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RESEARCH ARTICLE (ORIGINAL)

Nurses' attitudes in family care in the context of primary health care

As atitudes dos enfermeiros no cuidado às famílias no contexto da atenção primária à saúde

Las actitudes de los enfermeros en el cuidado a las familias en el contexto de la atención primaria de la salud

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Abstract
Background: In primary health care, nurses provide comprehensive care to the family group and coordinate care. Therefore, their attitudes towards the family are key for forming bonds and achieving the success of the therapies proposed by the health team.
Objective: Characterize nurses' attitudes in family care in the context of primary health care in Brazil.
Methodology: Descriptive, carried out between April and June 2020, with 71 nurses, using a form for the characterization and the scale of Importance of Families in Nursing Care - Nurses' Attitudes. Descriptive statistical analysis was applied.
Results: There was a predominance of women (90.1%), aged 31 to 50 (76%), sensu lato education (38.0%), specialization in family health (54.9%). There were supportive attitudes (80.9; *SD* = 7.8), with statistical significance in age group and gender distribution.
Conclusion: The nurses presented support attitudes towards families, but the study found a need for investment in the qualification for working with families, especially among men and the over-40 age group.

Keywords: nurses; family; attitude; primary health care

Resumo
Enquadramento: Na atenção primária à saúde o enfermeiro realiza atenção integral ao grupo familiar, responsabilizando-se pela coordenação do cuidado. Diante disso as suas atitudes frente à família são determinantes para a formação de vínculo e sucesso das terapêuticas propostas pela equipa de saúde.
Objetivo: Caracterizar as atitudes dos enfermeiros no cuidado às famílias no contexto da atenção primária à saúde brasileira.
Metodologia: Quantitativo, descritivo, realizado entre abril e junho de 2020, com 71 enfermeiros. Utilizando-se formulário para a caracterização e a escala Importância das Famílias nos Cuidados de Enfermagem – Atitudes dos Enfermeiros. Aplicou-se análise estatística descritiva.
Resultados: Houve predomínio de mulheres (90,1%), idade entre 31 e 50 anos (76%), formação *lato sensu* (38,0%), especialização em saúde da família (54,9%). Verificou-se atitudes de apoio (80,9; *DP* = 7,8), com significância estatística na distribuição pela faixa etária e sexo.
Conclusão: Os enfermeiros apresentaram atitudes de apoio perante às famílias, sendo observada a necessidade de investimento na qualificação para o trabalho com famílias, especialmente dentre os homens e faixa etária acima de 40 anos.

Palavras-chave: enfermeiros; família; atitude; atenção primária à saúde

Resumen
Marco contextual: En la atención primaria, el enfermero proporciona una atención integral al grupo familiar y se responsabiliza de la coordinación de los cuidados. Por lo tanto, sus actitudes hacia la familia son determinantes para la formación de un vínculo y para que las terapias propuestas por el equipo de salud se lleven a cabo con éxito.
Objetivo: Caracterizar las actitudes de los enfermeros en el cuidado de las familias en el contexto de la atención primaria de salud brasileña.
Metodología: Cuantitativo, descriptivo, realizado entre abril y junio de 2020, con 71 enfermeros. Se utilizó un formulario para la caracterización y la escala Importancia de las Familias en los Cuidados de Enfermería - Actitudes de los Enfermeros. Se aplicó un análisis estadístico descriptivo.
Resultados: Predominaron las mujeres (90,1%), con edades comprendidas entre 31 y 50 años (76%), formación *lato sensu* (38,0%), especialización en salud familiar (54,9%). Se observaron actitudes de apoyo (80,9; *DP* = 7,8), con significancia estadística en la distribución por grupo de edad y sexo.
Conclusión: Los enfermeros mostraron actitudes de apoyo hacia las familias, y se observó la necesidad de invertir en cualificación para trabajar con las familias, especialmente entre los hombres y en el grupo de edad de más de 40 años.

Palavras clave: enfermeras; familia; actitud; atención primaria de salud

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Introduction

In Brazil, the policy for the consolidation of primary health care (PHC) has grown continuously since creating the family health program in 1994. It is currently called the Family Health Strategy (ESF). In 2017, the national primary care policy (PNAB) was approved, which revised the guidelines for the organization of primary care under the unified health system (SUS), with emphasis on actions for increased access to the health system, through the ESF (Nóbrega et al., 2020). The ESF features the coordination of care, a primary element for achieving the continuity of care and fully meeting the health needs of individuals and families (Almeida et al., 2017).

