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Importance of families in care of individuals with mental disorders: nurses' attitudes

Importância das famílias nos cuidados à pessoa com transtorno mental: atitudes de enfermeiros

Importancia de las familias en el cuidado de la persona con trastorno mental: actitudes de enfermeros

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Abstract

Objectives: To characterize the attitudes of nurses working in primary health care on the importance of involving families in nursing care to the person with mental disorder. **Method:** A cross - sectional descriptive study with a quantitative approach performed with 328 nurses who work in primary health care in Porto, Portugal. Families Importance in Nursing Care - Nurses Attitudes (FINC-NA) scale was applied. **Results:** Scale scores were elevated, mean value was 85.9 (Maximum possible 104). The significant correlations were with the variables: academic qualifications (p = 0.001), specialization (p = 0.002) and professional activity context (p = 0.001). **Conclusion and implications for practice:** Nurses demonstrate a high degree of agreement about the importance of families in nursing care to the person with mental disorder. Positive attitudes of nurses regarding the importance of involving families in care are fundamental to enhance the quality of care in the presence of mental disorder.

Keywords: Family Nursing; Attitude of Health Personnel; Primary Health Care; Mental Health; Psychiatric Nursing.

Resumo

Objetivos: Caracterizar as atitudes dos enfermeiros que trabalham em cuidados de saúde primários sobre a importância de envolver as famílias nos cuidados de enfermagem à pessoa com transtorno mental. **Método:** Estudo transversal, descritivo com abordagem quantitativa, realizado com 328 enfermeiros que exercem funções em cuidados de saúde primários em Porto, Portugal. Foi aplicada escala *Families Importance in Nursing Care - Nurses Attitudes* (FINC-NA). **Resultados:** Os escores da escala foram elevados, o valor médio foi de 85,9 (Máximo possível 104). As correlações significativas foram com as variáveis: habilitações acadêmicas (p = 0,001), especialização (p = 0,002) e contexto de atividade profissional (p = 0,001). **Conclusão e implicações para a prática:** Os enfermeiros demonstram alto grau de concordância quanto à importância das famílias nos cuidados de enfermagem à pessoa com transtorno mental. Atitudes positivas dos enfermeiros em relação à importância de envolver as famílias nos cuidados são fundamentais para potencializar a qualidade dos cuidados na presença de transtorno mental.

Palavras-chave: Enfermagem Familiar; Atitude do Pessoal de Saúde; Atenção Primária à Saúde; Saúde Mental; Enfermagem Psiquiátrica.

Resumen

Objetivos: Caracterizar las actitudes de los enfermeros que trabajan en atención primaria de salud sobre la importancia de envolver las familias en los cuidados de enfermería a la persona con trastorno mental. **Método:** Transversal, descriptivo, con un enfoque cuantitativo, llevado a cabo con 328 enfermeras de la atención primaria de salud en Porto, Portugal. Se aplicó la escala *Families Importance in Nursing Care - Nurses Attitudes* (FINC-NA). **Resultados:** Los puntajes de la escala fueron elevados, el valor medio fue de 85,9 (Máximo posible 104). Las correlaciones significativas fueron con las variables: habilitación académica (p = 0,001), especialización (p = 0,002) y contexto de actividad profesional (p = 0,001). **Conclusión e implicaciones para la práctica:** Enfermeros demuestran alto grado de concordancia en cuanto a la importancia de las familias en los cuidados de enfermería a la persona con trastorno mental. Las actitudes positivas de los enfermeros sobre la importancia de involucrar a las familias en los cuidados son fundamentales para potenciar la calidad de los cuidados en la presencia de trastorno mental.

Palabras clave: Enfermería Familiar; Actitud del Personal de Salud; Atención Primaria de Salud; Salud Mental; Enfermería Psiquiátrica.

