

Family assessment and nursing process: skills and knowledge development program

Avaliação familiar e processo de enfermagem: programa de desenvolvimento de competências
Evaluación familiar y proceso de enfermería: programa de desarrollo de competencias

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Abstract

Background: In the family approach, it is essential for nurses to have tools to intervene. The Calgary Family Assessment Model (MCAF) is an important instrument in family nursing practice.

Objectives: To know the importance attributed to the family by nurses who are part of a family health unit (FHU) in the Central Region of Portugal; Identify nurses' knowledge of family assessment by applying the MCAF; To evaluate the impact of the application of an intervention program involving knowledge and skills on family assessment by the MCAF in nursing professionals.

Methodology: Longitudinal, quasi-experimental study, performed in two moments of data collection, pre and post test design, without control group, with 8 nurses, selected by the non-probabilistic/accidental/convenience method.

Results: Nurses have family supportive attitudes. There are significant statistical differences in knowledge and skills in family assessment by the MCAF before and after intervention.

Conclusion: The implementation of intervention programs in family assessment by the MCAF, allows knowledge transfer and skills development.

Keywords: family nursing; training; nurses; family

Resumo

Enquadramento: Na abordagem família é fundamental o enfermeiro deter ferramentas. O Modelo de Calgary de Avaliação Familiar (MCAF), é um instrumento importante na prática de enfermagem familiar.

Objetivos: Conhecer a importância atribuída à família pelos enfermeiros que integram uma unidade de saúde familiar (USF) da Região Centro de Portugal; Identificar os conhecimentos dos enfermeiros sobre avaliação familiar pela aplicação do MCAF; Avaliar o impacto da aplicação de um programa intervenção envolvendo conhecimentos e competências sobre avaliação familiar pelo MCAF nos profissionais de enfermagem.

Metodologia: Estudo longitudinal com 8 enfermeiros, do tipo quase experimental, realizado em dois momentos de recolha de dados, desenho do tipo pré e pós teste, sem grupo de controlo. A amostra, selecionou-se pelo método não probabilístico/acidental/conveniência.

Resultados: Os enfermeiros têm atitudes de suporte à família. Existem diferenças estatísticas significativas, de conhecimentos e competências, na avaliação familiar pelo MCAF, antes e após intervenção.

Conclusão: A implementação de programas interventivos na avaliação familiar pelo MCAF, permite transferência de conhecimentos e desenvolvimento de competências.

Palavras-chave: enfermagem familiar; capacitação; enfermeiros; família

Resumen

Marco Contextual: en el enfoque familiar, es esencial que las enfermeras tengan herramientas para intervenir El Modelo de Evaluación Familiar de Calgary (MCAF) es un instrumento importante en la práctica de enfermería familiar.

Objetivos: Conocer la importancia atribuida a la familia por las enfermeras que forman parte de una unidad de salud familiar (FHU) en la Región Central de Portugal; Identificar el conocimiento de las enfermeras sobre la evaluación familiar mediante la aplicación del MCAF; Evaluar el impacto de la aplicación de un programa de intervención que involucra conocimientos y habilidades en la evaluación familiar por parte del MCAF.

Metodología: Estudio longitudinal con 8 enfermeras, cuasiexperimental, realizado en dos momentos de recolección de datos, diseño pre y post prueba, sin grupo de control. Muestra seleccionada por el método no probabilístico/acidental/de conveniencia.

Resultados: las enfermeras tienen actitudes de apoyo familiar. Existen diferencias estadísticas significativas en el conocimiento y las habilidades en la evaluación familiar por parte del MCAF antes y después de la intervención.

Conclusión: La implementación de programas de intervención en evaluación familiar por parte del MCAF, permite la transferencia de conocimiento y el desarrollo de habilidades.

