

RESEARCH ARTICLE (ORIGINAL) 

## Integrating the family into nursing care: nurses' and nursing students' perspectives

*A integração da família nos cuidados de enfermagem: perspectiva de enfermeiros e estudantes de enfermagem*

*Integración de la familia en los cuidados de enfermería: perspectiva de los enfermeros y los estudiantes de enfermería*


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### Abstract

**Background:** Integrating families into nursing care allows promoting, maintaining, and restoring their health.

**Objectives:** To identify and describe nurses' and nursing students' perspectives of the integration of families into nursing care.

**Methodology:** Inferential, cross-sectional study in a population of nurses and nursing students. The Families' Importance in Nursing Care - Nurses' Attitudes (FINC-NA) scale was applied.

**Results:** Sample consisting of 164 individuals, of whom 71 were nurses and 93 nursing students. On average, the importance attached to the family was higher among nursing students than among nurses, with a significant difference between both groups. In the univariate linear regression analysis, the variables Age, Years of professional experience, and Training in the family nursing seem to be associated with the importance attached to the family.

**Conclusion:** Students attach more importance to family integration than nurses. The variables Age, Years of professional experience, and Training in the family nursing are associated with greater importance attached by nurses to the integration of families into nursing care.

**Keywords:** family nursing; nursing care; family

### Resumo

**Enquadramento:** A pertinência da integração das famílias nos cuidados de enfermagem permite a promoção, manutenção e recuperação da saúde das famílias.

**Objetivos:** Identificar e descrever a perspectiva dos enfermeiros e estudantes de enfermagem sobre a integração das famílias nos cuidados de enfermagem.

**Metodologia:** Estudo inferencial, transversal, numa população de enfermeiros e estudantes de enfermagem. Foi aplicada a escala *Families Importance in Nursing Care – Nurses Attitudes* (FINC-NA).

**Resultados:** Amostra constituída por 164 indivíduos, dos quais 71 eram profissionais e 93 estudantes. A média da importância atribuída à família foi maior nos estudantes de enfermagem relativamente aos enfermeiros, sendo a diferença entre os dois grupos significativa. Na análise de regressão linear univariada as variáveis: Idade, Anos de experiência profissional e Formação na área da família parecem estar associadas à importância atribuída à família.

**Conclusão:** Os estudantes atribuem maior importância à integração da família do que os enfermeiros. As variáveis Idade, Anos de exercício profissional e Formação na área da família, nos enfermeiros, associam-se a uma maior importância da integração da família.

**Palavras-chave:** enfermagem familiar; cuidados de enfermagem; família

### Resumen

**Marco contextual:** La relevancia de la integración de las familias en los cuidados de enfermería permite promover, mantener y recuperar la salud de las familias.

**Objetivos:** Identificar y describir la perspectiva de los enfermeros y los estudiantes de enfermería sobre la integración de las familias en los cuidados de enfermería.

**Metodología:** Estudio inferencial, transversal, en una población de enfermeros y estudiantes de enfermería. Se aplicó la escala *Families Importance in Nursing Care – Nurses Attitudes* (FINC-NA).

**Resultados:** Muestra compuesta por 164 personas, 71 de las cuales eran profesionales y 93 estudiantes. La media de la importancia concedida a la familia fue mayor entre los estudiantes de enfermería que entre los enfermeros, y la diferencia entre ambos grupos fue significativa. En el análisis de regresión lineal univariante, las variables Edad, Años de experiencia profesional y Formación en el área de la familia parecen estar asociadas a la importancia concedida a la familia.

**Conclusión:** Los estudiantes conceden mayor importancia a la integración de la familia que los enfermeros. Las variables Edad, Años de ejercicio profesional y Formación en el área de la familia, en los enfermeros, se asocian a una mayor importancia de la integración de la familia.

**Palabras clave:** enfermería de la familia; atención de enfermería; cuidadores

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Received: 12.10.20

Accepted: 24.02.21



**How to cite this article:** Frade, J. M., Henriques, C. M., & Frade, M. F. (2021). Integrating the family into nursing care: nurses' and nursing students' perspectives. *Revista de Enfermagem Referência*, 5(7), e20158. <https://doi.org/10.12707/RV20158>



## Introduction

The importance of families in health care has led to the implementation of health policies committed to integrating families into patient care while promoting and maintaining family health. In Portugal, the recognition of the importance of the family in health care resulted in the regulation of the specific competencies of specialized nurses in family health nursing, which supports the importance of having nurses with specialized training to work with families (Silva et al., 2013). We believe that the conceptualization of nursing care focusing on the family can be developed both in primary and hospital care settings because nursing care must be centered on the family, regardless of the clinical context of care delivery (Fernandes et al., 2015).

