



14^a Conferência Internacional de Investigação em Enfermagem

14th International Conference of Nursing Research

**A translação do conhecimento de
enfermagem: Uma força para a mudança
na prática clínica!**

***Translational nursing knowledge: A force
for change in clinical practice!***

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DYNAMIC MODEL OF FAMILY ASSESSMENT AND INTERVENTION: CASE STUDY

Maria Henriqueta de Jesus Silva Figueiredo; Palmira da Conceição Martins de Oliveira; Joana Leão; Zaida Charepe; Marlene Lebreiro; Carmen Andrade

Background and Purpose: The Dynamic Model of Family Assessment and Intervention (MDAIF), has a referential in family health nursing, integrates as a component the operational matrix, which allows the identification of the needs of families in nursing care, optimizing, thus the action of family nurses. In a perspective of family oneness, while systemic unit, and having as its purpose the promotion of family health, we sought to understand family functioning, by identifying their needs and resources, targeting the implementation of interventions tailored to the specificities of their development. **Methods:** Qualitative study, using the case study. Focused on the process of family intervention developed by family nurse, in a family inscribed in a Health Unit of Local Health. 24 home visits were conducted between the 4th of March and 10th of May 2014. Documentary analysis of the records was made by the nurse, after obtaining informed consent, the process of decision making was supported by MDAIF. **Results:** The family is extended, constituted by two couples, an elderly couple and another made by the daughter of this couple and respective spouse. The Diagnostic Evaluation resulted in an intervention in the functional dimension, at the level of the role of the care provider. The elderly male presents dependence in self-care, being the daughter the main care provider. Study highlights that the knowledge of the role of care provider was not demonstrated and consequently the role of the care provider was not suitable. The interventions were directed to the acquisition of knowledge and skills by the family. **Conclusion:** The MDAIF provided a broad and deep knowledge of the family under study, through its operational matrix, thus all owing to guide and systematize the actions of the Family Nurse in a collaboratively way, supported by the concepts, assumptions and postulates of the model.

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FAMILY PROCESS AND SYSTEMIC QUESTIONS: NEW WAYS OF FAMILY INTERVENTION IN PRIMARY HEALTH CARE

Maria Henriqueta de Jesus Silva Figueiredo; Palmira da Conceição Martins de Oliveira; Carme Ferré; Marlene Lebreiro; Zaida Charepe; Carmen Andrade; Manuel Brás

Background and Purpose: In the context of practices supported by the Dynamic Model for Family Assessment and Intervention (MDAIF) the assessment of this model impact suggested the

deepening of “Family Process”. Systemic issues (circular and reflexive), will allow the expansion of the reflection capacity of each family member about themselves, about others, about family history. This study aim is to identify systemic issues of intervention used by Primary Health Care nurses regarding dysfunctional family process. **Methods:** Qualitative study, using Focus Group as a methodological approach with nurses from health centers in the province of Tarragona–Spain, developed in 2014. For the focus group was placed the starting issue: What kind of systemic questions the nurses mobilize when exist one family process alteration? After obtaining informed consent, the data were submitted to content analysis, co-existing deductive and inductive procedures, supported by the matrix of analysis propose in the MDAIF. **Results:** No differences were identified in the intervention strategies used by nurses in the context of family communication and coping. Regarding interactions in family roles it is highlighted the mobilization of family system resources “...explain them who can help... to whom can they ask for help, right?..” E3: “How do you think you’d be better (...) will pass the decision to them...” E8. Intervention proposals emerged related to systemic issues particularly in the area of interaction of roles and dynamic relationship, which reflect a systemic view of family unit. **Conclusions:** Reflections on interactional practices with family, while nursing care customer, based in MDAIF allowed the development of new conceptions of family health nursing. Concerning general interventions proposed associated to “dysfunctional family process” diagnosis, the integration of new action typologies, supported by systemic issues, will maximize the health potential of families by the opportunity to co-construct new stories and interactions.

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THE FAMILY NURSING HEALTH CARE AND THE INDICATORS OF HEALTH: NEW CHALLENGES FOR THE PRACTICE

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Background and Purpose: The assessment of the implementation focuses in aspects which are considered fundamental for an effective measurement of the Dynamic Model of Family Assessment and Intervention (MDAIF) implementation as a theoretical and operative referential in the nurses' clinical decision-making: satisfaction of families, satisfaction of nurses, assessment of health gains which are sensitive to nursing care, and the identification of the main needs of families. This study aim is to define the indicators of structure, process and outcome, based in MDAIF. **Methods:** Exploratory study procedure: 1) define the Minimum Data Set (MDS), based in MDAIF, describe the nurses diagnosis, interventions and outcomes; 2) define the indicators according the Order of Nurses orientations; 3) The final propose reviewed and validated by experts. The summary data includes the diagnosis and sub diagnosis by MDAIF matrix. For formulation of diagnosis judgment were used the International Classification of Nurses Practice (ICNP®). **Results:** If define structure indicators related to the nurses satisfaction, process indicators produce rates of family assessment incident and diagnosis incident, outcome indicators defining rates of diagnosis efficacy and health gains, epidemiological indicators that propose diagnostic prevalence rates. **Conclusions:** The definition of MDS and the health gains indicators will allow nurses to be informed on the data