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Research paper

# Mapping family nursing in undergraduate education at a national level: A cross-sectional study

Maria J. Campos [a,d,*], Maria C. Barbieri-Figueiredo [a,b], Marília Rua [c], Cristina B. Pestana [e], Florinda Galinha-De-Sá [f], Maria L. Santos [d,e], Maria C. Gouveia [f,g], Rita Leal [c], Sara Lemos [a], Cláudia Augusto [h,i], Carla Fernandes [a,d]

[a] Nursing School of Porto, Portugal
[b] University of Huelva, Nursing Department, Spain
[c] University of Aveiro, School of Health, Portugal
[d] CINTESIS@RISE, Portugal
[e] Nursing School of S. José de Cluny, Portugal
[f] Nursing School of Lisboa (ESEL) & Nursing Research, Innovation and Development Centre of Lisbon (CIDNUR), Portugal
[g] University of Madeira, School of Health, Portugal
[h] Health Sciences Research Unit: Nursing (UICISA: E), Nursing School of Coimbra (ESEnfC) & University of Minho School of Nursing, Portugal
[i] Nursing Research Center (University of Minho), Nursing School of Coimbra (ESEnfC) & University of Minho School of Nursing, Portugal

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ABSTRACT

*Background:* Family is a vital unit of care and support, formed by interdependent individuals linked through biology, emotions, or social bonds. Its dynamics both shape and are shaped by members' health, making it integral to nursing care. Nursing education should promote a positive attitude among nurses regarding the involvement of families in care. Knowing how family issues are valued in undergraduate nursing programmes is fundamental to consider family as a unit of care.
*Objectives:* The aim is to identify and describe the integration of family nursing knowledge within undergraduate nursing education nationally.
*Design:* Cross-sectional study.
*Participants:* Eighteen undergraduate nursing programs.
*Methods:* Phase I – National survey of undergraduate nursing programs (May–June 2020). Phase II – Content analysis of courses with a family approach (June 2020–January 2021).
*Results:* The nursing programs revealed 256 courses that fulfilled the inclusion criteria, ranging from four to thirty-five courses per program. Seven categories were identified. Four of these were defined a priori, based on theoretical foundations: Theoretical Approach of Family, Individual and Family Health Experience, Skills for Family Care, and Approaches to Family Nursing. The remaining three categories emerged a posteriori from data analysis: Education Context, Nursing Process of Family, and Ethical and Deontological Issues.
*Conclusion:* Family is taught in undergraduate nursing programs, mainly in clinical settings. The most frequent family approach depicted in the curriculum was family as context. The findings also point to a focus on different approaches to family nursing, including 'family as a client', 'family as a system', and 'family as a component of society', underlining the multidimensional nature of family nursing. Nursing education should emphasise the importance of exploring new strategies to teach family care, moving forward from a perspective of the family as a context to a perspective of the family as a client of care.
*Impact:* Enhancing the learning process in undergraduate nursing education through a family-centred approach requires a deep understanding of existing Curricular Plans and the integration of pedagogical strategies that emphasise clinical practice. By focusing on both family and patient-centred care, this research aims to influence the development and refinement of educational policies that support comprehensive approaches to teaching both nursing care and the broader concept of care, emphasising a family-centred perspective.

* Corresponding author.
*E-mail address:* joana@esenf.pt (M. Campos).

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No Patient Contribution. Public data were used and results can influence the education policies and will have an impact in future undergraduate nursing students.



**Summary of Relevance**

**Why is this research needed?**

This research maps the inclusion and depth of family nursing knowledge within national undergraduate programs, highlighting critical gaps and inconsistencies.

It categorises the essential aspects of family nursing knowledge taught at the undergraduate level, informing curricular enhancements.

**What are the key findings?**

Family nursing is predominantly taught within clinical settings, focusing mainly on the family as a context rather than as a client.

There is a critical need for innovative teaching strategies that shift from viewing the family merely as a context to recognising the family as unit of care

**How should the findings be used to influence policy/practice/research/education?**

Policy: Should advocate for policy adjustments that direct the integration of comprehensive family-centred care training within nursing education curricula, ensuring alignment with current health care priorities and patient needs.

Practice: With the demographic trends should reinforce family-centred care models, enhancing family engagement strategies and culturally sensitive practices, integrated care for families and individuals in their contexts of living.

Research: This research can be extended internationally to compare and enhance family nursing education globally, addressing cultural and structural differences.

Education: Can shift curricular frameworks to work with family not only as a context, but as a client, emphasising individual and collective care approaches.

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## 1. Introduction

The vision of the family as an interconnected system, where the patients' health cannot be separated from the health and well-being of their family, is a central phenomenon in nursing care. Health adversity impacts both the patients and their relatives, requiring family-centred interventions (Meiers, Eggenberger, & Krumwiede, 2018).

Healthcare and health professionals' education is led by the biomedical paradigm, disease centred, regardless of prevailing health policy declarations advocating for patient-centred care (World Health Organization, 2016). Conversely, demographic transitions marked by aging populations demand heightened healthcare provisions, accompanied by escalated costs, particularly evident in end-of-life care.

