

Family-centered care: from discourse to practice

The family-centered care is a philosophy of care with more than half a century of existence. This philosophy has its origin in the pediatric care, being expanded to all types of care and opening a perspective of paradigm shift in healthcare.

This shift requires that the patriarchal and paternalistic model (which is centered on the knowledge and power of health professionals) be discarded and another model (which is characterized by partnership, dignity, and respect) be adopted, in which information is shared and the patients and their families have collaboration.^(1,2)

In most developed countries, these values are part of the health policies and mission of health systems. However, we often see that the family-centered care is merely a discourse in which family health is only spoken about. In fact, evaluations are performed regarding the number of consultations provided in primary care to patients with a given chronic disease or training of the care provider ensuring continuity of care to dependent family members.

We are living in times of economic austerity, in which the health systems are threatened by both resource scarcity and increase in care needs. Such a threat stems in part from population aging and increase in the number of chronic diseases. In these conditions, transferring care provision to the families, without a proper professional support, is undesirable and dangerous.

The family-centered care requires a systematic assessment of the complexity of each family. In turn, this requires the use of instruments that permit to know and document the story of that family, including their beliefs and values, communication style, and ability to make decisions.

Taking into account the proximity of nurses in the health services and the nature of their care, they are particularly well positioned to intervene and support families throughout the cycle of their lives. In addition, they can help families to mobilize their own resources and strengthen themselves in moments of crises, which may be moments of growth and family reward as well.

There is currently a considerable body of family nursing knowledge, which was generated by research. However, this knowledge should be taught in undergraduate and graduate courses, and then transferred to clinical practice in both hospital and outpatient contexts.

To implement family-centered care, it is also necessary to transform professionals of the multidisciplinary health teams, strengthening their facilitating beliefs about the families and their relational skills.⁽¹⁾

In one of the first texts on family nursing (1997), Dorothy Whyte, a Scottish nurse and researcher, stated the following: “Nursing work with families is not confined to community care, or to more obvious areas of practice i.e. paediatric or psychiatry nursing. Rather it is the logical develop-

ment of a holistic approach to patient care, and to a commitment to health promotion”.⁽³⁾

Almost two decades later, her words remain true and are a challenge for us to move from discourse to practice and make the family-centered care the usual care.⁽¹⁾

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