Palabras clave: enfermería de la familia; capacitación; enfermeros; familia

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Introduction

Our world is constantly changing, undergoing political-economic, sociodemographic, and cultural transformations. These events impacted the family structure and altered its typology, leading to new configurations. One example is the proliferation of single-parent families, childless couples, various types of union, as well as the increase in the number of people living alone. However, despite these metamorphoses, the psychological support to the individual remains (Fernandes, 2015). These changes have created needs in the family system. The nursing science did not dissociate itself from these deficiencies, as it attempted, over the past 30 years, to meet these demands with the development of the family health nursing specialty. In Portugal, the family health nursing specialty, recently created by the Ordem dos Enfermeiros, is going through a significant development phase. For nurses to intervene and help the family to overcome these challenges, they should possess the necessary means and tools to know and understand the internal family dynamics. Within this context, the Calgary Family Assessment Model (CFAM) emerges as a guide to family nursing practice. Many nurses who currently work with families in primary health care had, in their basic training, no contact with family assessment instruments. On the other hand, the expertise of nurses evolves and transforms over time, according to Benner's novice-to-expert model (Benner, 2001). The impact of an intervention program on the development of nurses' skills and knowledge in family assessment should be studied because the authors believe that nurses can use a CFAM-based approach to the family as its focus and not as a practical context to promote gains in health for the families receiving care.

This study aims to determine the relevance given to the family by nurses who work in a family healthcare unit (USF) in central Portugal; to identify the nurses' knowledge about family assessment using the CFAM; to evaluate the impact of the implementation of an intervention program relating to family assessment skills and knowledge using the CFAM on nurses.

Background

There are currently numerous definitions of

family because it is studied by many sciences, such as psychology, sociology, and economics. They have contributed to the changes that the family has undergone over the years in different cultures.

"Family refers to two or more individuals who depend on one another for emotional, physical, and economic support. The members of the family are self-defined." (Hanson, 2005, p. 6). The International Council of Nurses (ICN) defines family as a "group: functional unit or collective whole composed of people connected through blood, kinship, emotional or legal relationships, with the unit or whole being seen as a system, greater than the sum of its parts" (Conselho Internacional de Enfermeiros, 2015, p. 143). Wright & Leahey (2011) argue that it is crucial to know and respect the fact that family is who the person says it is. In accordance with Ratti, Pereira, and Centa (2005, p. 61), "the family acts as the intermediary between the individual and society because it is where you learn how to perceive the world and take your place in it, going through a constant negotiation process." Despite the different concepts of family, this diversity does not delete the importance of this unit in the well-being of its components because we grow in the family, and the family supports the person physically, psychologically, and socially. As a societal cell, families simultaneously define and reflect their environment. The social, economic, political, cultural, demographic, and technological changes have led to the transformation and diversification of families (Dias, 2011). As previously mentioned, different events have generated new needs within the family, and nursing remained aware throughout its history. As a science, nursing has always been concerned about *think family*. The subject of family health nursing emerged as a consequence.

For Hanson (2005), family health nursing is understood as

the process of providing for the health needs of families that are within the scope of nursing practice. This nursing care can be aimed toward the family as context, the family as a whole, the family as a system or the family as a component of society. (Hanson, 2005, p.8)

Thus, according to this author, nurses can develop various types of approach to the family. Wright and Leahey (2011) add that approaches

vary according to the level of expertise of the professional nurse. Generalist nurses conceptualize the family as context or resource, while family nurses should envision the family as the focus of care.

In nursing, where the family is the focus of care, not a single theory or conceptual framework allows describing family relationships adequately, so it is necessary to encompass multiple perspectives (Kaakinen, Coehlo, Hanson, & Gedaly-Duff, 2010). The conceptual structures of nursing and the approaches that underpin the family nursing fundamental principles were developed based on three pillars: family social science theories, family therapy theories, and nursing theories (Hanson, 2005).

In any clinical practice setting, when approaching the family, nurses benefit from the application of a clear conceptual structure or a family map. This structure promotes data synthesis, allowing the identification of family strengths and family problems, to define their treatment plan in a schematic manner (Wright & Leahey, 2011). Within this context, the Calgary Family Assessment Model emerges, adapted from the model of Tomm and Sanders (1983), incorporating, besides the theoretical constructs of nursing, the general system theory, the communication theory, theory of change, cybernetics and cognitive biology, post-modernism, and feminism. It is a multidimensional structure composed of three main categories (structural, developmental, and functional), and each category is divided into subcategories.

The purpose of this study is that nurses use an intervention program to acquire and develop skills relating to family assessment, their daily work with families, also reflecting the from-novice-to-expert theory by Benner (2001). This theory has applied the Dreyfus Model of Skill Acquisition to nursing in an extensive research study, which found different characteristics in the description of the same clinical case conducted by several nurses with different levels of professional expertise, from a beginner female nurse to an expert. In skill acquisition, this theory considers that theoretical ground is essential to explain and predict and allows formulating questions for analysis, guiding professionals in the quest for problem-solving so that care needs can be dealt with beforehand.