There is a need to rethink societal responses to these challenges, and the health systems must be redefined (Barreira, Paiva, Araújo, & Campos, 2023). To provide appropriate care responsive to the needs and preferences of both families and individuals, the restructuring of education in health professions, notably nursing education, becomes imperative (Gouveia et al., 2024; Smith & Volkert, 2022).

Nursing curricula must be designed to incorporate a clear nursing perspective and be patient and family centred (International Family Nursing Association, 2015). Family-centred care should be the health system's focus, and nurses increasingly recognise that health adversities affect the patient and the entire family (Coyne, Frommolt, Rands, Kain, & Mitchell, 2018; Gouveia et al., 2024; International Family Nursing Association, 2013). Nurses should focus their interventions on promoting the health and well-being of both the individual requiring care and the overall health and well-being of the family unit (César-Santos, Bastos, & Campos, 2025; Coyne et al., 2018; Shajan & Snell, 2019; Smith & Volkert, 2022). By prioritising the complexities of family subsystems in a family-centred care model, nurses ensure that nursing care is universally applicable to the diverse needs of individuals and families worldwide (Broekema, Luttik, Steggerda, Paans, & Roodbol, 2018). Family health encompasses more than the health of individuals as part of a family. It recognises the health of the family system and the family in their environment, identifying the family as a central phenomenon of nursing care (César-Santos, Bastos, Dias, & Campos, 2024; Shajan & Snell, 2019).

'Thinking about the family' is essential in family-focused nursing care. It is defined as the awareness that the patient is usually part of a family; therefore, family members always need to be considered in nursing care (Bell, 2010; International Family Nursing Association, 2013; Wright & Leahey, 2013). One of the primary mechanisms for developing the skills needed to promote effective family-focused nursing care is the intentional inclusion of the family during all aspects of undergraduate nursing education (Gouveia et al., 2024; Smith & Volkert, 2022). Competency-based education is complex, requiring the integration of knowledge, skills, and attitudes for effective clinical performance (Bell, 2010; Gutiérrez-Alemán et al., 2021; Meiers et al., 2018).

According to the seminal work of Wright and Leahey (Shajan & Snell, 2019), there are three types of skills required to develop a family centred approach: perceptual skills, referring to the ability to make relevant observations about the family; conceptual skills, referring to the ability to give meaning and make sense of the observations made; and executive skills, referring to the therapeutic interventions that the nurse offers to the family in the interviews. Therefore, family nursing requires the ability to continuously integrate conceptual, perceptual, and executive competencies to achieve individual- and family-centred healthcare needs (International Family Nursing Association, 2013, 2015; Shajan & Snell, 2019).

Undergraduate students must be taught family assessment and intervention skills and develop a positive attitude regarding family involvement in the care process, which is fundamental to ensure that high-quality care is provided (Meiers et al., 2018).

Educating undergraduate nursing students to 'think family' in their learning path should not be isolated to a single course, it should be integrated into the nursing program curriculum in ways that influence critical thinking and clinical judgement associated with the delivery of nursing actions (Broekema et al., 2018; International Family Nursing Association, 2013; Meiers et al., 2018).

As nurse educators involved in undergraduate nursing education, we are aware of the need to translate family nursing knowledge into clinical practice and to include it in all nursing education programs. We were sensitive to the recommendations of the International Family Nursing Association, a global organisation comprising over

400 members, representing family nursing from 33 countries worldwide, regarding the integration of family nursing content in undergraduate nursing curricula.

In Europe, all higher education programs have adhered to the Bologna Process. This system was first developed to transfer credits that students earn abroad, so that they count towards their studies when they return to their home institution, created by the Erasmus mobility program in EU countries. The system facilitates educational institutions in identifying and transferring learning opportunities among each other (European Commission, 2018). European Credit Transfer and Accumulation Systems (ECTS) represent learning outcomes and the respective workload based on the student learning process; one credit corresponds to 25 to 30 hours of work (European Commission, 2015).

Likewise, in Portugal, nursing education underwent profound changes between 1988 and 1999, resulting from integration into the National Education System in 1988 at the level of Polytechnic Education. From 1999 onwards, with the reorganisation of the Higher Education System, all nurses graduate with a Bachelor's Degree in Nursing, with four years and 240 ECTS, complying with the recommendations of the Consultative Committee for Training in the Field of Nursing Care of the European Union.

Another feature of the Bologna Process involves the establishment of a quality assurance system. In Portugal, all Higher Education Programs granting academic degrees undergo a prior accreditation process by a National Agency known as the Agência de Acreditação e Avaliação do Ensino Superior (A3ES). These programs are subject to periodic evaluation every five years.

With this study, we sought to identify and describe the integration of family nursing knowledge within undergraduate nursing education at a national level in Portugal, and to answer the following questions:

What family nursing knowledge is imparted in undergraduate nursing education in Portugal?

What theoretical approaches of family are conveyed in undergraduate nursing education?

What skills for caring for families are developed in undergraduate nursing education?

What educational strategies are used to teach family nursing in undergraduate nursing education?