The relationship between nurses and family members is central to the quality of clinical nursing practice, and today there are several investigations that seek to understand the importance given to the family by nurses and how the valuation of the family by these professionals determines the success of nursing care provided (Hagedoorn et al., 2017; Østergaard et al., 2020).

Nurses' attitudes towards family involvement affect their willingness to interact and involve families in nursing care. Understanding nurses' attitudes towards the family can help understand how nurses contextualize the individuals and their health or disease processes within their family context. On the other hand, they allow nurses to identify the family's strengths so that, together in a partnership, they can plan interventions to meet the family's needs. Although scientific evidence reveals nurses' favorable attitude towards the importance of the family in nursing care, nursing interventions for families, especially in the hospital environment, are still scarce (Fernandes et al., 2015).

The resistance to the integration of families into nursing care must be deconstructed because nursing care must be centered on the family and the development of a care partnership, which requires nurses to change their attitudes to better understand the importance of integrating families into the caring process. According to Henriques and Santos (2019), nurses should be provided with the knowledge and skills necessary to understand the family's internal dynamics.

Understanding nurses' and nursing students' perspectives of the integration of families into the caring process will allow understanding what nursing science is yet to do to effectively integrate families into nursing care in all areas of nursing practice, regardless of the area of expertise.

Thus, this study aimed to identify and describe nurses' and nursing students' perspectives of the importance of integrating families into nursing care.

## Background

The *Ordem dos Enfermeiros* (Portuguese nursing and midwifery regulator; 2011, p. 6), defines family as a group of human beings, seen as a social unit or

collective whole composed of people connected through blood, emotional affinity, or legal kinship, going beyond the individuals and their blood, emotional, or legal relationships, including people relevant to the user, who constitute parts of the group.

There are several roles in the family structure. Family roles emerge and change to help families transition to new stages throughout their lives and meet their needs at each stage (Dias, 2011).

In Portugal, the unit that supports all those who need care - children, young people, adults, or older people - is the family.

The concept of family health nursing involves three concepts - the individual, the family, and the community - and focuses on promoting family health. Family health nurses seek to help families identify their problems and mobilize coping strategies and resources, whether individual or collective (Hagedoorn et al., 2017).

The delivery of nursing care to the family should focus on the interaction between the nurse and the family, which involves developing a significant and therapeutic interpersonal relationship. Nurses should recognize the family as a subject of their living and caring process, with rights and duties. Nurses are responsible for listening, being sensitive to, being present, committing to, fighting for, respecting, and ensuring the families' rights in health services. They should also participate in the development and implementation of health policies and programs for improving families' health and well-being (Cossette et al., 2016). Moreover, the partnership care delivery model, which seeks to involve the family in nursing care, should be adequately conceptualized and applied by the nurse. On the one hand, the professional should not feel threatened by the family member's presence and, on the other hand, the family member should not be seen as someone who will replace some of his/her functions. Regardless of their area of expertise, nurses must be qualified and able to involve families in all areas of their clinical practice, training and empowering families to solve their problems. To effectively integrate families into the caring process, nursing care should be centered on the family and a care partnership, which requires nurses to change their perspectives and attitudes (Fernandes et al., 2015).

Nurses who display more favorable attitudes toward involving families in care are aware of the key importance of the reciprocal relationship between nurses and families. Thus, nurses should prepare and train the family to deliver and become involved in care, in a spirit of cooperation to increase the quality of care (Kholiaf et al., 2018). For Lozano et al. (2019), nursing interventions to help the family provide and engage in collaborative care should focus on providing safety, increasing the proximity between the patient and the family/significant person, managing information, facilitating comfort, and strengthening support. A study conducted by Fernandes et al. (2015) on nurses' attitudes towards the integration of families into nursing care revealed that most Portuguese nurses working in differentiated health care services have a positive attitude towards families. Although this aspect is a positive indicator of the integration of families into the care process,

nursing interventions for families in hospital settings are still scarce and centered on the family as a context and not as a focus. The same study concluded that nurses should possess knowledge and skills to assess and intervene in the family. Therefore, Santos (2012) believes that the Calgary Family Assessment Model allows nurses to conduct a thorough family assessment and, consequently, identify each family's intervention needs.