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INTRODUCTION

Many of the people who experience mental disorders are supported by the family.[1-4] Members of a family provide a substantial quantity of care,[1,5,6] and the involvement of family members in the assistance of persons with a mental disorder is clinically relevant, because it improves the quality of the health care.[7] Know the links and the social support networks, namely the family, are facilitation strategies enlarger of mental health actions, thus, the family should be understood as a partner in facing and experiencing the mental disorder.[4]

Historically, the family has been excluded from the support to the person with a mental disorder, because this person was hospitalized in psychiatric hospitals far away from their relatives. On the other hand, there was an understanding that the family was in its own essential a disease generator.[2] The paradigm change in the mental health care intended for community states that a greater emphasis should be placed on the family's involvement,[5] and this family should be considered as an indispensable social actor for care effectiveness.[2,8-10]

The last reform of primary healthcare in Portugal (equivalent to Primary Health Care in Brazil) had formal beginning in 2005, integrating different types of units, namely: the PHU (Public Health Unit) which works as observatory on health of the geographical area in which it is integrated; the SARU (Shared Assistance Resource Units) that integrate social workers, psychologists, physical therapists, occupational therapists, among others, and which provides assistance services to all other functional units; the CCU (Community Care Units) that provides health care and psychological and social support, in the scope of the domicile and the community; the HPCT (Home Palliative Care Teams) provides care to patients, who need them, in their home, such as, support their relatives and caregivers.[11] Finally, the units more suited for personalized medical and nursing care, namely: the FHU (Family Healthcare Units) and the PHCU (Personalized Health Care Units). These differ in their organizational model, in the case of the PHCU, centered on a more vertically hierarchical and less autonomous model.[11]

In the field of mental health, the formal recognition and the family involvement have been the focus of recent policy initiatives and practices, however, families still report feeling marginalized and far away from these scenarios.[1,12] There is still a tension between the members of the family and the health services providers, and the family may be subject to negative stereotypes, which can lead to discrimination, feelings of shame and of being considered blamed for the relative's mental health problems.[5]

The stigma experience is also associated with an increased burden to the relative of the individual with mental disorder, and the relatives perceive that they are not recognized or appreciated for the role that they play to support their family members affected by the mental disorder.[1]

The importance of positive attitudes towards the work with the family becomes obvious when we recognize that families are seeking a meaning in a similar way to persons who experience their own suffering.[6] It is necessary to promote the expansion of knowledge, positive skills and attitudes of nurses that work with persons with mental disorders, for their families.[5]

The attitudes adopted by the nurses in relation to the family will determine the care process.[13] Being aware of this need, we developed this way, and, although there are studies conducted into the attitudes towards families in several contexts,[7,14,15] few is directed to the person with mental disorder.[16,17]

In the mental health sector, it is important that we involve the families to care to maximize the quality of intervention offered.[16] Enhancing the relations between the nursing team and the family members is the key element to improve the effective involvement of the family members in the health care to the individual with mental disorder, resulting in more positive attitudes towards the family.[17] Evidences of the studies carried out support that positive attitudes by mental health nurses towards the families, encourage them to involve the relatives in therapeutic conversations.[16]

Having said this, it emphasizes the importance of this theme, which aimed to characterize the nurses' attitudes who work in primary health care, on the importance of involving families in the nursing care to persons with mental disorder.

METHOD

It is a cross-sectional and descriptive study, with quantitative approach. The study was approved by the Ethical Commission of the Regional Health Administration of the University of Porto, Portugal, under protocol nº 155-2017. The investigation was focused on the role given by the nurses to the family for caring the individual with mental disorder and how their attitudes highlight such importance. The population was composed of nurses who work in Primary Health Care.

The invitation for nurses to participate in the study was performed by means of institutional electronic mail. The inclusion criteria were nurses working in the community. The exclusion criteria were nurses working in hospitalization units of continuing integrated and hospital care, as well as nurses who perform exclusively managerial functions. This non-probabilistic sample was constituted of 328 nurses.

Data were collected between February and April 2018. The data collection instrument was a questionnaire with sociodemographic data, containing the following data: sex, age, marital status, education, years of profession, training in family nursing. Another instrument used was the Scale: "Families importance in Nursing Care-Nurses Attitudes - FINC-NA" (Portuguese named as "Importância das Famílias nos Cuidados de Enfermagem - Atitudes dos Enfermeiros- IFCE-AE"). The

original instrument was developed in Sweeden,[17] and validated, later on, for the Portuguese population[18] and has been applied in several studies.[7,15,16]

The FINC-NA is composed of 26 items of Likert-type (4 options), and allows to measure the nurses' attitudes in its cognitive, affective and behavioral component.[17] In the calculation of the total value scale the greater the score obtained, the better will be the nurses' attitudes in front of the families.[17] The FINC-NA, in the Portuguese version presents three dimensions, namely: family as dialoguing partner and coping resource (12 items), family as nursing care resource (10 items) and family as a burden (4 items).[18]

The Cronbach' Alpha coefficient of the FINC-NA scale, obtained in this study, presents a value of 0.91, higher than the value obtained by the author that validated the scale for the Portuguese population,[18] which was 0.81 and which validates its internal consistency. All the data collection instruments were organized and sent through the *Google* forms*,* together with the virtual Informed Consent Form (ICF), composed of one page to explicit the research, as well as request for authorization for use of data.