## 2. Methods

### 2.1. Design

A cross-sectional design was developed. It is an observational study that analysed data from a population at a single point in time, which allowed results to be obtained at the same time in selected participants based on inclusion criteria (Setia, 2016).

Phase I encompassed a nationwide survey of the undergraduate nursing curriculum. Courses featuring the term 'family' in their titles, objectives, content, and/or bibliographic references were identified and retrieved from May to June 2020, using a form developed by the authors. Phase II involved content analysis using WEBQDA© software, oliveira de azeméis, Portugal (Costa, de Souza, Moreira, & de Souza, 2016). The guidelines from Strengthening the Reporting of Observational Studies in Epidemiology (STROBE) were applied (Vandenbroucke et al., 2007). This phase was carried out from June 2020 to January 2021.

### 2.2. Sampling

A convenience sample of 18 undergraduate programs from 39 existing programs in the country was selected, from public and private higher education institutions in all regions of the country, as their curricula were available online. The representation of the different regions of the country was verified, and the three main schools of nursing were included (around 900 students per year in these schools). This indicates that the researcher only obtains information from identifiable and approachable participants. It is the most widely used sampling technique because it is very quick, simple, and affordable (Obilor, 2023). The inclusion criteria were as follows: (i) the nursing programme curricula are available online, (ii) the programme is for undergraduate nursing education, (iii) the programme is accredited by the National Agency for Education (A3ES) and by the National Nurses Association (Ordem dos Enfermeiros).

### 2.3. Instrument

A data collection grid was created by the research team in Google Forms®, and it was tested by two researchers with two nursing curricula from two institutions to understand the aspects to change and improve in the data collection tool. One aspect that needed improvement was the field to search the term family: initially, it was in the title and content of the syllabus, and then we spread the search for the term 'family' to the objectives or bibliographic references too.

The data collected from the undergraduate nursing programs in each higher education institution were as follows: (i) Regime: Public/Private; (ii) Integrated into Polytechnic Institute/Integrated into University/Not integrated; (iii) Location; (iv) Number of students admitted; (v) Date of publication of the study plan; (vi) Courses with the term 'family' in the title or content or objectives or bibliographic references; (vii) Number of ECTS; (viii) Year/semester; (ix) Course mandatory/Optional; (x) Typology of classes by context of course (i.e., theoretical Hours; clinical placements).

### 2.4. Data collecting procedures

Data were collected during 2020 from public and private Higher Education Institutions across continental and island territories, whether integrated or not integrated into Universities or Polytechnic Institutes, through accessible institutional platforms. Two researchers conducted the data collection process, with all uncertainties subsequently reviewed by a third researcher to ensure resolution.

### 2.5. Ethical considerations

Although the data were available for public consultation, the privacy of the sources, non-maleficence, impartiality, rigour, social responsibility, data security, and protection were attended to and respected (Beauchamp & Childress, 2019). The data from each school were randomly coded and analysed by two researchers, avoiding any discrimination of the data. The findings were reported after the group's consensus, avoiding distorting their interpretation.

### 2.6. Data analysis

Quantitative data were analysed using Statistical Package for Social Sciences (SPSS) 27.0. Descriptive statistics were used to characterise the variables, with central tendency and dispersion measures, mainly absolute and relative frequencies, mean, standard deviation, minimum, and maximum.

Qualitative data were collected and analysed with the support of the WebQDA software. Using this qualitative data analysis software, the researchers edited, linked, and organised the textual data in order to create subcategories that answer the questions that emerge in the previously categorised areas of research. After importing and organising textual data, *a categorisation tree* (categories and subcategories) was developed for analysis (Elo et al., 2014). The software's features were utilised to apply codes to selected text excerpts referred to in the results as NS (Nursing Schools), facilitating the exploration and

visualisation of data patterns. Separate coding was conducted by two reviewers, followed by a subsequent review using an interactive approach to ensure the scientific rigour of the data analysis. Four predefined categories were established based on the International Family Nursing Association Position Statements concerning Pre-Licensure Family Nursing Education (International Family Nursing Association, 2013) and Generalist Competencies for Family Nursing Practice (International Family Nursing Association, 2015), specifically focusing on: Theoretical Approach of Family; Individual and Family Health Experience; Skills for Family Care; Approaches to Family Nursing. Three new categories emerged from the data analysis and were added to the *categorisation tree* (Education Context, Nursing Process of Family, and Ethical and Deontological Issues).

## 3. Results

The sample comprises 18 undergraduate programs, each representing a distinct school of nursing (Table 1). These programs are distributed across continental and island territories, with 6 (33.3%) from the North region, 3 (16.7%) from the Center, 3 (16.7%) from Alentejo, 4 (22.2%) from Lisbon and the Tejo Valley, and 2 (11.1%) from Madeira Island. Most programmes are in public schools (n = 13; 72.2%), with an average enrolment capacity of 100 students per year, and the majority of undergraduate nursing programs were accredited and published in the last four years (n=13; 72.2%).

All the undergraduate nursing curricula are organised according to the Bologna Process, with a four-year BSc Degree and 240 ECTS.

Based on the descriptive analysis of the 18 BSc undergraduate nursing programs, it is noted that each program comprises a minimum of 4 to 35 courses related to family nursing.

