facilities were outdated and incapable of meeting penitentiary objectives. The Spanish government approved the Prison Amortization and Creation Plan (PACEP) in 1991, envisioning the construction of "standard centers" and the renovation of all prison infrastructures in the country, subject to biennial reviews.

Health education and talks, both individual and collective, laid the foundation for prevention programs, especially in a time when no other tools were available to combat the virus. Specialized assistance agreements were established with the NHS. Prison patients were visited by specialists, and the first pharmacological treatments began in 1987 with Zidovudine (Retrovir®) [9].

Gradually, new drugs or highly active antiretroviral therapies (HAART) and new combinations thereof emerged, transforming a once-lethal disease into a chronic one [9]. Prevention campaigns raised awareness among the incarcerated population to avoid virus transmission through risky practices, leading to a decrease in prevalence.

While experiences, perceptions, and needs of nurses in certain hospital services have been studied [10], as well as the nursing perspective in other pandemics like the recent COVID-19 pandemic [11], there is limited to no literature on the HIV/AIDS pandemic in the unique context of prisons.

This research aims to provide information that is not well-known and serve as a reference for future studies in the specific field of Spanish prison nursing during one of the most significant pandemics we have faced. Understanding the past is crucial for addressing the future in public health.

Therefore, the primary objective of this research is to describe the experiences of nursing personnel in Spanish prison institutions regarding the HIV/AIDS pandemic.

2. Materials and Methods

The design of this research was conducted from an interpretative paradigm with a phenomenological perspective, interpreting the experiences of nursing professionals in Spanish prison institutions [12].

Sample Description: In qualitative research, the power of the sample does not depend on its size but on the extent to which sampling units provide important information. The aim is typological representation rather than statistical representation [13]. Participants were intentionally and thoughtfully selected to ensure representativeness of opinions and experiences of prison nursing professionals who worked between 1981 and 2023 in various provinces of several Spanish autonomous communities.

Convenience sampling based on maximum variety was used, deliberately selecting a heterogeneous sample to observe commonalities in experiences and identify regularities and peculiarities among professionals.

Different groups were formed based on age and years of experience, as professionals may have different perspectives based on their workplace and discourses might vary. Spanish prison nurses of both genders were included, working in small, medium, and large penitentiary centers. Efforts were made to include informants from emblematic centers, such as the now-closed General Penitentiary Hospital of Carabanchel in Madrid (where all AIDS patients were initially referred) and the former "Modelo Prison" in Barcelona (a reference center at the start of the pandemic) to enrich the historical information. Informants worked or have worked in provinces such as Barcelona, Castellón, Cuenca, Ibiza, Madrid, Murcia, Seville, Soria, Teruel, and Valencia.

Selection Procedure: Participants were initially contacted via phone, obtaining phone numbers from personal contact lists in most cases, and in three cases through acquaintances who contacted the

informants. Authorization was obtained from each participant to share their phone number and engage in a conversation to explain the purpose, and consent was obtained in all cases.

Due to geographical dispersion and difficulties in organizing in-person meetings, a decision was made to convene the meeting using online means through the Microsoft Teams platform, with invitations sent via email at a convenient time for all participants. Participants were assigned an anonymous informant number to maintain confidentiality. A document with information about the research was provided, and authorized consent was obtained.

Data Collection Techniques: Two discussion groups were established—one with professionals who worked at the beginning of the pandemic when effective treatments were not available, and another with professionals who started working when highly active antiretroviral treatments were in place.

The discussion groups, with a maximum of six participants each, followed recommendations suggesting groups of six to twelve participants. Information saturation was reached with the initial selection, and no further informants were recruited.

The interviewer or moderator led the conversation based on a pre-established script equivalent to a semi-structured interview, piloted with six professionals for clarity (**Table 1**). The moderator played a less prominent role, allowing the group to discursively develop the narrative.

Table 1. List of guiding questions for the discussion groups.

How would you describe the way the situation in penitentiary institutions regarding the HIV/AIDS pandemic has been portrayed through the Spanish print media?
What would you highlight as the most significant aspect regarding the impact of HIV in penitentiary centers?
What role has nursing played in the HIV pandemic within penitentiary institutions?
How was your experience working for the first time with a patient infected with HIV or even suffering from AIDS? (in different spheres: professionally, personally, in social relationships, etc.).
Do you believe that there has been any gender-related difference between male and female inmates regarding HIV in prisons?
What resources have you had available for providing nursing care to HIV/AIDS patients?
What difficulties or obstacles may have influenced your work regarding HIV-infected individuals in the penitentiary environment?
How would you summarize your own experience regarding the HIV pandemic in penitentiary institutions?

