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## THE IMPORTANCE OF THE FAMILY HEALTH NURSE IN TRAINING FAMILIES

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**Abstract: Framework:** The aging of the population means that the care provided by families becomes increasingly important and this will be more effective the more capable they are. Objectives: The objective of this article is to understand the extent to which the intervention of the Family Health Nurse, in the process of training families, can be relevant, in terms of obtaining health gains. **Methodology:** Classic literature review and narrative and critical-reflective description of the bibliography consulted, looking for evidence that the Family Health Nurse is able to empower the family. **Results:** The Nurse must develop a holistic view of the family, seeking, whenever possible, to involve them in dialogue and, thus, in the pursuit of the defined objectives. The promotion of family empowerment, by the Nurse Specialist in Family Health Nursing, deserves particular attention, as results from the respective Regulation of Specific Competencies. **Conclusion:** The more adequate the care provided by families, the more evident the achievement of health gains will be, and it is essential that the process of training them is successful. The Family Health Nurse is a professional prepared to develop this process. **Keywords:** Family Nurse; Family Health; Training; Families.

## INTRODUCTION

It is worth remembering some ideas, which function, in essence, as prior assumptions of this work.

From the outset, it is important to remember the concept of family.

According to the International Classification for Nursing Practice (ICNP), the family is a group that is seen as a “social unit or entire collective composed of people linked through consanguinity; affinity; emotional or legal relationships; the unit or whole being considered as a system that is greater than the

sum of its parts” (Enfermeiros, 2016, p. 143).

Hanson (2005, p. 6) considers that “family refers to two or more individuals who depend on each other to provide emotional, physical and economic support. Family members are self-defined.”

However, Figueiredo (2012, p. 65) refers to the family as being, at the same time, a whole and its parts, assuming characteristics that go beyond and differ from the mere sum of the parts; As the parts are not reducible to the whole and reciprocally, any change will affect both their parts and the whole, and both tend to promote change towards the dynamic balance of the family health unit.

In turn, Relvas (2003, p. 26) emphasizes that “the family group is not identified solely through biological or legal ties, but rather as a set of individuals who develop among themselves, in a systematic and organized way, particular interactions that give them group individuality and autonomy”.

Then, it is worth remembering that the aging of the population means that the care provided by families becomes increasingly important (Figueiredo, 2009, p. 53).

In this sense, the World Health Organization (WHO) and the European Union themselves “recognize the role of the family as an instance of providing care”, even highlighting that this is a “fundamental resource in promoting the quality of life of its members”, since it is the vital cell of society (Abreu, 2010, p. 8).

It is also worth highlighting that the effectiveness of this care depends on the empowerment of families, which can be defined as the “process through which citizens gain greater control over the decisions and actions that affect their health” (‘‘Direção Geral da Saúde’’, 2017, p. 21). In fact, the caregiver “needs to be considered, not only as the person responsible for taking care of basic human needs, but also as someone who needs care and preparation to assume this role”

(Nunes et al., 2015, pp. 1462- 1463).

Finally, the Family Health Nurse, who is defined, by the Regulation of Quality Standards for Specialized Care in Family Health Nursing, as the reference professional who is responsible for specialized monitoring of the family, as a care unit, throughout the cycle vital (``Ordem dos Enfermeiros``, 2015, p. 17385), must be equipped with the appropriate skills to promote this training.

## **METHODOLOGICAL REVIEW PROCEDURE**

It must be noted that the objective of this work is to understand the extent to which the intervention of the Family Health Nurse, in the process of training families, can be relevant to obtaining health gains.

As a methodology, a classic literature review and narrative and critical-reflexive description of the bibliography consulted were carried out, using databases and the use of descriptors, in order to search for evidence that proves the objective of the work.

The search and selection strategy, although with the freedom inherent to a narrative review, did not fail to consider indexed studies, using the EBSCOhost platform, accessed through the reserved area of the Order of Nurses, and using, among others, the MEDLINE databases Complete, CINAHL Complete, Nursing & Allied Health Collection: Comprehensive and Medic Latina. The keywords were defined according to indexed descriptors, namely Health Sciences Descriptors (DeCS) and Medical Subject Headings (MeSH).

## **RESULTS AND DISCUSSION**

From the research carried out, the contributions of some studies must be highlighted.

Thus, Martins & Santos (2020, p. 133) recall that “investment in the training of the patient and the IC, in a logic of continuity of care, is

a very advantageous resource for families, the community and society in general in the face of increase in the number of people dependent on self-care”.

In the same sense, Pires (2012, p.53) highlights the fundamental role that nurses have to play in supporting care providers, also considering their proximity to families.

Still in the same sequence, Ferreira (2014, p.76) also agrees that “nurses are, due to the essence of their profession, one of the professional groups that can contribute the most and make a difference in empowering families”.

However, Augusto et al. (2017, p.143) draw attention to the importance of prevention and construction of ongoing education for caregivers and family members, through health promotion strategies by nurses.

Meixedo (2013, p.22) draws attention to the fact that primary health care can contribute to improving the health of both the family and the sick member. The healthcare team itself not only influences, but is also influenced by the patient and their family, all of whom are co-responsible for the care process. Following the same line of reasoning, Hanson & Boyd (1996), as well as Wright & Leahey (2002), highlight the family as the focus of nursing care, with the family unit being affected when one or more of its members has health problems ( as cited in Meixedo, 2013, p.41).