In a significant proportion of undergraduate nursing programmes (n=7, 38.8%), the credits (ECTS) referring to family constitute 41–60% of the total ECTS in the programme.

Despite this seemingly high proportion, when examining the references to family within the courses, they are predominantly associated with the objectives (n = 204), particularly in courses of clinical practice.

Two hundred and fifty-six courses met the inclusion criteria. Among the analysed nursing undergraduate programs (18), the number of courses mentioning family per program ranges from 4 to 35, representing 11.7% to 70.4% of the total ECTS. Nonetheless, the majority (67%) of undergraduate nursing programs feature more than 11 courses related to family. These courses are mainly in an academic context (n=166, 66%) and occur, in most cases, in the program's third and fourth year.

In seven nursing programs (38.9%), the percentage of ECTS of family content in the whole program (240 ECTS) ranged from 41% to 60% (Table 2). The reference to the family in the courses is mainly in the objectives (n = 204; 79.7%) and the contents (n = 166; 64.8%). The typology of classes with references to the family with the highest average hours is clinical practice (hospitals, community, primary health care centres). In the various courses analysed within nursing educational programs (Table 3), a range of class typologies is evident, encompassing a combination of theoretical lectures, theoretical-practical sessions, laboratory work, seminars, and clinical practice. Courses that take place in an academic context do not have clinical teaching hours. However, other courses are essentially clinical practice and extend up to 720 hours, constituting a substantial segment of the curriculum. In contrast, seminars and laboratory sessions are distinguished by comparatively fewer hours, with seminars typically lasting up to 30 hours and laboratory sessions lasting up to 120 hours.

Regarding the learning environment, in accordance with EU regulation (Directive 2013/55/UE), 50% of the nursing education in BSc undergraduate nursing programs encompasses various health care settings, including hospitals, primary health care units, community-based care settings like nursing homes, home care, and long-term care institutions. Indeed, it is within clinical courses that the most significant references to the family are identified.

**Table 1**
Characterisation of nursing schools.

| Variables | n | % |
|---|---|---|
| Schools by region (N=18) | | |
| *North* | 6 | 33.3 |
| *Center* | 3 | 16.7 |
| *Lisbon and Tejo Valley* | 4 | 22.2 |
| *Alentejo* | 3 | 16.7 |
| *Madeira* | 2 | 11.1 |
| School education system (N=18) | 13 | 72.2 |
| *Public* | 5 | 27.8 |
| *Private* | | |
| Type of higher education institutions (N=18) | | |
| *Universities* | 6 | 33.3 |
| *Polytechnic institutes* | 5 | 27.8 |
| *Not integrated* | 7 | 38.9 |
| Reformulation and publication year of nursing degree program(N=18) | | |
| *[2010–2013]* | 3 | 16.7 |
| *[2014–2017]* | 2 | 11.1 |
| *[2018–2021]* | 13 | 72.3 |
| Number of students (N=18) | | |
| *< 50* | 5 | 27.7 |
| *50–100* | 10 | 55.6 |
| *> 100* | 3 | 16.6 |

**Table 2**
Family variables in nursing courses.

| Variables | N | % |
|---|---|---|
| Number of courses with reference to family by degree program (N=18) | | |
| *< 5* | 2 | 11.1 |
| *[5–10]* | 4 | 22.2 |
| *[11–20]* | 10 | 55.6 |
| *> 21* | 2 | 11.1 |
| *% ECTS of family content in all degree program* | | |
| *[10–20%]* | 2 | 11.1 |
| *[21–40%]* | 6 | 33.4 |
| *[41–60%]* | 7 | 38.9 |
| *[61–80%]* | 3 | 16.6 |
| Type of course units with reference to family (n=256) | | |
| *Mandatory* | 216 | 84.4 |
| *Optional* | 40 | 15.6 |
| Year of course units with reference to family (n=256) | | |
| *1st year* | 40 | 15.6 |
| *2nd year* | 66 | 25.8 |
| *3rd year* | 89 | 34.4 |
| *4th year* | 62 | 24.2 |
| Number of ECTS with reference to family (N=256) | | |
| < 5 | 119 | 46.5 |
| [6–11] | 86 | 33.6 |
| [12–17] | 35 | 13.7 |
| [18–23] | 2 | 0.8 |
| [24–29] | 4 | 1.6 |
| > 30 | 10 | 3.9 |
| Context of course units with reference to family (N=256) | | |
| *Clinical Context* | 87 | 34,0 |
| *Academic Context* | 169 | 66.0 |
| Family term in the unit course (N=256) | | |
| Title | | |
| *Yes* | 26 | 10.2 |
| *No* | 230 | 89.8 |
| Objectives | | |
| *Yes* | 204 | 79.7 |
| *No* | 52 | 20.3 |
| Content | | |
| *Yes* | 166 | 64.8 |
| *No* | 90 | 35.2 |
| Bibliographic | | |
| *Yes* | 74 | 28.9 |
| *No* | 182 | 71.1 |

Note. ECTS refers to European Credit Transfer and Accumulation Systems.