Both groups had both more participative informants and those who nodded in agreement, indicating shared arguments not explicitly repeated in their recorded statements. Each group was convened on different days but at the same time to minimize confounding variables and facilitate group comparisons. Sessions lasted between fifty and sixty minutes.

Information was collected through video recording on the Microsoft Teams platform, capturing not only audio but also vital non-verbal cues. Transcriptions in text format were derived from these recordings and aided by ATLAS Ti v.9, a Computer Assisted Qualitative Data Analysis Software.

Quantitative variables included age, overall professional experience, and professional experience in prison institutions. Categorical qualitative variables included gender, marital status, and current employment status (active or retired), as shown in **Table 2**.

Table 2. Characteristics of Participants in the Discussion Groups.

		Group 1	Group 2
Age (in years)	Mean	62,5	48,2
	Minimum	57	44
	Maximum	69	55
Seniority in the profession (in years)	Mean	39,7	27,2
	Minimum	36	23
	Maximum	48	30
Seniority as prison nurses (in years)	Mean	35,5	24,5
	Minimum	33	17
	Maximum	38	27
Marital status	Single	1	1
	Married	4	2
	Separated	1	2
	Widowed	0	1
Employment status	Active	2	6
	Retirement	4	0

Content Analysis: The textual corpus was prepared by transcribing all content verbatim from the automatic transcription obtained through Microsoft Teams, focusing on the informational message (removing noise, pauses, non-standardized accents, etc.) [14]. The automatic transcription was carefully reviewed by three different individuals using audio and video, improving text portions where necessary and correcting errors to make sense of the written information.

An anonymous code was assigned to each participant by adding an order number to the term "informant" sequentially (Informant one, two, three...), and each time the moderator intervened, they were identified as "moderator."

In the pre-analysis phase, a thorough and repeated reading of the texts was performed, generating a list of ideas and emerging themes. A provisional analysis plan was developed based on this list.

In the analysis phase, all useful data were described, leading to their interpretation. The objective was to create quotes from the texts, coding and creating thematic categories that addressed the main topics. A segmentation process involved fragmenting the textual corpus by categories, analyzing their characteristics, dimensions, properties, and trends.

Information interpretation moved from the specific to the general, carefully incorporating all emerging information until saturation was reached.

Reliability and Validity Criteria: Following qualitative research criteria by Carlos Calderón [15], this research exhibits methodological and theoretical-epistemological adequacy. The chosen qualitative paradigm is suitable for understanding the experiences of nursing professionals in prison institutions and addressing the proposed objectives. The selected theoretical perspective is phenomenological, aiming to understand what happens through the interpretation of individuals' first-person experiences. The research details the theoretical model of adaptation by Callista Roy, where nursing aims to help patients adapt to their environment and promote health and well-being.

Relevance: This research provides knowledge about the situation in prison centers during the HIV pandemic from a nursing perspective. The results are important for professionals who experienced it and for future generations.

Validity: Sampling was intentionally and thoughtfully conducted with key informants in a flexible manner. Two discussion groups were established, conducted with the same script. Participants were adequately informed, and their collaboration was recorded on video for immediate transcription, minimizing information loss. Thematic content analysis was performed, and coding was done on emerging categories. Triangulation was used with different researchers independently transcribing and interpreting emergent categories, facilitating data analysis and comparison.

Reflexivity: Continuous reflection was maintained throughout the research, reflected in emerging assumptions and the theoretical framework based on Callista Roy's adaptation model. The principal investigator remained impartial to informants' positions, acting solely as an observer.

Ethical Aspects: The research project received approval from the research ethics committee with human subjects (CEISH) at Universitat Jaume I in Castellón, under file number "CEISH/64/2023," adhering to ethical standards. The project complies with current research regulations, including the European Regulation 2016/679 of May 25, 2016, on the protection of natural persons concerning the processing of personal data. Additionally, it adheres to the provisions of the Organic Law 3/2018 of November 5, on Personal Data Protection and guarantee of digital rights.

3. Results

Once the various nursing discourses on their perception of the HIV pandemic in prison centers were analyzed, four main themes were established, as shown in Table 3.

Table 3. Data analysis structure.