Nurses play a fundamental role in this scenario, providing comprehensive care for the family in all phases of human development, from birth to old age (Morosini et al., 2018). Consequently, the attitudes that nurses demonstrate towards the family determine the effectiveness of the care offered, since there is a relationship of respect, dignity, communication, and collaboration between the parties when nurses see the family as a unit and partner in the care process (Nóbrega et al., 2020).

Attitudes are understood as being the response to a stimulus, which involves affective, cognitive, and behavioral components (Nóbrega et al., 2020), and the connection between what one is inwardly prone to do and the conduct itself, and there may be favorable or unfavorable attitudes (Oliveira et al., 2011). It should be pointed out that the nurses' attitudes are an important indicator to assess the relationship established between health professionals and family members (Nóbrega et al., 2020).

In this perspective, studying support attitudes is an important presupposition for improving the relationship between nurses and families in care practice. When reviewing the literature on the subject, we found the Families' Importance in Nursing Care - Nurses Attitudes (FINC-NA) scale, created by Swedish nurses in 2003 to evaluate nurses' attitudes towards families (Benzein et al., 2008). Moreover, the research that applied the FINC-NA scale included the nurses' attitudes of support to families (Benzein et al., 2008; Chaves et al., 2017; Fernandes et al., 2018; Ribeiro et al., 2018), as well as the factors that hinder a good nurse-family relationship, making the presence of the family a stress factor in the work of this professional group (Luttik et al., 2017; Mixed, 2018; Oliveira et al., 2011; Pascual-Fernández et al., 2015).

In reviewing the literature, we noted the small number of studies conducted in Brazil (Angelo et al., 2014; Chaves et al., 2017; Nóbrega et al., 2020; Schultz, 2019), indicating a knowledge gap regarding the importance of the family in Brazilian nursing care, from the perspective of the nursing professional. According to Schwartz et al. (2016), the family should be at the center of the discourse of health professionals and present in care planning. Still, due to cultural and moral issues or lack of space for discussion, many professionals are not yet willing to do so.

In view of the above, this study was designed to characterize the attitudes of family care nurses in the context of primary health care in Brazil.

Background

The family is a unique element, characterized primarily by the interrelations agreed on between its members, in a unique circumstance within its organization, arrangement, and functionality. As a mother cell of society, it incorporates a compound of knowledge, practices, beliefs, concepts, and values that grant it singularity, despite the constant transformations resulting from the network of relationships and construction processes related to its complexity and multidimensionality (Pascual-Fernández et al., 2015).

In this family system perspective, systemic properties of reciprocity and integration arise. Based on these hypotheses, it is understood that the care of the family unit offers a better result than caring for the individual separately since health disorders influence the discernment and behavior of its members. Consequently, focusing care on the interdependence between the health of the individual, as a family member, and the health of the family, as a functional unit, results in efficacy (Oliveira et al., 2011). These concepts converge with the PHC proposal in which the family is the core of care, and understanding its dynamics is essential, prioritizing individual and collective needs in interaction (Silva et al., 2014).

It is acknowledged that nurses continuously interact with families, and the level of this interaction is influenced by their attitudes on the importance of inserting the family into care (Pascual-Fernández et al., 2015). The nurses' attitudes in their care practice reflect their understanding of the relevance of adding the family to the care process. Therefore, it is essential to characterize the nurses' attitudes of support to qualify and improve care to families, aiming at achieving comprehensive care (Oliveira et al., 2011).

Research question

What are the attitudes of family care nurses in the context of primary health care in Brazil?

Methodology

This quantitative and descriptive study followed the STROBE checklist for observational studies. Data were collected between April and June 2020 from a study population of 105 nurses working in PHC at Pelotas, Rio Grande do Sul, Brazil. Absences from work for vacation or leave during data collection were the criterion for exclusion. Four nurses refused to participate in the study, ten were discarded after three attempts, and 20 were excluded following the proposed criterion, leaving 71 nurses in the sample.