## Research Question/Hypotheses

What are nurses' and nursing students' perspectives of the importance of integrating families into nursing care?

H1 - There are statistically significant differences between the variables Age, Years of professional experience, Gender, Education level, Professional category, Training in the family nursing and the importance of integrating families into nursing care.

## Methodology

First, an integrative literature review was conducted based on the following question: What are nurses' and nursing students' (P - population) perspectives of the importance of integrating families into nursing care (I - phenomenon of interest) in primary or hospital care settings (Co - context)?, using as descriptors *families and nursing care and nurses or nursing students*. This review aimed to identify studies in this area published between 2015 and 2020, revealing that the number of national and international studies in this area is scarce. A search of SciELO, EBSCOhost<sup>®</sup> (MEDLINE, CINAHL, Cochrane, Health Technology Assessments, MedicLatina, and Psychology and Behavioral Sciences Collection) and Web of Science databases found 601 studies, but only 223 studies addressed the topic under analysis. Most of these studies addressed child and pediatric health nursing, where the sense of a care partnership between family/nurses is very present. Ten studies addressed students' perspectives of

the importance of integrating families into nursing care. Then, a cross-sectional study was conducted between 2019 and 2020 with a population ( $N = 164$ ) of nurses and nursing students working and/or studying in Central Portugal. The following inclusion criteria were applied: professionally active nurses in Portugal (working in primary or hospital care settings); final-year undergraduate nursing students in Portugal.

The study met all the ethical principles in the Declaration of Helsinki, namely the fact that all participants signed an informed consent form. The Ethics Committee of the Health Sciences Research Unit: Nursing of the Nursing School of Coimbra approved the study (Opinion 561/02-2019).

Data were collected using the Families' Importance in Nursing Care - Nurses' Attitudes (FINC-NA; Benzein et al., 2008) scale. This self-administered scale consists of 26 items rated on a 4-point Likert-type scale ranging from *strongly disagree* (1 point) to *strongly agree* (4 points), which means that the dependent variable Importance attached to the family can range from a minimum score of 26 to a maximum score of 104 points. In factor 3 of this scale, the items are reversed so that the highest score corresponds to a higher importance attached to the family. Oliveira et al. (2011) validated the scale for the Portuguese population, with a total Cronbach's alpha of 0.87, 0.90 in factor 1, 0.84 in factor 2, and 0.49 in factor 3.

Data were analyzed using IBM SPSS Statistics software, version 23.0. The main independent variables underwent descriptive analysis: Age, Years of professional experience, Gender, Education level, Professional category, and Training in the family area. Next, the dependent variable Importance attached to the family in nursing care is characterized.

The Kolmogorov-Smirnov test was used to check the normality of the sample, revealing a normal distribution of the dependent variables under analysis (Table 1). This is the ideal test when sample size is more than 50. Confidence intervals were set at 95%. Inferential analysis was used to assess the effect of the independent variables on the dependent variable.

**Table 1**

### Test of Normality

Families' Importance in Nursing Care – Nurses' Attitudes	Kolmogorov-Smirnov <sup>a</sup>			Shapiro-Wilk		
	Statistic	df	Sig.	Statistic	df	Sig.
	0.66	164	0.200	0.982	164	0.55

Note. a = Lilliefors Correction; df = degrees of freedom.

Parametric tests were used, including Student's *t*-test and ANOVA with Tukey's multiple comparison analysis. Simple and multiple linear regression models were used to predict the possible association between the indepen-

dent variables and the dependent variable Importance attached to the family in nursing care, which were tested for collinearity using the Durbin-Watson statistic and analysis of residuals.

## Results

In this sample, the FINC-NA scale obtained a Cronbach's alpha of 0.891 for the total scale, 0.870 for factor 1, 0.821 for factor 2, and 0.651 for factor 3.

### Sample characterization

The sample consisted of 164 participants: 71 health professionals (43.29%) and 93 nursing students (56.70%). The mean age was 41.93 years in the first group, ranging from 22 to 58 years, and 20.40 years in the second group,

ranging from 18.89 to 22.77 years. Nurses had a mean length of professional experience of 18.63 years, and students had never worked. Most participants were women. Students had completed the 12<sup>th</sup> grade, and nurses had completed their bachelor's, master's, or doctoral studies, with the largest group being composed of professionals with an undergraduate degree (47/71; 66.19%). There were only two professionals with a doctoral degree. Of the nurses who participated in the study, 53 worked in primary health care units (53/71; 74.65%), and 18 nurses worked in differentiated health care units (18/71, 25.35%). Of the total sample, 33 (20.21%) nurses reported having had no training in family nursing (Table 2).