**Table 3**
Characterisation of courses hours by typology.

| Context of course | Typology Classes (N=256): | Mean | SD | Min | Max |
|---|---|---|---|---|---|
| *Clinical Context (n=87)* | *Clinical Teaching* | 265.09 | 157.8 | 84 | 720 |
| *Academic Context (n=169)* | *Theoretical* | 38.29 | 37.26 | 1 | 368 |
| | *Theoretical-practical* | 24.77 | 21.55 | 4 | 204 |
| | *Seminar* | 8.92 | 5.7 | 3 | 30 |
| | *Laboratory Practice* | 25.66 | 21.35 | 5 | 20 |
| | *Tutorial guidance* | 12.67 | 8.94 | 1 | 60 |

The content analysis of the courses resulted in the identification of seven categories: Theoretical Approach of Family, Individual and Family Health Experience, Skills for Family Care, Approaches to Family Nursing, Education Context, Nursing Process of Family, and Ethical and Deontological Issues. These categories are further subdivided into 21 subcategories (Tables 4 and 5). It was through a process of coding, managing, filtering, searching, and questioning the data that the 21 subcategories were achieved. All divergences were discussed within the research team.

For example, **Theoretical Approach of Family** has three subcategories: Family Nursing Theories, Family Development Theory, and Family Systems Theory. The content "*Compare and differentiate the different Approaches to Family Nursing and the theoretical frameworks that underpin it*" (NS1) was included in the subcategory Family Nursing theories.

The category **Individual and Family Health Experience** includes two subcategories: Developmental Transitions and Health/illness Transitions. "*Evolution of the family throughout the life cycle*" (NS 2) is an example of a course content included in the subcategory Developmental Transitions.

**Skills to Care for Family** included, for example, the subcategories: Therapeutic Communication, Family Assessment, Collaborative Goal Setting and Outcome Measurement, and Intentionally Family Focused Actions. An example of an objective included in the subcategory Therapeutic Communication was "*To develop skills for a therapeutic interaction that facilitates the pattern of balance between the dependent person in self-care and the family caregiver, in the process of adjustment to the role of family caregiver*" (NS 7).

**Approaches to Family Nursing** were organised in four subcategories: Family as Context, Family as Client, Family as System, and Family as Component of Society. The majority of the units identified in the content analysis refers to Family as Context, for example, "*Caring for the dependent person in the family context*" (NS 7).

Three subcategories were included in the **Education Context** category: Nursing School Context, Community Setting, and Hospital Setting. The objective "*To identify and plan in a simulated context, nursing interventions in the support and assistance to the family of the terminally ill and the bereaved*" (NS 10) was included in the subcategory: Nursing School Context.

**Nursing Process of Family**, a systematic method used to guide family care with five sequential steps: assessment, diagnosis, planning, implementation, and evaluation, was another category that emerged in the majority of the curricula. An example is the objective: "*Demonstrate knowledge, skills and competencies related to the application of the nursing process in the context of promoting sexual and reproductive health, transition to parenthood and adaptation to extrauterine life of the healthy new born*" (NS 16).

**Ethical and Deontological Issues** related to family nursing were also addressed within the analysed curriculum: "*Reflect on the ethical and deontological implications in the provision of nursing care to the family*" (NS 11).

**Table 4**
Categories, subcategories, and units of analyses.

| Categories | Subcategories | Units | | Sources (NS) |
|---|---|---|---|---|
| | | n | % | n |
| Individual and Family Health Experience | Developmental transitions | 34 | | 9 |
| | Health/illness transitions | 90 | | 15 |
| *Subtotal* | | 124 | 14.4 | |
| Skills to Care for Family | Therapeutic communication | 63 | | 15 |
| | Family interventions | 74 | | 17 |
| | Appreciation of multiple forms of diversity | 15 | | 9 |
| | Collaborative goal | 14 | | 8 |
| | Family assessment | 48 | | 15 |
| | Outcome measurement | 10 | | 7 |
| | Family empowerment | 17 | | 8 |
| | Self-reflective practice | 22 | | 8 |
| | Health education | 14 | | 6 |
| *Subtotal* | | *277* | *32.2* | |
| Ethical and Deontological Issues | | 20 | | 6 |
| *Subtotal* | | *20* | *2.3* | |
| Theoretical Approach of Family | Nursing Theories | 12 | | 9 |
| | Family Development Theory | 15 | | 6 |
| | Family Systems Theory | 7 | | 4 |
| *Subtotal* | | 34 | 4.0 | |
| Education context | Hospital Context | 19 | | 10 |
| | Community Context | 20 | | 12 |
| | School context | 12 | | 6 |
| *Subtotal* | | 51 | 5.9 | |
| Approaches to Family Nursing | Family as Context | 177 | | 16 |
| | Family as Care Unit / Client | 74 | | 17 |
| | Family as a system | 8 | | 3 |
| | Family as a Society Component | 51 | | 14 |
| *Subtotal* | | 310 | 36,0 | |
| Nursing Process of Family | | 44 | | 13 |
| *Subtotal* | | 44 | 5.1 | |
| Total | | 860 | 100 | |

Note. Sources NS – Nursing School programme.