In the same sense, Martins et al. (2012, p.687) consider that “nursing, throughout the world, is moving towards the incorporation of the family in nursing care in any specialties, as well as the development of the body of knowledge as a family nursing specialty”.

Besides, in the same vein Ferreira et al. (2020, p.8), emphasize that “nursing care for the family develops in a therapeutic, dynamic and recursive relationship characterized by the development of solutions that promote change, based on the family’s potential and

respecting its reality”.

Finally, some studies can be more specific and categorical regarding Family Health Nursing.

For example, Silva (2019, p.102) highlights that, due to their proximity to family caregivers, the Family Nurse meets the necessary conditions, “in order to provide them with skills that allow them to assume the role of caregivers of a healthier way, and guarantee the provision of quality care to your family member”.

Also Ferreira et al. (2012, p. 221) consider that, given that families are increasingly asked to play the role of care provider, “the conduct of the Family Nurse assumes importance, in order to support or help these families to find a balance that allows them to overcome the changes introduced and favor a faster and more consistent adaptation process”.

Likewise, Cruz et al. (2010, p.96) state that “knowledge of the experiences of the informal caregiver must constitute the main focus of attention of the Family Nurse’s intervention”, with a view to better understanding the “care experience, making caregivers family informal activities improve their performance”.

Regadas & Pinto (2010, p. 109) also point to the understanding of the family “as part of the care process, in which the role of the Family Nurse appears increasingly more credited”. However, despite the latest studies mentioned, a limitation of the present review has, precisely, to do with some scarcity of studies, more specifically aimed at Family Health Nursing, as reported by Frade et al. (2021, p.7), who also highlight that “studies are needed that reinforce the importance of nurses’ work with families, with a view to promoting, maintaining and rehabilitating family health”.

After analyzing the various studies, there are some points that deserve to be highlighted.

Firstly, the various studies converge on the

importance and need to train caregivers.

Secondly, there is a consensus that it is nurses who must promote this training.

Thirdly, it also seems clear that the family is – and increasingly tends to be – a focus of Nursing.

However, among the studies consulted and those selected, only five are specific to the role of the Family Health Nurse and one of them even highlights, precisely, the scarcity of studies more focused on this disciplinary area of Nursing. Eventually, the aforementioned scarcity of studies may be related to the fact that this area of specialization is still recent. Depending on the aforementioned results, some further considerations can be formulated.

Therefore, the Nurse must develop a holistic view of the family (Martins et al., 2012, p.689), seeking, whenever possible, to involve them in dialogue and, thus, in the pursuit of the defined objectives. It must also help you face the transitions you face throughout your life cycle, as well as identifying strengths and stress factors. In fact, family training is inseparable from role transition, with emphasis on the Theory of Transitions, by Meleis (2010), which reinforces the role of nurses as facilitators of said transitions, as well as in training caregivers (as cited in Silva, 2019, p.30). Furthermore, nurses have a fundamental role in the entire process of preparation, training, integration and monitoring of caregivers in the provision of care (Regadas & Marques, 2012, p. 253).

The promotion of family empowerment, by the Nurse Specialist in Family Health Nursing, deserves particular attention, as results from the respective Regulation of Specific Competencies (‘‘Ordem dos Enfermeiros’’, 2018, p. 19357).

Training assumes such importance that the National Health Plan (PNS), within the scope of the strategic axis of Citizenship in Health, proposes the “promotion of a culture

of citizenship that aims to promote literacy and training of citizens, so that become more autonomous and responsible in relation to their health and the health of those who depend on them (Direção Geral da Saúde, 2015, p. 14).

An also essential aspect is that an adequate family assessment, assertive communication and family involvement in achieving objectives are important resources that nurses must use, so that the training process becomes more effective.

Basically, there are some aspects, in the development of the training process, that must deserve particular attention from the Family Health Nurse, namely: collection, as complete as possible, of information about the family; adequate family assessment, using family assessment instruments; interview with the family, with all its members (this interview must be very well prepared, must have well-defined objectives, must be dynamic and must provide the necessary elements for a family reassessment); critical reflection on the elements collected, namely, regarding the family composition, its strengths, its internal dynamics, its socioeconomic characterization and the provision of care (who does it, how it does it and what needs to be improved); preparation and implementation of the

training, taking as a criterion the family assessment that was carried out and not losing sight of the fact that said training must be personalized, depending on the specificities of each family; Training must not focus exclusively on the caregiver, but rather on the family as a whole.

## CONCLUSION

In conclusion, some evidence emerges from the bibliography consulted. Firstly, the more adequate the care provided by families, the more evident the achievement of health gains will be, and it is essential that the process of training them is successful. Afterwards, it is not possible to obliterate that the Family Health Nurse has a close relationship with the family, since he accompanies them throughout the entire life cycle, and has access to resources, which he must use, so that the process of training becomes more effective. Finally, given that the Family Health Nurse has skills that demonstrate that he or she is a professional prepared to promote the training process and in light of the aforementioned aspects of proximity and resources, it seems clear that the Family Health Nurse meets the conditions for the process of empowering families is successful, leading to better care provided, with consequent gains in health.

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