The responses obtained were treated with the aid of the statistical package SPSS (version 25). For data gathering, the double digitation technique was performed in order to digitation errors were reduced. Numerical variables were described using descriptive statistics, with mean, median and standard deviation (SD) calculation. The nominal categorical variables were described or shown in frequency tables.

To investigate the association among the items researched, non-parametric tests were used in the absence of a normal distribution, Wilcoxon test, Mann-Whitney test and Kruskal-Wallis test. A 95% confidence interval, with < 0.05 *p*-value was adopted, to assume the hypothesis that there was association among the variables studied.

RESULTS

The sample (N = 328) was predominantly female (84.8%), with an mean age of 42.7 years, varying between 23 and 65 years, mostly married (69.2%), most of them have the degree of licentiate in nursing (72.6%), 60.1% have one specialization, and the community health nursing specialization is the most frequent (23.2%), most of them have a time training longer than 10 years. The participants perform their activities predominantly in FHU (47.6%), followed by CCU (32.3%), 24.1 % referred not having training in family nursing (Table 1).

The sum of each item of the FINC-NA scale allowed us to obtain a total score for each nurse. The scores obtained present values between 49 and 104, it should be recalled that the possible scores of the scale vary between 26 and 104 (Table 2), and the mean value is 85.9, present a mean of 77, mode of 86 and a standard deviation of 9.6.

In Table 2 are shown the mean values referring to each dimension of the scale, observing the range of each of these dimensions, we noticed that all of them exceed the midpoint of the subscale.

On the other hand, by the Table 3 analysis, we can see that the dimension family as a resource in care shows a midpoint almost similar to the Family dimension: dialoguing partner and coping resource, and both with midpoint higher than the dimension family as burden.

In the Table 3 are correlated the scale dimensions with the studied variables, namely the sex, marital status, education, years of profession, specialization, training in family nursing and work service.

In this study correlations with the sex are not observed (p = 0.243), with the marital status (p = 0.536), nor with the training time (p = 0,162). However, there is correlation with the fact of the participants have specialty (p = 0.002), although statistically significant differences are not observed among the specialty areas (p = 0.602). No correlations were found between the total score of the FINC-NA scale and the training in family nursing.

Correlations in the academic qualifications (p = 0.001) are observed, as shown in the Figure 1, that is, as the participants' academic qualifications increase, the greater the total score of the FINC-NA scale.

Concerning the contexts of care, correlations are observed according to different contexts of care (p = 0.001). The Figure 2 shows the relation of the total score of the FINC-NA scale on the nurses' attitudes with the type of functional unity in which they perform their work.

The results show that the nurses who work in CCU have a total score higher (total score mean = 89.1, Mode = 96), indicating means, slightly, higher in the dimension Family: resource in the nursing care (mean = 3.48), (Family: dialoguing partner and coping resource = 3.46, Family: burden 3.1). In the FHU, the total mean score was 84.7 and mode 77, concerning the dimensions of the scale the family: resources in the nursing care show a slightly higher value (mean = 3.29), followed by the dimension Family as dialoguing partner and coping resource (mean = 3.28) and, last, the dimension family as burden (mean = 3.05).

The PHU (N = 4), the SARU (N = 2) and the HPCT (N = 3), although are shown in the Figure 2, they have non-significant frequencies of participants. Finally, the PHCU have mean score of the scale of 83.7 and mode of 83 and has also slightly higher means in the dimension Family: resource in the nursing care (mean = 3.20), (Family: dialoguing partner and coping resource = 3.1 and Family: mean burden = 3.0).

Table 1. Distribution of the nursing professionals (n = 328) according to the variables such sex, age group, marital status, schooling, training time, specialty, area of specialty, work service, training on family nursing, Porto, Portugal, 2018.