**Table 5**
Categories, subcategories, and examples of quotes from the courses.

| Categories | Subcategories | Examples of quotes from the courses |
|---|---|---|
| Individual and Family Health Experience | Developmental transitions, Health/illness transitions | Evolution of the family throughout the life cycle (NS2) |
| Skills to Care for Family | Therapeutic communication, Family interventions, Appreciation of multiple forms of diversity, Collaborative goal, Family assessment, Outcome measurement, Family empowerment, Self-reflective practice, Health education. | To develop skills for a therapeutic interaction that facilitates the pattern of balance between the dependent person in self-care and the family caregiver (NS7) |
| Ethical and Deontological Issues | Ethical Implications in Family Care | Reflect on the ethical and deontological implications in the provision of nursing care to the family (NS11) |
| Theoretical Approach of Family | Family Nursing Theories; Family Development Theory; Family Systems Theory | Compare and differentiate the different Approaches to Family Nursing and the theoretical frameworks that underpin it (NS1) |
| Education context | Nursing School; Community Setting; Hospital Setting | To identify and plan in a simulated context, nursing interventions in the support and assistance to the family of the terminally ill and the bereaved (NS10) |
| Approaches to Family Nursing | Family as Context; Family as Client; Family as System; Family as Component of Society | Caring for the dependent person in the family context (NS7) |
| Nursing Process of Family | Assessment; Diagnosis; Planning; Implementation; Evaluation | Demonstrate knowledge, skills and competencies related to the application of the nursing process in the context of promoting sexual and reproductive health (NS16) |

Note. Sources NS – Nursing School programme.

All the courses had specific family nursing bibliographic references. Related to the education context, half of the nursing education in BSc programs is on different settings of care, such as hospitals, community-based care like nursing homes, home care, primary health care centres, and long-term care institutions.

The categories that emerged from content analysis, such as **Theoretical Approach of Family, Individual and Family Health Experience, Skills for Family Care, Approaches to Family Nursing, Nursing Process of Family, and Ethical and Deontological Issues** are subjects taught across the four years of the nursing program, in both theoretical courses and clinical training courses.

## 4. Discussion

Wright and Leahey (2013) highlight the importance of providing a clear framework for family assessment and intervention, which facilitates the shift from a traditional and individualistic perspective to 'thinking family' or 'thinking in an interactional way', which cannot only be developed in clinical teaching.

Since all courses approach the family, in response to our aim, the research's findings support the International Family Nursing Association Position Statement on Generalist Family Nursing Practice (International Family Nursing Association, 2015), all students enrolled in undergraduate nursing education. The students should be prepared to: "*1. Enhance and promote family health. 2. Focus nursing practice on families' strengths; the support of family and individual growth; the improvement of family self-management abilities; the facilitation of successful life transitions; the improvement and management of health; and the mobilization of family resources. 3. Demonstrate leadership and systems thinking skills to ensure the quality of nursing care with families in everyday practice and across every context. 4. Commit to self-reflective practice based on examination of nurse actions with families and family responses. 5. Practice using an evidence-based approach" (p.1).*

To achieve these competencies, nursing students must possess a robust theoretical foundation in family nursing, which is not apparent in the content analysis of the course syllabus (Lundell Rudberg, Westerbotn, Sormunen, Scheja, & Lachmann, 2022; Munangatire & McInerney, 2021). To adequately prepare general nurses, it is important that curricula possess a strong theoretical background. For example, Minnesota State University developed and implemented a family-focused undergraduate nursing curriculum where teaching models that address nursing practice with families were incorporated in numerous courses and learning experiences. The evaluation of this pilot experience revealed that a framework of family models, constructs, and taxonomy had a significant learning impact in guiding this faculty to establish learner-centred experiences (Meiers et al., 2018). However, in our analysis, a scarce number of units refer to the **Theoretical Approach of Family**.

**Individual and Family Health Experience** emerges in the curricula in courses that teach individual and family transitions related to the life cycle, such as normative, like developmental changes (parenthood) and non-normative (illness or transition to caregiver role). These changes in health conditions or development process have an impact on the family process, and all family experience differences in their lives that require the integration of new knowledge and new competences to face the new situation (Bastos et al., 2022; César-Santos et al., 2024; Kaakinen, Coehlo, Steele, & Robinson, 2018).

As Swan and Eggenberger (2021) refer, Educational institutions should examine their curricula and develop formative strategies with students, promoting the development of quality care practices with families. Fernandes, Magalhães, Silva, and Edra (2022) argue that it is essential that family nursing education address family-centred theories that promote reciprocal relationships between individuals, family, community, health, and disease. Furthermore, incorporating active and innovative pedagogical approaches in nursing education holds paramount importance in enhancing both student engagement and motivation levels within the teaching environment, promoting critical thinking abilities essential for informed decision-making (Rua, Leal, & Costa, 2019).