For the data collection, we used an electronic form, self-applied, composed in Google Doc, which contained the free and informed consent term (TCLE), the sociodemographic characteristics, and the version of the FINC-NA scale translated and validated for European Portuguese in 2009 (Oliveira et al., 2011). Since 2011 this scale has

been applied in Brazil under the name Importance of Families in Nursing Care: Attitudes of Nurses (IFCE-AE; Angelo, 2014).

The 26 items that make up the scale are distributed in three subscales, which can be measured in three independent dimensions: Dimension 1 - The family as a dialog partner and coping resource (12 items); Dimension 2 - The family as a resource of nursing care (10 items); and Dimension 3 - The family as a burden (4 items). The answer options for each question are a Likertstructure agreement scale with 4 options (*completely disagree* = 1; *disagree* = 2; *agree* = 3; and *completely agree* =4; Angelo et al., 2014).

Following the data collection, the database was transferred to the Stata Software Package, version 13.0. Descriptive statistics were used to analyze the characteristics of the interviewees, using the variables: gender (female/male), age (in years), academic degree (bachelor's degree, licentiate degree, residency, specialization, sensu lato, master's degree, doctorate, post-doctorate), education institution (public/private), postgraduate in family nursing (yes/no). The overall score of the scale was calculated by the mean responses to the 26 items of the IFCE-AE scale, ranging from 26 (minimum) to 104 (maximum); we point out that the score for the dimension "Family as a burden" was inverted. Support attitudes may or may not support the family, and for analysis purposes, they were classified as low support, support, and excellent support. An attitude of support and excellent support is understood as the fact that the nurse considers the family as a resource in the care process, basing this behavior on principles of collaboration, highlighting the importance of establishing a good relationship with the family. On the other hand, the attitude of low support is characterized by behaviors that minimize family involvement in the care, resulting in restrictions on the presence of the family during some activities or even in services such as intensive care units (Oliveira et al., 2011). Figure 1 shows the quartile scores, classified as low support, support, and excellent support.

Figure 1

Values of mean scores obtained on the IFCE-AE scale, distributed by quartiles that represent the ranges of supportive attitudes

IFCE-AE scale	Below Q1 Low support	Q1-Q3 Interval Support	Above Q3 Excellent support
Scale total	65.0-74.9	75.0-88.0	88.1-97.0
Dimension 1	30.0-35.9	36.0-45.0	45.1-48.0
Dimension 2	25.0-30.9	31.0-37.0	37.1-40.0
Dimension 3	5.0-6.9	7.0-9.0	9.1-11.0

To test the statistical differences between the subgroups, the Kruskal-Wallis and Mann-Whitney nonparametric tests were used. The p-value of < 0.05 was adopted to assume the hypothesis that there was an association between the variables studied.

This study respected the ethical principles of research with human subjects. It was approved by the Research Ethics Committee of the Faculty of Nursing of the Federal University of Pelotas, CAE 29818620.6.0000.5316, under number 3,936,716.

Results

Table 1 shows the sociodemographic and training characteristics of the 71 nurses participating in the study. Women were predominant with 90.1% (64), and the main age group was between 31 and 50, with 76% (54). Regarding education, 38.0% (27) had a higher academic degree sensu lato specialization, and in 54.9% (39) of the cases specialization in family health.

Table 1

Sociodemographic and training characterization of primary health care nurses of Pelotas that responded to the IFCE-AE scale, 2020 (N = 71)

Characteristics	*n*	%
Sex		
Male	7	9,9
Female	64	90,1
Age		
20 to 30	4	5,6
31 to 40	28	39,5
41 to 50	26	36,6
51 to 60	13	18,3
Academic degree		
Graduate	25	35,2
Sensu lato specialization	27	38,0
Master's	14	19,7
Doctorate	5	7,0
Specialization in Family Health		
Yes	39	54,9
No	32	45,1

Note. N = total of participants; % = percentage.
Adapted from master's thesis "Atitude de Enfermeiros no cuidado às famílias no contexto da Atenção Primária à Saúde" by Sampaio (2020).