Variables	N	%	Mean	SD
Sex (N = 328)				
Male	50	15.2		
Female	278	84.8	-	-
Age - years (N = 328)			42.7	7.9
Marital status (N = 328)				
Single	33	10.1		
Married	227	69.2		
Cohabiting	30	9.1		
Separated	4	1.2		
Divorced	31	9.5		
Widow	3	0.9		
Academic qualifications (N = 328)				
Bachelor's degree	1	0.3		
Licentiate	238	72.6		
Master's degree	85	25.9		
Doctorate	4	1.2		
Training time (N = 328)				
< 1 year	7	2.1		
1 to 5 years	58	17.7		
5 to 10 years	47	14.3		
10 to 20 years	111	33.8		
> to 20 years	105	32.0		
Specialization (N = 328)				
No	131	39.9		
Yes	197	60.1		
Area of specialization * (N = 197)				
Community Health Nursing	76	23.2		
Medical Surgical Nursing	8	2.4		
Rehabilitation Nursing	30	9.1		
Nursing in Childhood Health and Pediatrics	21	6.4		
Maternal Health Nursing and Obstetrics	23	7.0		
Nursing in Mental Health and Psychiatry	39	11.9		
Work service (N = 328)				
FHU	156	47.6		
PHCU	57	17.4		
CCU	106	32.3		
PHU	4	1.2		
SARU	2	0.6		
HPCT	3	0.9		
Training on family nursing				
No	79	24.1		
Yes	249	75.9		

Source: elaborated by the authors. * *Terminology of specialties adopted by the Portuguese nursing regulation system*. Legend: FHU: Family Healthcare Units; PHCU: Personalized Health Care Units; CCU: Community Care Units; PHU: Public Health Unit; SARU: Shared Assistance Resource Units; HPCT: Home Palliative Care Teams.

Table 2. Dimensions of the (FINC-NA) scale, Porto, Portugal, 2018.

Dimension	N. of itens	Total average (DP)	Midpoint of the scale	Average
Family as dialoguing partner and coping resource	12	40.2 (5.3)	30	3.33
Family as resource in care	10	33.5 (3.9)	25	3.35
Family as burden	4	12.3 (1.9)	10	3.07

Source: elaborated by the authors. * Dimensions range: Family as dialoguing partner = 12 to 48; Family as resource in the nursing care = 10 to 40; Family as a burden = 4 to 16.

Figure 1. Relation of the FINC-NA with the academic qualifications. Source: elaborated by the authors.

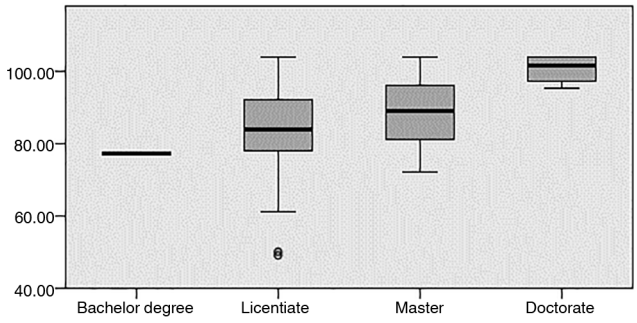
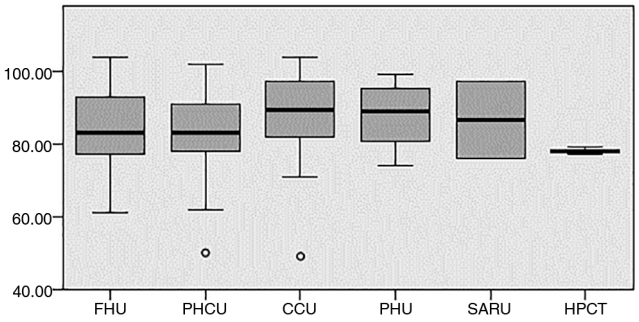


Figure 2. Relation of the FINC-NA with the contexts of care. See Legend of Table 1. Source: elaborated by the authors.



DISCUSSION

The nurses who participated in this study have mean values of the use of the FINC-NA scale of 85. 9 points, which shows a favorable attitude with the families.