**Table 2**

*Characterization of the independent variables*

Potential predictor variables	Group	
	Nurses <i>n</i> = 71	Nursing students <i>n</i> = 93
<b>Age (years)</b>		
Mean ( $\bar{X}$ )	41.93	20.40
Standard deviation ( $\sigma$ )	8.521	0.93
(Minimum value ( $X_{\min.}$ ), Maximum value ( $X_{\max.}$ ))	22-58	18.89-22.77
<b>Length of professional experience (years)</b>		
Mean ( $\bar{X}$ )	18.63	-
Standard deviation ( $\sigma$ )	8.056	-
(Minimum value ( $X_{\min.}$ ), Maximum value ( $X_{\max.}$ ))	1-35	-
<b>Gender</b>		
Male ( <i>n</i> )	10	12
Female ( <i>n</i> )	61	81
<b>Education level</b>		
12 <sup>th</sup> grade ( <i>n</i> )	-	93
Bachelor's degree ( <i>n</i> )	47	-
Master's degree ( <i>n</i> )	22	-
Doctoral degree ( <i>n</i> )	2	-
<b>Training in family nursing</b>		
Yes ( <i>n</i> )	36	
No ( <i>n</i> )	33	93
Does not know ( <i>n</i> )	2	

### Characterization of the dependent variable Importance attached to the family

The variable Importance attached to the family ranges from 45 to 100 points rated on the FINC-NA scale. The results show that 90% of participants were between the 5<sup>th</sup> percentile (71 points) and the 95<sup>th</sup> percentile (95.750 points), and 50% were between the 25<sup>th</sup> and the 75<sup>th</sup> percentile (range 77 - 89 points).

The mean importance attached to the family was higher in nursing students (mean = 83.776 points) than in nurses

(mean = 80.605 points), and the difference between both groups was statistically significant ( $p \leq 0.023$ ). Concerning the importance attached to the family in the different dimensions of the FINC-NA scale, statistically significant differences were found between both groups - nursing students (mean = 11.215 points) and nurses (mean = 8.831 points) - only in factor 3 (Family as a burden) of the FINC-NA scale ( $p \leq 0.001$ ), where the importance attached to the family is also higher in nursing students (Table 3).

**Table 3***Importance attached to the family in nursing care*

Level of importance attached to the family			Student's <i>t</i>
	Nurses <i>n</i> = 71	Students <i>n</i> = 93	<i>p</i> -value
Total Scale - FINC_NA	80.605	83.776	
Range	45-98	63-100	0.023
<b>Factor 1</b> - Family as a conversational partner and own coping resource	38.281	39.161	0.331
Range	12-48	26-48	
<b>Factor 2</b> - Family as a resource in nursing care	33.43	33.39	0.855
Range	24-40	27-40	
<b>Factor 3</b> - Family as a burden	8.831	11.215	0.001
Range	6-13	6-16	

### Potential variables associated with the importance attached to the family in nursing care

In the univariate linear regression analysis, the variables Age, Years of professional experience, and Training in the family nursing seem to be associated with the importance attached to the family in nursing care ( $p \leq 0.05$ ).

The intermediate model where only significant variables in the univariate analysis are included in the model

revealed no significant association, although the variable Training in the family nursing had borderline values ( $p = 0.098$ ).

The multiple linear regression model established an association between the variables Age ( $p = 0.036$ ) and Years of professional experience ( $p = 0.017$ ) and the Importance attached by nurses and nursing students to the family in nursing care, as shown in Table 4.

**Table 4***Linear regression model to predict factors associated with the importance attached by nurses and nursing students to the family in nursing care*

Models: <b>Potential predictor variables</b> (Independent variables)	Univariate	Intermediate model <i>p</i> -values	Final model
Age	0.041	0.870	0.036
Years of professional experience	0.082	-	0.017
Gender	0.873	-	-
Education level	0.055	-	-
Professional title (Nurse/student)	0.021	0.447	-
Training in the family nursing	0.008	0.098	-
Adjusted R <sup>2</sup> :	-	0.134	0.155

## Discussion

According to the International Council of Nurses (2006), a family is a social unit or collective whole composed of people connected through blood, emotional affinity, or legal kinship, including people important to the user.