The analysis of the nursing undergraduate programs in Portugal revealed that the individual is still considered as the focus, and the family within the context, as is already done in specific training in family nursing — **Approaches to Family Nursing**. In this traditional approach, the individual is the focus and the family is the background, having implications by increasing individual vulnerability facing adversities and decreasing family engagement in problem

solving (Smith & Volkert, 2022). It is important to highlight the reduced impact of this approach, as it does not address the family strengths and resources to create solutions that fit both the individual and family as a whole (Shajan & Snell, 2019). In this sense, the therapeutic commitment to healthcare plans and continuity of care are often undertaken, leading to increased health risks and situations where health systems are frequently used. Given the multidimensional nature of family nursing, there is an urgent need for a paradigm shift towards a perspective of caring for the family as a client.

Most educational programs concentrate on enhancing knowledge, skills, and attitudes relevant to family nursing practice. However, despite family nursing being a clinical competency, programs often fail to integrate this aspect effectively into practice. Moreover, strategies for assessing competency need improvement.

Professional practice needs to be carried out, which prevents the evaluation of effective educational programs for the acquisition of **skills for family care**, both in teaching and training professionals (Swan & Eggenberger, 2021). Despite numerous implementation efforts, there remains a notable dearth of knowledge regarding the optimal integration of family nursing knowledge into practice, with the aim of ensuring a consistent delivery of family nursing care and prevention as supported by documented evidence (Thürlimann, Verweij, & Naef, 2022).

The categories that emerged were comparable to essential theoretical content and competences of IFNA Position Statement on Pre-Licensure Family Nursing Education (International Family Nursing Association, 2013) and Generalist Competences of Family Nursing Practice (International Family Nursing Association, 2015), but three categories that emerged were new competence areas that should be considered in undergraduate nursing education, namely the Education Context, Nursing Process of Family, and Ethical and Deontological Issues.

The **Education Context** revealed innovative pedagogical strategies with students engaged in low, medium, high, and hybrid simulation resources for problem-based learning. Nurse educators have described various pedagogical approaches to teach family nursing, including the use of simulation scenarios (Meiers et al., 2018; Van Gelderen et al., 2019) and family labs (Moules & Tapp, 2003). Despite numerous implementation efforts, there remains a notable dearth of knowledge regarding the optimal integration of family nursing knowledge into practice, with the aim of ensuring a consistent delivery of family nursing care and prevention as supported by documented evidence (Fernandes, Campos, Angelo, & Martins, 2022; Fernandes, Martins, Gomes, Gomes, & Gonçalves, 2016; Gutiérrez-Alemán et al., 2021; Munangatire & McInerney, 2021). Education and practice systems need to incorporate educational experiences and establish partnerships in order to ensure that recent graduates are equipped with the necessary skills to provide competent family nursing care (Lundell Rudberg et al., 2022; Swan & Eggenberger, 2021).

The **Nursing Process of Family** category was a feature common to all curricula. Students learn evaluation, nursing diagnosis, planning, execution, and evaluation of patients and family members. This approach allows students to develop critical thinking about individuals and families experiencing health/disease transitions (Henriques & Santos, 2019). This family nursing process emphasises the facilitation by nurses of the family's capacity to identify and harness their own resources, skills, and roles, thereby enhancing familial autonomy in decision-making concerning their health projects. This approach underscores the importance of facilitating family empowerment as a unit of care, supporting its members through life transitions and the reconstruction of new identities in uniquely vulnerable situations. It also recognises the distributive nature of family as a critical context for care (Bastos et al., 2022). Alfaro-LeFevre (2012) and Kaakinen et al. (2018) argue for the benefits of teaching the nursing process for critical thinking development, providing an organised and systematic approach to patient care, namely when assessing and intervening with families.

**Ethical and Deontological Issues** emerged as a critical point for nursing students to recognise the ethical principles that should guide nurses' intervention in family care.

In family nursing, several ethical dilemmas can arise, each presenting unique challenges. One such challenge is the risk of nurses unintentionally taking sides within family dynamics, which can lead to partiality and potentially undermine the care environment. This partiality may affect the impartial support required by all family members (Wright & Leahey, 2023). Another prevalent dilemma involves conflicts over treatment decisions, whether between family members, the clinical team, or with treatments that nurses themselves may disagree with. These conflicts are especially critical when decisions must be made to extend or limit life-sustaining treatment for incapacitated patients or those with questionable decision-making capacity, requiring delicate handling to navigate the ethical complexities (Haahr, Norlyk, Martinsen, & Dreyer, 2020). Additionally, blaming the family for their difficulties or the patient's health issues presents a significant ethical concern. Such blame often stems from frustration or a misunderstanding of the family's role and dynamics in the patient's health and care. It is crucial for healthcare professionals to maintain a nonjudgmental approach and recognise the complexities and pressures that families may face (Wright & Leahey, 2023). Such issues must be addressed during training processes. These aspects may help future professionals build their knowledge, which is related to the ability to identify issues and resolve them using moral principles and concepts that can support the best decisions (Caetano, Feltrin, Soratto, & Soratto, 2016). Parks and Howard (2021) state that *"without a relational ethics lens, we miss important insights into the contextual considerations that make individuals' lives rich and meaningful and the ways in which family members hold one another in identity"* (p.7).