Very different results are found in other studies, although in very different contexts: performed in Primary Care (78.4),[18] Intensive Care Units (75.1),[19] Several contexts: teaching and practice (88),[20] Hospital and primary health care in heart failure patients (101),[21] Hospital during the cardiorespiratory reanimation (50.99),[22] Hospital several contexts (65/80.1),[23,24] Primary health care (not available),[25] Pediatric and maternal infant Unit (82),[15] Hospital and primary health care (88)[26] and Psychiatry unit (92.14).[17]

The closest studies to the context of our route, that is, nurses' attitudes of primary health care regarding the family of individual with mental disorder are those carried out in primary health care in Portuguese territory,[16,26] and the study performed with individuals with mental disorder carried out in Island.[17]

Although without using the same measuring instrument, another study carried out in South Korea with 66 Nurses and 201 nursing auxiliaries, in residents of older people's homes with dementia, the authors report that the nursing auxiliaries show less positive attitudes in front of the families, and bring as a justification for this finding, the fact that these are more involved in the direct care to the resident patients and a more frequent contact with the family.[27]

In this study, the nurses emphasized the importance of the families in the nursing care to the individual affected by mental disorder, with the highest value associated with the dimension Family as resource in the nursing care (mean = 3.35), followed by little difference regarding the dimension Family: dialoguing partner and coping resource (mean = 3.33).

Despite the total mean of the FINC-NA scale and the dimensions defined by the same, have been compatible with positive attitudes towards the family valorization in the nurse's care to the individual with mental disorder, the mean is considered low, when compared with the study developed in psychiatry unit, in which the total mean of the FINC-NA was 92.14 points.[17]

The nurses who hold more academic qualifications place greater importance on the family in the care, similar result found in other studies, although in only one dimension of the scale, and show that the greater the academic qualifications of the participants, the lesser the burden attitude to the families,[25] and that there are significant differences in the educational levels, when observed the mean scores of the family as burden where the scores were lower in the more educated group.[17]

Still in the context of the training, the fact that one has a specialty seems to influence the family with more positive attitudes, although the highest mean values have been found in nurses with specialization in community health nursing, and, in mental health and psychiatry, data have not obtained statistical correlation.

Table 3. Correlation of the IFCE-AE scale- and variables under analysis, Porto, Portugal, 2018.

Variable	Average score	*p*-value
Sex		0.243
Men	84.8	
Women	86.1	
Marital Status		0.536
Single	86.9	
Married	85.8	
Cohabiting	83.7	
Separated	81.8	
Divorced	88.3	
Widow	84.7	
Academic Qualifications		**0.001**
Bachelor's degree	77.0	
Licentiate	84.9	
Master's degree	88.2	
Doctorate	100.5	
Training Time		0.162
< 1 year	86.3	
1 to 5 years	83.9	
5 to 10 years	86.2	
10 to 20 years	85.5	
> 20 years	87.4	
Specialization		**0.002**
No	84.2	
Yes	87.1	
Area of specialization*		0.602
Community Health Nursing	88.1	
Medical Surgical Nursing	85.6	
Rehabilitation Nursing	87.8	
Nursing in Childhood Health and Pediatrics	85.4	
Maternal Health Nursing and Obstetrics	82.9	
Nursing in Mental Health and Psychiatry	88.4	
Training on family nursing		0.711
No	86.4	
Yes	85.7	
Work Service		**0.001**
FHU	84.7	
PHCU	83.7	
CCU	89.1	
PHU	87.8	
SARU	86.5	
HPCT	78.0	

Source: elaborated by the authors. * *Terminology of specialties adopted by the Portuguese nursing regulation system*. See Legend of Table 1.

The nurses who have a specialized training in nursing reveal statistically significant differences, compared with those that do not have, showing greater support for attitudes in front of the families in the nursing care.[21,25] Although referred to in other studies, it was not possible to correlate the training in family with the attitudes in front of the families.[15,16,18,19,25]

The type of unit where the nurses perform their work in the community seems to condition their own attitudes with the families in the presence of the mental disorder, having obtained higher values in the UCC. Authors found significant differences among the nurses' attitudes from different psychiatry units (rehabilitation, critical care and child/adolescent units).