Table 2 describes the total mean scores obtained on the IFCE-AE scale. The mean total score was 80.9 (*SD* = 7.8), located in the interquartile range q1-q3, representing the attitudes of support towards families. The presence of statistical significance in the distributions was verified in age (p = 0.01), and the mean score of the group from 41 to 50 years (76.9) was statistically lower than that in 31 to 40 years (82.9) and 51 to 60 years (84.5) when the variable was broken down, and the Mann-Whitney test was applied.

Although the other distributions in the general score, presented in Table 2, were not statistically significant, it is noteworthy that the attitudes of support in males were at the lower limit (75.0) of the q1-q3 interval. When the attitudes of support were broken down by academic degree, they remained within the range of q1-q3 but increased in accordance with the graduate degree of the interviewed nurse. Furthermore, having specialization in family health (80.8) did not increase the average overall score obtained on the IFCE-AE scale compared to those who had not taken a specialization course (81.1).

Table 2

Average scores obtained by nurses on the total IFCE-AE scale and in the dimensions, grouped by the sociodemographic characteristics and training of primary health care nurses at Pelotas, 2020 (N = 71)

Characteristics	Total	Dimension 1	Dimension 2	Dimension 3
Average of all participants	80.9	39.9	33.3	7.8
(q1-q3)	(75-88)	(36-45)	(31-37)	(7-9)
Sex (p_a Value)	0.08	0.04	0.03	0.002
Male	75.0	35.6	30.1	9.3
Female	81.6	40.3	33.6	7.6
Age in years (p_b Value)	0.01	0.04	0.01	0.70
20 to 30	81.5	39.8	33.3	8.5
31 to 40	82.9	40.9	34.1	7.9
41 to 50	76.9	37.8	31.4	7.6
51 to 60	84.5	41.6	35.1	7.8

Academic degree (p_b Value)	0.60	0.43	0.40	0.43
Graduate	79.5	39.0	32.4	8.1
Sensu lato specialization	81.2	39.9	33.6	7.7
Master's	81.5	40.4	33.4	7.7
Doctorate	84.6	42.6	34.8	7.2
Specialization in Family Health (p_a Value)	0.99	0.90	0.90	0.30
Yes	80.8	39.9	33.3	7.6
No	81.1	39.8	33.3	8.1

Note. q1-q3 = Interquartile interval; Dimension 1: Family: dialog partner and coping resource. Number of items (score) 12 (12.0 to 48.0); Dimension 2: Family: resource in nursing care. Number of items (score) 10 (10.0 to 40.0); Dimension 3: Family: burden. Number of items (score) 4 (4.0 to 16.0). p_a Value, Mann-Whitney Test; p_b Value, Kruskal-Wallis test.
Note. Adapted from master's thesis "Atitude de Enfermeiros no cuidado às famílias no contexto da Atenção Primária à Saúde" by Sampaio (2020).

In dimension 1, Family: dialog partner and coping resource, which includes items such as "Family members should be invited to actively participate in nursing care to the patient; I always try to know who the patient's family members are; and I invite family members to talk after care," the mean score of 39.9 (*SD* = 4.7; q1 = 36 q3 = 45) was obtained. The scores with statistically significant results were in the characteristics of gender and age.
Regarding gender, it was found that men presented a score below q1, with an average of 35.6 (p_a = 0.04), indicating attitudes of low support towards families in terms of considering them as a partner in nursing care. As for age, although all the ranges were within the interquartile range q1-q3 when the Kruskal-Wallis test was applied, statistical significance was obtained (p = 0.04) in this distribution. By breaking down the variable and comparing the age groups, applying the Mann-Whitney test, it was found that the difference was between the means obtained in the age group 31 to 40 (40.9) and 41 to 50 years (37.8), and between 41 and 50 (37.8) and 51 to 60 years (41.6). Thus, the support attitudes between 41 and 50 years were statistically lower than the others.
In dimension 2, Family: a resource in nursing care, which evaluates items such as "It is important to know who the patient's family members are; a good relationship with family members gives me satisfaction at work; and the presence of family members is important to me as a nurse (a)," achieved a mean score of 33.3 (*SD* = 3.6; q1 = 31 q3 = 37). There was statistical significance in the difference in distribution between the mean scores of the variables gender and age; the men were identified with low support attitudes (30.1; p-value = 0.03), and the age group from 41 to 50 years (31.4; p-value = 0.01), although within the bounds of the q1-q3 interval, it was lower than the scores obtained by the age group 31 to 40 (34.1) and 51 to 60 years (35.1), when breaking down the variable and applying the Mann-Whitney test.
In dimension 3, Family: burden, which contains statements such as "The presence of family members hinders my work; I don't have time to take care of the families; and the presence of family members makes me feel like I'm being evaluated (a)," the mean score of 7.8 (*SD* = 1.3; q1 = 7.0 q3 = 9.0) was obtained. There was statistical significance in the distribution of scores between the sexes. The men were situated in the low support score with an average of 9.3 (p = 0.002), demonstrating that male nurses consider families a burden.