<i>CODES</i>	<i>CATEGORIES</i>	<i>THEMES</i>
<i>Alarmistic; ignorance; disinterested; interested; protests; little impact; biased; taboo.</i>	News	Press perception of HIV in prison.
<i>Changes; human resources; material resources; organizational resources; skills.</i>	Importance of HIV	Vision on nursing work in prisons
<i>Training; programs; treatment.</i>	Media	
<i>Environment; people.</i>	Difficulties	View of the patients they care for.
<i>Attitudes; demands..</i>	Inmates	
<i>Contraception; pregnancy; equality; risk practices.</i>	Gender	
<i>Adherence; support; care; information; prevention; follow-up.</i>	Nursing role	Nursing's own vision
<i>Discretion; fear; caution; professionalism..</i>	Family and environmental experiences	

Positive; negative.	Experiences
---------------------	-------------

The first theme corresponds to the view presented by the media on HIV and prisons, as perceived by nursing professionals. Generally, there is a considerable consensus that newspapers did not reflect the situation in prisons. There was a sense of disinterest on the part of the press towards prisoners, as they were marginalized individuals who didn't matter to anyone. From the beginning, they were stigmatized with terms such as "homosexuals" and "drug addicts."

Informant 2: "...inmates were not seen as people who, even though the law protects them and all that, but no, they didn't matter much because, in the end, they were drug addicts. So, especially in the beginning, it was only considered that the level was drug addicts and homosexuals, and then, well, they were marginalized people, so that mattered little." [F-61]

The information in the press did not reflect the reality inside the prisons at all. It was often presented as highly biased and sometimes from a lack of understanding of what was actually happening. Perhaps because there was some interest in not making it known.

Informant 6: "...everything was very, very covered up, no, then over the years, it progressed, and more news came out, but well, at first, very few because it wasn't in anyone's interest that it came out, that there was HIV." [F-69]

They aimed to portray a global, negative, and alarmist view, given the pandemic's nature, comparing it to other pandemics like the Black Death, the most devastating in human history, labeling the HIV pandemic as the "plague of the twentieth century."

The few news items that appeared were often associated with protests by inmates and even prison officials, demanding better hygiene and health conditions. Many times, reflecting the reality inside prisons, such as overcrowding or poor hygiene conditions.

The second theme focused on the perception of nursing work in prison centers, highlighting the pandemic's impact on necessary changes, human, material, and organizational resource needs, as well as the acquisition of specific skills by nursing to address care.

Informant 7: "...communication skills, skills in understanding different treatments, also because it depended a lot on, you know. Well, the experience we have, we have treatments that were not combined in the same type of dosage, but went with two or three types of treatments, so maybe one in the morning or another at night, fasting. So compliance was very complicated, but you have to have these clinical and scientific knowledge at the pharmacotherapeutic level so that you could inform the patient as much as possible, it's also true." [F-47]

Another emerging category within this second theme was the means nursing had to face their work, among which training, especially at the beginning of the pandemic, stood out. Quality training was provided through the Carlos III Health Institute, one of the leading centers in understanding this infection in Spain. Less experienced professionals acknowledge that there has been training but consider it limited. The National Plan on AIDS in our country also showed interest in training on HIV.

Informant 3: "...I remember that exactly, I think it was in 1987, the first HIV courses given at Carlos III in Madrid, for prison personnel. Health professionals in prisons were the first to receive information, and then it has been updated, and in that sense, we can't complain either." [M-61]

Various programs established for monitoring and control also contributed. The treatments undoubtedly contributed to better control of this infection.

Informant 5: "...the most important thing has been the treatments, they have enriched the laboratories, but thanks to the treatment, people still live." [F-63]

The third emerging category of this second theme consisted of the main difficulties that professionals encountered within the environment. Prison institutions are primarily meant to guard prisoners and do not have a health-oriented purpose like a health center. Fundamental problems included access to inmates due to schedules and an attempt to violate confidentiality by wanting to know who was HIV-positive or not by surveillance officers.

Informant 1: "...the regime, we all know, of course, we all know that in a prison, security takes precedence over anything else and then also over health." [M-64]

The third theme revolved around the view of the patients attended to by these professionals, with two emerging categories: gender differences and inmates.

Generally, professionals state that there have been no differences in healthcare treatment between women and men regarding HIV infection in prisons. In other words, they operate on the concept of equality. Biologically identifiable situations, such as pregnancy, where women, unlike men, had the possibility of transmitting the infection to their offspring, were acknowledged.

Informant 9: "...No differences, absolutely not. I think that in this sense, we are talking about a population that are addicts, and in that sense, they are all the same. There is no gender difference, that is, it is a drug addict, whether male or female." [M-55]

Risk practices significantly influenced assistance and prevention, especially in terms of sexual relationships. Information and emphasis on the need for contraceptive methods were provided, along with the facilitation of all kinds of resources. In the case of pregnancies in positive mothers, the possibility of abortion began to be considered, not without controversy.