The nurses who work in acute psychiatric units have the lowest mean scores and the nurses who work in child/adolescent psychiatric units have the highest mean scores, both in the total and the subscales.[17]

Another study showed differences between those who worked in FHU and PHCU, revealing that the nurses who worked in PHCU had lower values in the dimensions Family: dialoguing partner and coping resource, and Family: resource in the nursing care and higher values in the dimension Family: burden, what means that those show lower support attitudes in front of the importance of the families in the nursing care.[25]

The literature shows that the community nurses that work in FHU have higher values.[18] However, the nurses' attitudes who work in the clinical practice are less positive compared with one who works in the teaching, research or in the management.[20]

This study emphasizes that, although attitudes that confirm a potential role for the relatives within the services are not visible by the participants, other studies highlights that many relatives perceive a lack of involvement in care planning and a lack of recognition and appreciation of their role by the health professionals.[1] These data can call into question the investment carried out in the psychiatric reforms developed in many countries, with a view to obtain transformations in order to assist the individual with mental disorder offering the guarantee of the access to work, leisure, the rescue of their citizenship and reintegration of the individual with mental disorder into the cultural and social environment, in order to enable him to coexist with the society and his family.[2] Despite the nurses' narratives expressing the importance of the family-centered care, the practice are not congruent with these representations, in which the nurses consider the families as a resource in the care process.[18]

Some barriers make the involvement difficult, namely structural barriers, such the time and the place of the meetings, the cultural barriers related to power imbalances within the system, specific barriers related to the confidentiality,[1] as well as experiences of generating suffering transitions.[18]

Limitations of the study

We emphasize the fact of the data collection has been carried out by means of an electronic questionnaire, making the total population recognition more difficult, and those who have answered to the study are more sensitive with the theme.

CONCLUSION AND IMPLICATIONS FOR PRACTICE

When analyzing this study based on the objectives proposed, it is concluded that through the level of agreement of the FINC-NA, that the most nurses who work in the primary care, adopt a positive attitude towards the families' participation in the care, considering that this is an individual with mental disorder.

These results meet the guidelines focused on the nurse' s care practice, based on the interaction between the nurse and patient, family, groups and community. The nurses who care for individuals with mental disorders need to integrate into their practice, the importance of involving families in their care, establishing therapeutic relationships with the same, minimizing the suffering of these individuals in the health-illness transition process.

The academic qualifications and the specialization seem to be related to more positive attitudes regarding the families and consequently, intensify the quality in the fundamental care to the individual with mental disorder. In this study it was evident the benefit of a greater investment in the professionals training in mental health and in health family, allowing them be able to give support to the families, potentiating their role as facilitating agent in the process of reorganization of the ongoing psychiatric assistance.

With regard to the study context, the nurses of CCU obtained higher scores. It is important to mention that in these units is where nurses with specializations in different areas are concentrated, namely in mental health. It is suggested that future studies be carried out, following the practices and comparing the nurses' perspectives with the relatives.

REFERENCES

1. Cree L, Brooks HL, Berzins K, Fraser C, Lovell K, Bee P. Carers' experiences of involvement in care planning: a qualitative exploration of the facilitators and barriers to engagement with mental health services. BMC Psychiatry [Internet]. 2015; [cited 2018 May 31]; 15:208. Available from: https://bmcpsychiatry.biomedcentral.com/articles/10.1186/s12888-015-0590-y
2. Borba LO, Paes MR, Guimarães AN, Labronici LM, Maftum MA. A família e o portador de transtorno mental: dinâmica e sua relação familiar. Rev Esc Enferm USP [Internet]. 2011 Apr; [cited 2018 May 31]; 45(2):442-9. Available from: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0080-62342011000200020&lng=en. DOI: http://dx.doi.org/10.1590/S0080-62342011000200020
3. Brusamarello T, Guimarães AN, Labronici LM, Mazza VA, Maftum MA. Redes sociais de apoio de pessoas com transtornos mentais e familiares. Texto Contexto Enferm [Internet]. 2011 Mar; [cited 2018 May 31]; 20(1):33-40. Available from: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0104-07072011000100004&lng=en. DOI: http://dx.doi.org/10.1590/S0104-07072011000100004
4. Lavall E, Olschowsky A, Kantorski LP. Avaliação de família: rede de apoio social na atenção em saúde mental. Rev Gaúcha Enferm (Porto Alegre) [Internet]. 2009 Jun;30(2):198-205. Available from: http://seer.ufrgs.br/RevistaGauchadeEnfermagem/article/view/4200