With regard to working with families, Wright & Leahey (2011) reported that, when female nurses

possess a clear conceptual framework for family assessment and intervention, they may also start to consider using the new skills in interviewing families. However, a distinction should be made between general knowledge and skills and advanced practice knowledge and skills for family care delivery.

Research questions/Hypotheses

How much importance do the nurses from a USF in central Portugal give to the family? What is the knowledge in Family Assessment using the CFAM of nurses from a USF in central Portugal? What is the impact of a program for the development of knowledge in family assessment using the CFAM on nurses who work in a USF in central Portugal? What is the impact of a program for the development of skills of family assessment using the CFAM on nurses who work in a USF in central Portugal? H1 - There are statistically significant differences regarding knowledge in family assessment using the CFAM of nurses who work in a USF in central Portugal, before and after the implementation of an intervention program; H2 - There are statistically significant differences regarding skills of family assessment using the CFAM of nurses who work in a USF in central Portugal, before and after the implementation of an intervention program.

Methodology

A longitudinal, quasi-experimental study was conducted with a group of eight nurses from a USF in central Portugal, with two moments of data collection and a pretest/posttest design and no group control.

The population is composed of nurses who work in a USF in central Portugal, and a non-probabilistic sample was selected randomly and by convenience. Thus, the inclusion criteria were defined as follows: being a nurse working in the selected USF at the time of the study, not on work leave or sick leave, and willing to participate in the study. The sample size was determined by the number of professionals integrated into the USF who agreed to participate in the study.

A questionnaire was self-applied to collect the necessary data and filled out before and after the intervention program (1 month later). The questionnaire comprised four separate parts. The first part included seven variables, focusing on sociodemographic and professional data of the study subjects, such as age, gender, academic and professional qualifications, as well as professional experience. The second part, named assessment of family importance in nursing care, included independent variables: nurses' perception about family health nursing; nurses' perception about the relevant conditions for nursing practice with families; and, lastly, the importance of families in nursing care, through the application of the IFCE-AE – *A importância das famílias nos cuidados de enfermagem – atitudes dos enfermeiros* (Oliveira et al., 2011). This scale, with five optional responses, is based on

the *Families Importance in Nursing Care - Nurses Attitudes* scale (FINC-NA), reviewed by Saveman, Benzein, Engström, and Årestedt (2011). The IFCE-AE questionnaire is composed of 26 statements, with a 5-item Likert-type scale in which 1 – *totally disagree*; 2 – *disagree*; 3 – *neither agree nor disagree*; 4 – *agree*; 5 – *totally agree*. The scores given vary between *totally disagree* (1 point) *totally agree* (5 points). The overall score of the scale results from the sum of each item and may vary between 26 and 130 points. A better final score means a more favorable attitude of nurses relating to family participation in care delivery to the patient. The IFCE-AE is organized into three dimensions (Table 1): Family as a conversational partner and coping resource (12 items); Family as a resource in nursing care (10 items); and Family as a burden (4 items).

Table 1
Dimensions of the IFCE-AE scale

Dimensions	Items
Family as conversational partner and coping resource	4; 6; 9; 12; 14; 15; 16; 17; 18; 19; 24; and 25
Family as a resource in nursing care	1; 3; 5; 7; 10; 11; 13; 20; 21; and 22
Family as a burden	2; 8; 23; and 26

For reliability analysis purposes, that is, to assess the internal consistency of an instrument, the Cronbach's alpha coefficient (α) was measured and, afterward, compared with the α values obtained by Saveman et al., (2011) in the scale validation process (Table 2). Based on Cron-

bach's $\alpha = 0,806$, it can be concluded that the assessment tool has an adequate internal consistency because, according to Vilelas (2017), a result of α between 0.8 and 0.9 corresponds to a good level of internal consistency (Table 2).