The second emerging category of this theme refers to the different attitudes of inmates who were initially reluctant to the possibility of being treated. At the start of treatments like Zidovudine (Retrovir®), there was high mortality despite having that single drug. In this early period of the pandemic, drug use (mainly heroin) through parenteral routes was the fundamental risk practice for acquiring the infection, and addiction conditioned an eagerness to consume in inmates that constituted their major concern, pushing everything else into the background.

Informant 2: "...they rejected the treatment because, as it was given so late, it was given when they were dying, so the medications had a very bad reputation. Give me this, and I'm going to die." [F-61]

The last theme raised was the nursing view of their professional role, personal experiences, and those of their surroundings during the HIV pandemic in prisons, with three emerging categories: the professional role itself, family and social relationships, and experiences lived.

The professional role was described as initially associated with information collection, as serological data before 1989 were not available, leading to extensive work through epidemiological surveys and blood extractions for serologies. The care role was also highlighted, emphasizing prevention, follow-up with a particular focus on treatment adherence, and providing support and comfort, constituting holistic care.

Informant 4: "...direct contact with patients over long periods of time, it is nursing that dispenses that comprehensive and holistic care that other health professions do not delve into." [M-57]

Informant 10: "...you go with them accompanying them in the process, and feeling accompanied also helped them not to abandon the treatment." [F-47]

The family and surroundings experience of nursing professionals initially involved a lot of fear of the possibility of contagion. The most experienced ones refer to this since, at that time, getting infected could mean signing a death sentence. This fear, over time, was seen to be mainly due to ignorance; it was a fear of the unknown. In other family relationships, discretion was exercised to avoid the suffering of relatives, revealing only what was necessary or nothing about these types of patients they worked with daily.

Among the main negative experiences that can be linked to the beginning of the pandemic, we can mention fear, helplessness, sadness, loneliness, impact, or concern about having suffered a biological accident.

Informant 1: "...I have also suffered a lot from the helplessness of seeing how very young people were dying, and you could practically not give them proper treatment beyond symptomatic treatment and acting a bit as a nurse, psychiatrist, or psychologist and listening to them and giving them a bit of comfort." [M-64]

Among the positive experiences, which are linked to more recent times as the progression of the pandemic has been seen, professionals explain their own experiences highlighting: hope, the learning it has represented, the change that has occurred, their own professional development, and, of course, the rewarding experience they have had the opportunity to enjoy.

4. Discussion

The HIV/AIDS pandemic in prison institutions has received limited coverage in the press, leading to a lack of reflection on the HIV phenomenon in prisons.

According to nursing professionals, the impact of HIV on incarcerated individuals brought about significant changes in healthcare, including human, material, and organizational resources, to implement an integrated adaptation process aimed at achieving an optimal state of health. These changes can be considered focal stimuli, according to Callista Roy's theory for facing adaptation [16].

It also involved coping processes acquired by nursing professionals in terms of developing specific skills, abilities, and knowledge. Communication skills were highlighted to influence the need for proper adherence to treatments. The acquisition of pharmacotherapeutic knowledge to understand and teach about the adverse effects of many available treatments was emphasized. Nursing professionals' creativity played a role in facilitating treatment adherence. Training and the establishment of preventive programs and treatments, which varied over time, were implemented for the adequate adaptation of patients.

Several inconveniences or difficulties arose that could lead to compromised coping, such as the established regimen in prison centers for security reasons, limiting nursing interventions in terms of schedules.

The HIV infection was evaluated, and informants generally agreed that no gender differences had been established from a professional perspective, emphasizing the concept of equality in professional treatment.

They did highlight that being a woman posed challenges regarding pregnancies in the case of HIV infection and the possibility of vertical transmission to the fetus, requiring information provision and preventive measures.

In general, incarcerated patients initially expressed reluctance to undergo treatments. Initially, this reluctance was due to the high mortality rates, and later, new drugs caused many adverse effects (focal stimuli according to C. Roy). This is where nursing intervention on adherence and the importance of following treatments properly influenced the adaptive process of patients to undergo appropriate treatment [16].

Informants described their professional role, personal experiences, family experiences, experiences in the environment, and their overall experiences regarding nursing practice in prisons, confirming self-concept or group identity and the social role in interacting with the environment, as described in Callista Roy's adaptation model.

As future lines of research, it would be interesting to explore the experiences of other key figures, such as inmates who have undergone treatment in prison centers and surveillance officers, enriching the information content.

Author Contributions: Conceptualization Enrique V., methodology Enrique V. and José Zafra; formal analysis, Enrique V., Pilar M., and José Zafra; investigation, all authors; data curation, SIP; writing—original draft preparation and writing—review and editing, all authors. All authors have read and accepted the published version of the manuscript.