5. Keogh B, Skärsäter I, Doyle L, Ellilä H, Jormfeldt H, Lahti M, et al. Working with Families Affected by Mental Distress: Stakeholders' Perceptions of Mental Health Nurses Educational Needs. Issues Ment Health Nurs [Internet]. 2017 Oct; [cited 2018 May 31]; 38(10):822-8. Available from: https://www.ncbi.nlm.nih.gov/pubmed/28745973
6. Cairns VA, Reid GS, Murray C. Family members' experience of seeking help for first-episode psychosis on behalf of a loved one: a meta-synthesis of qualitative research. Early Interv Psychiatry [Internet]. 2015 Jun; [cited 2018 May 31]; 9(3):185-99. Available from: https://www.ncbi.nlm.nih.gov/pubmed/24958353
7. Mackie BR, Marshall A, Mitchell M, Ireland MJ. Psychometric testing of the revised "Families' Importance in Nursing Care-Nurses' Attitudes instrument". J Adv Nurs [Internet]. 2018 Feb; [cited 2018 May 31]; 74(2):482-90. Available from: https://www.ncbi.nlm.nih.gov/pubmed/28833443
8. Doyle L, Ellilä H, Jormfeldt H, Lahti M, Higgins A, Keogh B, et al. Preparing master-level mental health nurses to work within a wellness paradigm: Findings from the eMenthe project. Int J Ment Health Nurs [Internet]. 2018 Apr; [cited 2018 May 31]; 27(2):823-32. Available from: https://www.ncbi.nlm.nih.gov/pubmed/28786212
9. Martín Padilla E, Obando Posada D, Sarmiento Medina P. Family adherence in serious mental disorder. Atenc Primaria [Internet]. 2017 Oct; [cited 2018 May 31]; pii:S0212-6567(17)30345-1. Available from: https://www.ncbi.nlm.nih.gov/pubmed/?term=Mart%C3%ADn+Padilla+E%2C+Obando+Posada+D%2C+Sarmiento+Medina+P.+Family+adherence+in+serious+mental+disorder.+Atencion+Primaria
10. Mahato PK, van Teijlingen E, Simkhada P, Angell C, Ireland J; THET team. Qualitative evaluation of mental health training of auxiliary nurse midwives in rural Nepal. Nurse Educ Today [Internet]. 2018 Jul; [cited 2018 May 31]; 66:44-50. Available from: https://www.ncbi.nlm.nih.gov/pubmed/29665504
11. Biscaia AR, Heleno LCV. A Reforma dos Cuidados de Saúde Primários em Portugal: portuguesa, moderna e inovadora. Ciênc Saúde Coletiva [Internet]. 2017 Mar; [cited 2018 Jun 1]; 22(3):701-12. Available from: http://www.scielo.br/scielo.php?pid=S1413-81232017002300701&script=sci_abstract&tlng=pt
12. McCann TV, Lubman DI. Stigma experience of families supporting an adult member with substance misuse. Int J Ment Health Nurs [Internet]. 2018 Apr; [cited 2018 May 31]; 27(2):693-701. Available from: https://www.ncbi.nlm.nih.gov/pubmed/28593690
13. Smithburger PL, Korenoski AS, Kane-Gill SL, Alexander SA. Perceptions of Family Members, Nurses, and Physicians on Involving Patients' Families in Delirium Prevention. Crit Care Nurse [Internet]. 2017 Dec; [cited 2018 May 31]; 37(6):48-57. Available from: http://dx.doi.org/10.4037/ccn2017901
14. Allerby K, Sameby B, Brain C, Joas E, Quinlan P, Sjöström N, et al. Stigma and Burden Among Relatives of Persons With Schizophrenia: Results From the Swedish COAST Study. Psychiatric Serv [Internet]. 2015 Jun; [cited 2018 May 31]; 66(10):1020-6. Available from: https://ps.psychiatryonline.org/doi/full/10.1176/appi.ps.201400405
15. Angelo M, Cascaes AC, Mekitarian FFP, Santos CCS, Martinho MJCM, Martins MMFPS. Nurses' attitudes regarding the importance of families in pediatric nursing care. Rev Esc Enferm USP [Internet]. 2014 Aug; [cited 2018 May 31]; 48(no.spe):74-9. Available from: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0080-62342014000700074&lng=en
16. Benzein E, Johansson P, Årestedt KF, Saveman BI. Nurses' Attitudes About the Importance of Families in Nursing Care. J Fam Nurs [Internet]. 2008 May;14(2):162-80. Available from: https://www.ncbi.nlm.nih.gov/pubmed/18480033