Table 2
Analysis of the reliability of this study and comparison with the FINC-NA version (2011)

Scales	Cronbach's α
FINC-NA, 2011	0.920
Conducted study	0.806

Note. FINC-NA = Families Importance in Nursing Care – Nurses' Attitudes scale

The third part of this study's questionnaire evaluated the professionals' knowledge of the family health nursing process and family assessment using the CFAM, analyzing the instrument built by the authors of this study, comprising 24 closed-ended questions. The fourth part of this study's questionnaire aimed

to evaluate the nurses' skills of family assessment using the CFAM, composed by statements, and the trainee was asked to self-evaluate by responding to 10 statements about skills of CFAM application.

With regard to ethical issues, the study was approved by the coordinator of the selected

health unit and by the Ethics Committee of the Health Sciences Research Unit: Nursing of the Nursing School of Coimbra (opinion no. P573/03-2019). The use of the IFCE-AE scale was authorized, the version translated, adapted, and validated to the Portuguese context by Oliveira et al. (2009), designated by Attitudes of Nurses toward Family. The updated version was applied, as suggested by one of the authors of the IFCE-AE, with five optional responses. All individuals included in the study signed an informed consent form.

The intervention plan comprehended the formative areas of the dependent variables under study. With regard to knowledge about family assessment using the CFAM, theoretical aspects of three thematic areas were developed, such as Family Health Nursing Process, Calgary Family Assessment Model, and, lastly, the genogram and ecomap tools.

As regards skills of family assessment using the CFAM, practical aspects were worked upon, with the application of the theoretical concepts previously discussed, including training in completing the CFAM grid, as well as training in building ecomaps and genograms.

The expositive and interactive methods were used in the training sessions, and the intervention program was carried out in two separate moments.

One month after the end of the intervention program, nurses were asked to fill out the post-training evaluation questionnaire, which also included a questionnaire for the hetero-evaluation of skills acquired in the intervention program.

The collected data were statistically treated in the IBM SPSS Statistics software, version 25.0, for Windows.

The Shapiro-Wilks test was used to analyze the normality of the sample. This test is ideal in situations in which the sample comprises less than 50 elements. The result was a normal distribution of the various variables under study, particularly the variable of knowledge and the variable of nurses' skills related to the family nursing process and family assessment using the CFAM (Table 3). This fact encourages the use of parametric tests to examine the hypotheses under study, and thus Student's *t*-test was applied.

Table 3

Normality test (Shapiro-Wilk)

Knowledge	Pretest	Kolmogorov-Smirnov			Shapiro-Wilk		
		Statistic	df	Sig.	Statistic	df	Sig.
		0.190	0.8	0.200*	0.908	8	0.339
Skills		Kolmogorov-Smirnov			Shapiro-Wilk		
		0.195	8	0.200*	0.927	8	0.486

Note: *df* = degrees of freedom. * A lower limit of true significance; *Sig.* = statistical significance.

Results

As regards sociodemographic characteristics, it was found that the mean age of the participating nurses is 46.8 years ($\sigma = 5.87$). The entire sample of eight nurses is female. As regards the marital status, 75% ($n = 6$) of nurses are married or in a non-marital partnership, and 12.5% ($n = 1$) are divorced and 12.5% ($n = 1$) single. As regards academic qualifications, it was concluded that 100% ($n = 8$) of nurses are bachelors. The professional category of 87.5% ($n = 7$) is generalist nurse, and the remaining 12.5% ($n = 1$) are specialists. As to their profes-

sional experience, it was found that the mean time is 24.9 years ($5.11 = \sigma$), with minimum time ($X_{min.}$) of 17 years and maximum time ($X_{max.}$) of 33 years of professional experience. As regards the sample's experience in primary health care, there is a mean time of 11.3 years ($5.1 = \sigma$), with minimum time ($X_{min.}$) of 6 years and maximum time ($X_{max.}$) of 21 years of experience in this healthcare area.

Concerning the modified version of the IFCE-AE scale (Table 4), the global mean obtained was 94.75, which allows concluding that this sample respects and acknowledges the importance of family in nursing care.

Table 4

Characterization of the sample compared to the modified version of IFCE-AE scale (2011) and its dimensions

	Mean (\bar{X})	Median (Md)	Mode (Mo)	Standard deviation (σ)	Minimum (Xmin.)	Maximum (Xmax.)	<i>N</i>
Family as receptive partner and coping resource	47.50	48.00	47.00	4.96	39.00	53.00	8
Family as nursing care resource	39.25	41.00	41.00	4.71	29.00	44.00	8
Family as a burden	8.00	7.5	5.00	2.67	5.00	13.00	8
IFCE-AE total	94.75	96.00	96.00	7.81	77.00	102.00	8

Note. "IFCE-AE – A importância das famílias nos cuidados de enfermagem" scale; *N* = target population.