These categories that emerged from our analysis are crucial to be included in all curricula, and it is essential to recommend the consideration of cultural similarities and differences in nursing teaching about family. A consistent emphasis on home and community care is essential within the framework of a family-centred approach and needs to be taught. To emphasise the importance of home visits, peer group formation, and social interaction for various activities are crucial (Broekema et al., 2018). Furthermore, cultural competence in family nursing is crucial. Recognising the family's cultural framework is fundamental to providing truly family-centred care, where decisions and interventions are aligned with the family's own values and circumstances (McFarland & Wehbe-Alamah, 2018). Nurses need to reflect on and integrate the cultural values and specific needs of families into their care strategies (Osmancevic, Großschädl, & Lohrmann, 2023). This integration not only respects but also leverages the diverse backgrounds of the families, ensuring that care is both inclusive and effective. Considering the ongoing demographic changes, particularly noted in Europe and specifically in Portugal, it is essential to enhance the training of nurses to effectively interact with families from varied cultural backgrounds (Teixeira, Picoito, Gaspar, & Lucas, 2024). This improvement will ensure that care practices are conducted with respect and efficacy. Additionally, there is a critical need for further research into how nursing education programs incorporate cultural competency into their curricula.

## 5. Conclusion

Family is taught in undergraduate nursing education and integrated throughout the nursing curricula. The courses and content

are diverse and vary from 12% to 70% of the curriculum courses. The most frequent family approach depicted in the curriculum was family as context. Nursing Process of Family, Ethical and Deontological Issues, and Education Context are themes that should be considered in future revisions of IFNA Position Statements on Pre-Licensure Family Nursing Education and Generalist Competencies for Family Nursing Practice.

The academic perspective will centre on the importance of exploring new strategies to teach the family and move forward from a perspective of family as a context, focused on the individual, to a perspective of family as a client of care, as a unit and its individuals. The whole is more than the sum of the parts. Further research is needed to understand how nursing education programs integrate family cultural competency into their curricula. This methodological approach ensures both theoretical coherence and empirical validity, allowing for a comprehensive understanding of family cultural competency within nursing programs.

The findings of this research have the potential to establish a foundation and propel the advancement of family nursing education and professional development. It is recommended that nursing education programs integrate family-centred care strategies that are adaptable across cultural contexts. Collaborative initiatives between nursing schools internationally could enhance knowledge sharing and foster the development of best practices in family nursing education. One limitation of this study is that only official institutional documents were analysed. This limitation could be addressed by supplementing the data with insights from educators and students within the same higher education institutions.

Family as a unit of care appears to be emphasised in nursing education when approaching complex transitional periods, such as when individuals become parents and integrate a newborn into the family, when families care for older members with chronic conditions, and when families must integrate a dependent individual into self-care with the assistance of a family caregiver. Further research must be developed with patients and families to understand if the concepts of family nursing are translated into practice.

## Authorship contribution statement

MJC, MCBF, MLS, FGS, CF, CA: Made substantial contributions to conception and design, or acquisition of data, or analysis and interpretation of data; MJC, MCBF, MLS, FGS, CF, CA, SL, RL, MCG, CBP, MR: Involved in drafting the manuscript or revising it critically for important intellectual content; MJC, MCBF, MLS, FGS, CF, CA, SL, RL, MCG, CBP, MR: Given final approval of the version to be published. Each author should have participated sufficiently in the work to take public responsibility for appropriate portions of the content; MJC, MCBF, MLS, FGS, CF, CA, SL, RL, MCG, CBP, MR: Agreed to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

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## Ethical statement

This research does not include patients.

The data that support the findings of this study are available in each University, school repository with the name “plano de estudos da licenciatura”.

These data were derived from the following resources available in the public https://www.esenfc.pt/pt/courses/100001,https://www.santamariasaude.pt/enfermagem/,https://ess.fernandopessoa.pt/cursos/licenciatura-enfermagem/, https://www.ipbeja.pt/cursos/ess-enf/Paginas/UnidadesCurriculares.aspx,https://www.ipportalegre.pt/pt/oferta-formativa/enfermagem, https://www.esesjcluny.pt/enfermagem-1-ciclo, https://www.ipcb.pt/esald/ensino/licenciatura-em-enfermagem, https://www.ese.uminho.pt/pt/estudar/licenciatura/Paginas/plano.aspx, https://ics.lisboa.ucp.pt/pt-pt/licenciatura-em-enfermagem/plano-curricular, https://www.ua.pt/pt/c/168/p, https://www.si.ips.pt/ess_si/planos_estudos_geral.formview?P_pe=1452&p_ano_lectivo=2022, https://www.uevora.pt/estudar/cursos/licenciaturas?cod=9500&v=plano-estudos, https://www.esel.pt/node/6930, https://www.uma.pt/ensino/1o-ciclo/licenciatura-em-enfermagem/, https://www.essnortecvp.pt/pt/cursos/licenciatura-enfermagem/, https://estudar.esenf.pt/licenciatura-em-enfermagem/, https://www.cespu.pt/ensino/ensino-politecnico/detalhes-do-programa-de-estudos/?course=VAENF#program-study-plan].

## Conflict of interest

The authors have no financial or other interest in the product or distributor of the product.

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