17. Sveinbjarnardottir EK, Svavarsdottir EK, Saveman BI. Nurses attitudes towards the importance of families in psychiatric care following an educational and training intervention program. J Psychiatr Ment Health Nurs [Internet]. 2011 Dec; [cited 2018 May 31]; 18(10):895-903. Available from: https://www.ncbi.nlm.nih.gov/pubmed/22074060
18. Oliveira PCM, Fernandes HIV, Vilar AISP, Figueiredo MHJS, Ferreira MMSRS, Martinho MJCM, et al. Attitudes of nurses towards families: validation of the scale Families' Importance in Nursing Care - Nurses Attitudes. Rev Esc Enferm USP [Internet]. 2011 Dec; [cited 2018 May 31]; 45(6):1331-7. Available from: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0080-62342011000600008&lng=en. DOI: http://dx.doi.org/10.1590/S0080-62342011000600008
19. Chaves RGR, Sousa FGM, Silva ACO, Santos GFL, Fernandes HIVM, Cutrim CMS. Importance of the family in the care process: attitudes of nurses in the context of intensive therapy. J Nurs UFPE On Line (Recife) [Internet]. 2017 Dec; 11(12):4989-98. Available from: http://dx.doi.org/10.5205/1981-8963-v11i12a22285p4989-4998-2017
20. Luttik M, Goossens E, Ågren S, Jaarsma T, Mårtensson J, Thompson DR, et al.; Undertaking Nursing Interventions Throughout Europe (UNITE) research group. Attitudes of nurses towards family involvement in the care for patients with cardiovascular diseases. Eur J Cardiovasc Nurs [Internet]. 2017 Apr; [cited 2018 May 31]; 16(4):299-308. Available from: https://www.ncbi.nlm.nih.gov/pubmed/27470053
21. Gusdal AK, Josefsson K, Thors Adolfsson E, Martin L. Nurses' attitudes toward family importance in heart failure care. Eur J Cardiovasc Nurs [Internet]. 2017 Mar; [cited 2018 May 31]; 16(3):256-66. Available from: https://www.ncbi.nlm.nih.gov/pubmed/28051331
22. Abdar ME, Rafiei H, Amiri M, Tajadini M, Tavan A, Rayani F, et al. Iranian nurse attitudes towards the presence of family members during CPR. Br J Card Nurs [Internet]. 2016 Mar; [cited 2018 May 31]; 11(9):438-43. Available from: https://www.magonlinelibrary.com/doi/abs/10.12968/bjca.2016.11.9.438
23. Laidsaar-Powell R, Butow P, Bu S, Fisher A, Juraskova I. Oncologists' and oncology nurses' attitudes and practices towards family involvement in cancer consultations. Eur J Cancer Care (Engl) [Internet]. 2017 Jan; [cited 2018 May 31]; 26(1). Available from: https://www.ncbi.nlm.nih.gov/pubmed/26931469
24. Fernandes CS, Pereira JAP, Martins MM, Gomes BP, Hisako Gonçalves LHT. The Importance of Families in Nursing Care: Nurses' Attitudes in the Hospital Environment. Rev Enferm Ref [Internet]. 2015 Oct/Nov;4(7):21-30. Available from: http://dx.doi.org/10.12707/RIV15007
25. Silva MANCG, Costa MASM, Silva MMFP. A família em cuidados de saúde primários: caracterização das atitudes dos enfermeiros. Rev Enferm Ref [Internet]. 2013 Dec; [cited 2018 May 31]; 3(11):19-28 Available from: http://www.scielo.mec.pt/scielo.php?script=sci_arttext&pid=S0874-02832013000300003&lng=pt
26. Blöndal K, Zoëga S, Hafsteinsdottir JE, Olafsdottir OA, Thorvardardottir AB, Hafsteinsdottir SA, et al. Attitudes of Registered and Licensed Practical Nurses About the Importance of Families in Surgical Hospital Units: Findings From the Landspitali University Hospital Family Nursing Implementation Project. J Fam Nurs [Internet]. 2014 Aug; [cited 2018 May 31]; 20(3):355-75. Available from: https://www.ncbi.nlm.nih.gov/pubmed/25026965
27. Park M. Nursing staff stress from caregiving and attitudes toward family members of nursing home residents with dementia in Korea. Asian Nurs Res (Korean Soc Nurs Sci) [Internet]. 2010 Sep; [cited 2018 May 31]; 4(3):130-41. Available from: https://www.ncbi.nlm.nih.gov/pubmed/25031094