Discussion

It is acknowledged that nurses' attitudes towards the family demonstrate how they identify the importance of involving this group in nursing care. The inclusion of the family in care requires nurses to have a posture accessible to interactions and assume a behavior of inclusion of the family, seeing it as the focus of nursing care (Aragão et al., 2019).
The nurses participating in this study had an overall mean score on the IFCE-AE scale of 80.9 points (*SD* = 7.8), characterizing the adoption of attitudes that support the family, as observed in other studies, both national (Angelo et al., 2014; Chaves et al., 2017; Schultz, 2019) and international (Benzein et al., 2008; Nóbrega et al., 2020). Considering the PHC scenario, the presence of supportive attitudes of nurses, as a disposition for family care, is a sine qua non condition for the success of health care. Most of this care is dependent on actions of active search in the community and the insertion of this professional in community spaces and in the home itself of health service users.
However, despite the supportive attitudes observed in the studies mentioned, which demonstrate the insertion of families in nursing care, this is not always consistent with nurses' daily practice (Benzein et al., 2008). Research on nurses' attitudes towards families has shown that, although their reports express supportive attitudes, their behaviors are often inconsistent with their statements (Fernandes et al., 2015; Oliveira et al., 2011). Therefore, we have highlighted the influence of variables related to education, the context of action, professional experience, and the experience of each nurse, which need to be considered in the debate about nurses' attitudes towards families (Fernandes et al., 2015). Regarding sociodemographic characteristics, this study recorded the predominance of females (90.1%) and the age group between 31 and 50 years (76%), corroborating the profile of nurses interviewed in other studies that applied the scale (Luttik et al., 2017; Østergaard et al., 2020).
An analysis of the overall score of the scale broken down

by age group shows that the lowest score was obtained in the group aged 41 to 50 (76.9 - p = 0.01), and this difference was statistically significant. This result corroborates the findings of a Brazilian study conducted with pediatric nurses, in which nurses aged 31 to 40 had higher attitudes of support (87) than the other age groups (Angelo et al., 2014).

Regarding education, 38.0% of the interviewees had a higher academic degree, sensu lato specialization, corroborating the findings of the study conducted with primary health care nurses in Portugal (Fernandes et al., 2018), and of the total number of nurses participating in this study, 54.9% had a specialization in family health, meeting the national policy of primary care (Morosini et al., 2018), which recommends that the provision of care be qualified. There is evidence that a path is under construction because every nurse must have the necessary knowledge and skills for intervention with families. This appropriation process is already initiated during the graduate course (Ribeiro et al., 2018). This is especially true for those working in PHC – the case of the nurses in this study – since their work process focuses on collectivity.

The training of nurses in the Brazilian scenario is generalist. Therefore, it must offer knowledge and competencies to act critically, ethically, and reflexively, taking into account the guidelines of the SUS (Fernandes et al., 2018). However, it is acknowledged that the teaching of family nursing has been slowly incorporated into the undergraduate curriculum over the last two decades, resulting in professionals who are currently in clinical practice who have not had contact with this content during their education (Angelo et al., 2014).

In view of these findings, the inherent need to develop educational actions on family nursing is evidenced, especially for nurses over 40 years of age. This follows the example of Cruz and Angelo (2018), who evaluated nurses' attitudes before and after educational action on family systems and observed an increase in the score obtained on the IFCE-AE scale after the activity.