It should be highlighted that 71 nurses and 93 nursing students participated in this study. Concerning nurses, the mean length of professional experience was 18.63 years, 66.19% of them hold an undergraduate degree, and 20.23% reported having had no training in family nursing. The sample characteristics are in line with those found by Santos (2012), in which participants were aged 24 to 43 years, with a mean age of 33.8 years, and had between 1

and 22 years of professional experience. However, in this study, nurses were part of an educational intervention program on the systemic approach to family care that followed Calgary's assessment and intervention model, revealing the positive effect of training on changing nurses' attitudes about the importance of integrating families in nursing care. Apollinário (2012) also revealed nurses' lack of knowledge about family health, with the majority of the participants emphasizing the need for training in family health nursing. Henriques and Santos (2019) also believe that it is important to invest in intervention programs to provide nurses with the knowledge and technical skills necessary to deliver care to the family as a focus of care, regardless of the nurses' work environment.

The Importance attached to the family was higher in nursing students than in nurses, and the difference between both groups was statistically significant. In factor 3 of the scale (Family as a burden), the importance attached to the family was also higher in nursing students than in nurses, the association being statistically significant. Although these findings are very important, we could not compare them with any other research study comparing students and nurses. Despite nursing faculty's efforts in Portugal to provide students with the scientific and technical knowledge to work with and for families and involve them in nursing care, Pires (2016), using the same instrument applied in this study, found that the majority of nurses strongly agreed with the family's involvement in nursing care. These results are in line with those found by Alves (2011), Ângelo et al. (2014), Fernandes et al. (2015), and Silva et al. (2013), in which nurses revealed positive attitudes towards the importance of integrating families in nursing care and considered the family as a positive resource for nurses.

Concerning the potential variables associated with the importance attached to the family in nursing care, Age, Years of professional experience, and Training in the family nursing seem to be associated with the Importance attached to the family in nursing care. Thus, the importance attached to the family increases with age, years of professional experience, and training in the family nursing. Our findings are not corroborated by Pires (2016), who found no statistically significant associations between the dimensions of this scale and the variables Age, Years of professional experience, Professional training, and Training in family nursing. On the contrary, Ângelo et al. (2014) and Silva et al. (2013) found that age seems to influence more positive attitudes towards the importance attached to the family in nursing care and that older nurses provide more support to the family.

About the variable Years of professional experience, Silva et al. (2013) found that the importance attached to the family in nursing care increases as the number of years of professional experience also increases. However, Ângelo et al. (2014) found that more years of professional experience are an indicator of less support to the family, which demonstrates the need to invest in nurses' continuous training throughout their professional careers.

Concerning the variable Training, our data show that the more training in family health nursing, the greater the importance attached to the family. Freitas (2009) also found that the importance attached to the family in nursing care increases with more professional training or with postgraduate or master-level studies. Sousa (2011) reported that nurses who have more contact with family health, particularly in primary health care, have a more favorable attitude towards the integration of families in nursing care than nurses without this professional contact with this area, showing higher mean scores in the dimension of the family as a burden.

Although there are studies available that support our results, one of the limitations of this study is the need for studies with a larger sample to allow for a more in-depth discussion. For example, future studies should stratify

nurses into those who work in primary health care settings and those who work in differentiated health care settings.

## Conclusion

The relationship between nurses and families has always been a reality, reflecting the importance and the potential of the family system for the development of nursing care, with the family system as a partner and promoter of the health of its subsystems.

In this study with 164 participants, including 71 nurses and 93 nursing students, the importance attached to the family was higher in students than in nurses. Nursing students consider that the integration of the family in nursing care is a coping strategy and an essential dialogue tool, not seeing the family as a potential "burden" in care. On the other hand, among the nurses, the variables Age, Years of professional experience, and Training in the family nursing are associated with greater importance attached to the family.

The scarcity of studies in this specific domain as a disciplinary area of nursing is still a reality. Studies are needed to reinforce the importance of nurses' work with the families in promoting, maintaining, and restoring their health.

This study aims to increase the knowledge and research in family health nursing and promote reflection on students' and nurses' training in family health and family nursing throughout their lives. It also highlights the urgent need to develop on-the-job training/intervention programs in this specific area for nurses. Family nursing and family health are necessary for the health of families, maximizing and enhancing partnership care between nurses and families.

## Author contributions

Conceptualization: Frade, J. M., Henriques, C. M., Frade, M. F.

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## Funding

This work was funded by national funds from the Portuguese Foundation for Science and Technology (FCT; UIDB/05704/2020 and UIDP/05704/2020).

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