The evaluation of knowledge in the initial phase found that the mean was 8.88, meaning that the level of knowledge of professionals before the intervention was low for a total possible rating

of 0 to 24. In the second moment of evaluation, the mean was 22.63. The mean value improved considerably, increasing the level of knowledge of professionals in this variable (Table 5).

Table 5

Characterization of the sample compared to the nurses' knowledge evaluation before and after the intervention program

		Mean (\bar{X})	Median (Md)	Mode (Mo)	Standard deviation (σ)	Minimum (Xmin.)	Maximum (Xmax.)	<i>N</i>
Knowledge evaluation	Pretest	8.88	10.00	16.00	6.31	0.00	16.00	8
	Posttest	22.63	23.00	23.00	1.06	20.00	23.00	8

Note. *N* = target population.

The skills evaluation in the first moment found a mean value of 13.50, which allows concluding that the mean level of nurses' skills was insufficient compared to the defined criteria. In the second moment of evaluation, which applied the questionnaire, the mean was 27.94,

meaning an excellent level of skills (Table 6). Therefore, there was a considerable increase in the level of skills of nurses in the family nursing process and family assessment using the CFAM, after the intervention.

Table 6

Characterization of the sample compared to the evaluation of skills of nurses before and after the intervention program

		Mean (\bar{X})	Median (Md)	Mode (Mo)	Standard deviation (σ)	Minimum (Xmin.)	Maximum (Xmax.)	N
Evaluation of skills related to the family nursing process	Pretest	3.50	14.50	15.00	7.50	4.00	28.00	8
	Posttest	27.94	28.50	28.50	1.78	24.00	30.00	8

Note. N = target population.

The Student's *t*-test was used to examine the hypotheses established. According to Vilelas (2017), this test is applied to a discrete or continuous quantitative variable with a standard distribution curve and in two related samples. H1 - There are statistically significant differences regarding knowledge in family assessment using the CFAM of nurses who work in a USF in central Portugal, before and after the imple-

mentation of an intervention program.

The result of the Student's *t*-test for the evaluation of knowledge in family assessment using the CFAM revealed statistically significant differences ($t = -5.67$; $p \leq 0.05$), after the intervention program, in the knowledge of nurses who work in a USF in central Portugal, between the second moment and the first moment of evaluation of knowledge in family assessment using the CFAM (Table 7).

Table 7

Application of the Student's t-test to related samples compared to the evaluation of knowledge of nurses from an USF in central Portugal between the pretest moment and the posttest moment

	Paired differences			95% Confidence interval for the difference		<i>t</i>	<i>df</i>	<i>Sig.</i> (two-tailed test)
	Mean (\bar{X})	Standard deviation (σ)	Standard deviation of the mean	Bottom	Top			
Evaluation of knowledge between the pretest moment and the posttest moment	-13.75	6.86	2.43	-19.49	-8,01	-5.67	7.00	.001

Note. *t* = Student's *t*-test; *df* = degrees of freedom; *Sig.* = statistical significance.

H2 - There are no statistically significant differences in the skills of family assessment using the CFAM among nurses who work in a USF in central Portugal, between the pretest moment and the posttest moment of the implementation of a training program.

As regards the impact on skills of family assessment using the CFAM, the application of

Student's *t*-test revealed statistically significant differences ($t = - 5.01$; $p \leq 0.05$), between the pretest moment and the posttest moment of the implementation of the intervention program, in skills of family assessment using the CFAM among nurses who work in a USF in central Portugal (Table 8).

Table 8

Application of Student's t-test for related samples compared to the evaluation of skills of nurses from a USF in central Portugal, between the pretest moment and the posttest moment

	Paired differences			95% confidence interval for the difference		<i>t</i>	<i>df</i>	Sig. (two-tailed test)
	Mean (\bar{X})	Standard deviation (σ)	Standard deviation of the mean	Bottom	Top			
Evaluation of skills between the pretest moment and the posttest moment	-14.44	8.16	2.88	-21.26	-7.62	-5.01	7	.002

Note. *t* = Student's *t*-test; *df* = degrees of freedom; *Sig.* = statistical significance.