When looking at the results obtained by nurses in the mean scores of the dimensions, the average score of 39.9 points was obtained in dimension 1, Family: dialog partner and coping resource, which indicates that these professionals have attitudes of support to the family. The support examined in this dimension refers to the practice of dialog and the recognition that the family has strengths and resources capable of making a difference in the face of events that bring changes and reorganizations in their roles (Ribeiro et al., 2018). Moreover, conceiving the family as a resource refers to focusing on positive attitudes towards families, valuing their presence in nursing care (Østergaard et al., 2020). In PHC, care is largely focused on health promotion and the prevention of further decline, and such actions require continuity and commitment of the patient to achieve success in therapy. Thus, PHC nurses should envision the family as the care space, prioritizing their integration in their planning.

Considering the characteristics of nurses in relation to the scores obtained in dimension 1, the mean score of 35.6 points found in q1 was evidenced among men, indicating attitudes of low support towards families (p = 0.04). This corroborates the original study for creating the scale, in which, according to the authors, women have more favorable attitudes than men towards families (Benzein et al., 2008).

As for the diploma, the scores increased in line with the academic degree of the nurse, although without statistical significance, and this result is supported by a study conducted with 1,720 Danish nurses, in which those with a master's and doctorate degrees present higher average scores than those who held only the undergraduate degree (Pascual-Fernández et al., 2015). Thus, encouraging the qualification of professionals is essential for a better care practice and quality care to the family.

In dimension 2, Family: resource in nursing care, the scores presented by nurses demonstrated attitudes of support to the family, corroborating what was verified in a study conducted in Spain with 274 nurses from the maternal-infant department of a city hospital (Fernandes et al., 2015). In this dimension, supportive attitudes refer to focusing on the importance of engaging with patients and family members, dialoguing with them. The family is seen as a resource and valued in a relationship of collaboration, partnership, and reciprocity (Ribeiro et al., 2018). Considering the PHC scenario, users must incorporate the prescribed actions in their daily lives to succeed in the proposed therapy because health care is implemented daily. Thus, good communication between the nurse and the family favors the co-responsibility of the entire family group for the success of the therapy.

The statistically significant result in dimension 2 was the score of low support obtained by men (30.1 - p = 0.03). The low support by males can be explained by the strong cultural influence of the Portuguese colonization of the municipality under study. It is characterized as the cradle of patriarchal society, in which men hold primary power and prevail in functions of political leadership, moral authority, social control, and property management. In the family domain, the father (or father figure) maintains authority over women and children, and it is up to the woman to care for children, family, and sick (Rezende, 2016). To reverse this result, it is essential to promote educational actions that focus on the problematization of gender and family care aspects.

In dimension 3, Family: burden, the results obtained by the nurses demonstrated supportive attitudes, situated in the interquartile interval q1-q3. In this dimension, considering the family as a burden alienates these family members from the nurses' actions and considers them as stressors and a hindrance to nursing care (Ribeiro et al., 2018).

A statistically significant result was found in this dimension regarding males considering the family as a burden (9.3 - p = 0.002). This result corroborates the findings of studies conducted in Pelotas/RS (Schultz, 2019) with nurses from the hospital area and a study conducted in Portugal with primary health care nurses. In PHC, perceiving the family as a burden presupposes that the presence of the family causes nurses to feel they are being evaluated, and they redouble their care and attention, increasing their

workload (Ribeiro et al., 2018), reinforcing the idea that nurses do not have time to take care of families, which are therefore undesirable (Angelo et al., 2014).
The study's limitations were related to data collection that occurred during the coronavirus pandemic, which reduced the study sample due to the number of nurses away from their care practice.

Conclusion

The supportive attitudes identified in the present study indicate that the nursing professional is accessible to admit the family's partnership in nursing care to the individual. However, male professionals aged 41 to 50 years showed resistance to this interaction, with attitudes of low support to the family. Moreover, the high number of professionals working in PHC who were not trained to work with families encourages reflection on the importance of permanent education actions to be promoted by municipal managers.
This study becomes relevant when promoting the debate about nurses' attitudes of support towards the family, making it the focus of nursing care in the PHC scenario. This need is pointed out because the family unit is the appropriate care environment for promoting health and preventing further decline. To this end, the positive interaction between the nurse and the family, with effective communication and bonding, favors co-responsibility for health care, resulting in continuity of care.

Authors contribution

Conceptualization: Sampaio, A. D., Spagnolo, L. M., Schwartz, E.
Data curation: Sampaio, A. D., Spagnolo, L. M., Schwartz, E.
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