Funding This research did not receive external funding.

Institutional Review Board Statement: The protocol was approved by the Ethics Committee of the Universitat Jaume I de Castellón (file number: CEISH/64/2023, 19/05/2023), and each participant signed a written informed consent.

Informed Consent Statement: Informed consent was obtained from all subjects involved in the study.

Data Availability Statement: The data presented in this study are available upon request to the corresponding author.

Conflicts of Interest: The authors declare no conflicts of interest.

**Print media is one of the parallel sources of information in this research.*

References

1. El SIDA En Las Cárcels. *La Vanguardia*. 1987, 2.
2. De la Orden, P. Alta Tensión En Las Cárcels Españolas Por La Propagación Del SIDA Entre Los Reclusos. *ABC* 1987, 1.
3. Hermida, X. Dos de Los Amotinados de La Cárcel de Pontevedra Padecen SIDA En Estado Terminal. *El Periódico Mediterráneo* 1990, 1.
4. Agencia EFE Los Amotinados En Herrera de La Mancha Exigen Mejorar Sus Condiciones. *El Periódico Mediterráneo* 1991, 1.
5. Ybarra, A. La Deplorable Situación de Las Cárcels Andaluzas Amplia El Conflicto de Los Funcionarios. *ABC* 1987, 1.
6. Continúa El Encierro de Funcionarios de Prisiones En Protesta Por El SIDA. *ABC* 1987, 1.
7. Funcionarios de Prisiones Piden Cárcels Especiales Para Los Enfermos de SIDA. *El País* 1987, 1.
8. Gámir Meade R *Los Facultativos de Sanidad Penitenciaria*; Editorial Dykinson: Madrid, 1995; ISBN 84-8155-094-9.
9. Suarez M Grupo de Trabajo Sobre Tratamientos Del VIH Available online: <http://gtt-vih.org/book/print/1363> (accessed on 1 January 2023).
10. Duncanson, E.; Hlth, M.; Leu, R.K. Le; Masotti, T.; Hons, B.; Hansen, A.C.; Collins, K.L.; Clin, M.; Burke, A.L.J.; Macauley, L.P.; et al. Nephrology Nurses' Perspectives Working with Patients Experiencing Needle - Related Distress. *J Ren Care* **2023**, 1–11, doi:10.1111/jorc.12483.
11. Broujeni, R.B.; Kamalzadeh, H.; Ahmadi, Z.; Abedini, S. Through the Eyes of Nurses : A Content Analysis of Nurses' Experiences in Caring for COVID-19 Patients. *BMC Nurs.* **2023**, 22, 1–9.
12. Aguilera Manrique, G.; Andreu Pejó, L.; Campos Rios, A.; Cardona Mena, D.; Caro Cabello, A.; Cervera Gasch, A.; Corell Almuzara, A. *Metodología de La Investigación: De Lector a Divulgador*; Román López, P., Rodríguez Arrastia, M.J., Ropero Padilla, C., Eds.; 1ª Ed.; Edual-Editorial Universidad de Almería: Almería, 2021; ISBN 9788413511023.
13. Manuel, J.; González, T. *Técnicas de Investigación Cualitativa En Los Ámbitos Sanitario y Sociosanitario*; 1ª Ed.; Ediciones de la Universidad de Castilla-La Mancha: Cuenca, 2021; ISBN 9788490444238.
14. Berenguera, A.; Fernández de Sanmaded Santos, M.; Pons Vigés, M.; Pujol Ribera, E.; Rodríguez Arjona, D.; Saura Sanjaume, S. Escuchar, Observar y Comprender. Recuperando La Narrativa En Las Ciencias de La Salud. Aportaciones de La Investigación Cualitativa; 1ª.; Institut Universitari d'Investigació en Atenció Primària Jordi Gol (IDIAP J. Gol): Barcelona, 2014;
15. Calderon, C. Evaluación de La Calidad de La Investigación Cualitativa En Salud: Criterios, Proceso y Redacción. *Forum Qual. Soc. Res.* **2009**, 10.
16. Alligood, M.R. Sor Callista Roy: Modelo de adaptación. In *Modelos y teorías en enfermería*; Elsevier España: Barcelona, 2022; pp. 247–269 ISBN 84-1382-299-8.

Disclaimer/Publisher's Note: The statements, opinions and data contained in all publications are solely those of the individual author(s) and contributor(s) and not of MDPI and/or the editor(s). MDPI and/or the editor(s) disclaim responsibility for any injury to people or property resulting from any ideas, methods, instructions or products referred to in the content.