Discussion

As regards the attitudes of nurses about the importance of family in nursing care using the modified version of the *Families Importance in Nursing Care* (IFCE-AE) scale, it was found that the mean score obtained was 94.75. Comparing with Saveman et al. (2011), which obtained a mean of 104, the results of this study are slightly below, but, still, much considerable importance is given to family participation in nursing care. Comparing the results of this study with those of the study of Barbieri-Figueiredo et al. (2012), the dimension of family as a conversational partner and coping resource obtained a mean of 47.50, slightly less than 50.08 (score of the study mentioned above), in a total of 60 possible points. The dimension of Family as a resource in nursing care obtained a mean of 39.25, also slightly below that obtained by Barbieri-Figueiredo et al., (2012) which was of 43.23 points in a total of 50 possible points. In the dimension of Family as a burden, in which the lower the score the better the attitudes of nurses about family participation in nursing care, the mean was 8, very close to the 7.96 score achieved in the study of Barbieri-Figueiredo et al. (2012) in a total of 20 possible points. Based on the results obtained in the different dimensions and overall, it can be concluded that the attitudes of the participants are family-supportive.

Before the application of the intervention program, it was found that the sample's knowledge in family assessment using the CFAM was low

com a mean value of 8.88, which is not surprising because, for Wright & Leahey (2011), the majority of nurses did not come across system of nursing in their basic training. Martins, Fernandes, and Gonçalves (2012) stress that a large part of nurses does not know any family assessment or intervention model.

As regards the impact of a program of family assessment knowledge development using the CFAM on nurses, it should be emphasized that the pretest knowledge mean was 8.88, and the posttest knowledge mean 22. Thus, after the inferential statistical treatment, it was concluded that there are statistically significant differences in the nurses' knowledge in family assessment using the CFAM, before and after the implementation of the intervention program, resulting in knowledge acquisition or transfer. It is clear, then, that the program had a favorable impact on knowledge acquisition, which agrees with Santos (2012) when he states that educational intervention programs in this area allow knowledge transfer.

The impact of a program of family assessment skills development using the CFAM on nurses was also assessed. Before the program, the mean score of self-evaluation of nurses' skills was 13.50, that is, insufficient skill level. After the intervention, the skill hetero-evaluation obtained a mean value of 27.94. The inferential statistical analysis allowed concluding that there are statistically significant differences between the nurses' skills of family assessment using the CFAM. Therefore, the intervention program, including training on completing the CFAM

grid and building ecomaps and genograms, resulted in considerable skill development. Likewise, Fernandes (2014) concluded in her study that the focus of care and family evaluation, assessment, and intervention changed and that the number of records relating to categories and subcategories of the Calgary model increased significantly.

One limitation of this study was the scarcity of national studies in this area probably due to the yet precocious and recent creation of this nursing specialty, meaning that only a few scientific works were produced in this domain. Another limitation was the small sample size, which did not allow the generalization of the results presented.

Conclusion

The updated version of the IFCE-AE scale was applied, which allowed confirming that nurses possess family-supportive attitudes, whether globally or in its various dimensions.

The research hypotheses were tested, concluding that there are statistically significant differences in nurses' knowledge in family assessment using the CFAM, before and after the implementation of an intervention program. Thus, knowledge acquisition or consolidation occurred, impacting the knowledge development process favorably.

It was also concluded that there are statistically significant differences between the participants' skills of family assessment using the CFAM, which led to skill development with the intervention program.

The completion of this study allows stating that theory is not enough in itself. Instead, it is an essential tool to explain and predict and guide the nurse in problem-solving. Theory will be the basis for proficient nursing practice because knowledge involves practice, extends and develops theory, adapting it to the nursing care practice. This intervention program aimed to substantiate and promote a new approach to family. Nurses develop skills throughout their personal and professional experience with families, and go through various skill levels, each with different thinking, acting, and intervening. The results obtained with the intervention program allow assuming that the application

of intervention plans in this area is advisable to further contribute to the variety of training and intervention programs directed at equipping family nurses with knowledge and skills of family assessment using the CFAM. In this way, the authors believe that the dissemination of this type of intervention in other healthcare units can contribute to a better family-centered nursing care practice.

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