

## THE FAMILY IN NURSING CARE FOR CHILDREN: AN INTEGRATIVE REVIEW

Aline Rigo Estevão<sup>1</sup>, Fernanda Cassanho Teodoro<sup>2</sup>, Magda Nanuck Ribas Pinto<sup>3</sup>, Márcia Helena de Souza Freire<sup>4</sup>, Verônica de Azevedo Mazza<sup>5</sup>

**ABSTRACT:** This study aimed to investigate the scientific production on nursing care for children with a family focus. An integrative review was undertaken in five databases in June 2016. The inclusion criteria were: scientific publications disseminated between 2010 and 2015, in the form of a scientific article, in English, Portuguese and Spanish, and available through open access. The sample consisted of 16 articles, from which two thematic categories emerged: recognition of the family unit; limitations for childcare with a family focus. Childcare with a family focus values the relatives' participation in its execution, favors the professional-family bond with recognition of continuing care, and evidences the peculiarities of each family.

**DESCRIPTORS:** Childcare; Family; Nursing; Family nursing; Caregiver.

### A FAMÍLIA NO CUIDADO DE ENFERMAGEM À CRIANÇA: REVISÃO INTEGRATIVA

**RESUMO:** Este estudo objetivou investigar a produção científica sobre o cuidado de enfermagem à criança com enfoque na família. Trata-se de uma revisão integrativa realizada em cinco bases de dados, no mês de junho de 2016. Os critérios de inclusão foram: publicações científicas divulgadas entre 2010 a 2015, no formato de artigo científico, nos idiomas inglês, português e espanhol, e de livre acesso. A amostra foi composta por 16 artigos, dos quais emergiram duas categorias temáticas: reconhecimento da unidade familiar; limitações para o cuidado à criança com enfoque na família. O cuidado à criança com enfoque na família valoriza a participação dos familiares na sua execução, favorece o vínculo profissional-família com reconhecimento do cuidado contínuo, e evidencia as peculiaridades de cada família.

**DESCRIPTORIOS:** Cuidado da criança; Família; Enfermagem; Enfermagem familiar; Cuidador.

### EL PAPEL DE LA FAMILIA EN EL CUIDADO DE ENFERMERÍA AL NIÑO: REVISIÓN INTEGRATIVA

**RESUMEN:** Este estudio tuvo la finalidad de investigar la producción científica acerca de cuidado de enfermería al niño enfocándose el papel de la familia. Es una revisión integrativa realizada en cinco bases de datos, en el mes de junio de 2016. Los criterios de inclusión fueron: publicaciones científicas divulgadas entre 2010 y 2015, en forma de artículo científico, en los idiomas inglés, portugués y español, y de libre acceso. La muestra se compuso por 16 artículos, de los cuales resultaron dos categorías temáticas: reconocimiento de la unidad familiar; limitaciones para el cuidado al niño con enfoque en la familia. El cuidado al niño con enfoque en la familia valora la participación de los familiares en su ejecución, favorece el vínculo profesional-familia con reconocimiento del cuidado continuo, además de evidenciar las peculiaridades de cada familia.

**DESCRIPTORIOS:** Cuidado del niño; Familia; Enfermería; Enfermería familiar; Cuidador.

<sup>1</sup>RN. Municipal Government of Morretes. Universidade Federal do Paraná. Curitiba, PR, Brazil.

<sup>2</sup>RN. Ph.D. candidate in Nursing. Universidade Federal do Paraná. Curitiba, PR, Brazil.

<sup>3</sup>RN. M.Sc. in Education. Professor in Nursing at Universidade Federal do Paraná. Curitiba, PR, Brazil.

<sup>4</sup>RN. Ph.D. in Public Health. Professor in Nursing at Universidade Federal do Paraná. Curitiba, PR, Brazil.

<sup>5</sup>RN. Ph.D. in Nursing. Professor in Nursing at Universidade Federal do Paraná. Curitiba, PR, Brazil.

**Corresponding author:**

Verônica de Azevedo Mazza

Universidade Federal do Paraná

Av. Prefeito Lothário Meissner, 632 - 80210-170 - Curitiba, PR, Brasil

E-mail: mazzas@ufpr.br

**Received:** 01/05/2016

**Finalized:** 03/10/2016

## ● INTRODUCTION

From a legal and biopsychosocial perspective, the child is a vulnerable being who demands care and detailed observation, especially in social-family life. In childcare, the possibility of exposure to factors harmful to the child's growth and development should be considered, as well as the risk of illness characteristic of this lifecycle. These adverse situations can entail suffering or modifications in the ways the family is organized<sup>(1-2)</sup>.

The family is a complex system, consisting of individuals who, in their peculiarities, maintain relations and links with irreplaceable values. Hence, when a family member gets ill or dies, another member takes charge of the activities the former member developed<sup>(3)</sup>. In this context, when the family suffers abrupt changes, such as illness and/or hospitalization of the child, reorganization is needed to cope with the new dynamics the situation imposes<sup>(4)</sup>. Therefore, the family will need loopholes to deal with childhood illness and all of the consequences of this process<sup>(1,3,5)</sup>.

Illness and hospitalization are loaded with sadness and stress because, at this moment, the relative/companion suffers due to the disease, either because of the health condition or because of a hospitalization, leaving home and professional commitments to the background<sup>(6)</sup>. Therefore, nursing care should be plural, attend to the child and give support to the relative/companion<sup>(4)</sup>.

Thus, a thoughtful look and the acknowledgement of the family as an element of childcare are fundamental to promote child and family health. Therefore, this study intends to investigate the scientific production on nursing care for children with a family focus.

## ● METHOD

An integrative literature review was undertaken about childcare with a family focus. In this review, the following steps were followed: elaboration of the guiding question, literature search according to exclusion and inclusion criteria, extraction of data from the selected articles, analysis of the data found, interpretation of the results and presentation of the review<sup>(7)</sup>.

The following guiding question was elaborated: "What is the contribution of the scientific production on nursing care for children with a family focus?". In the search for the articles, the following descriptors and key words were used: family (*família/familia*), child (*criança/niño*), nursing care (*cuidados de enfermagem/atención de enfermería*), nursing (*enfermagem/enfermería*) and child care (*cuidado da criança/cuidado del niño*). The electronic databases used were: Medical Literature Analysis and Retrieval System Online (MEDLINE), *Literatura Latino Americano em Ciências da Saúde* (LILACS), PubMed, *Bases de Dados em Enfermagem* (BDENF) and Scientific Electronic Library Online (SciELO).

The search was undertaken in June 2016. To select the articles, the following inclusion criteria were established: original and recent articles published in the previous five years, that is, between 2010 and 2015; in Portuguese, English and Spanish; full text available online through open access, and with an abstract. Articles that did not answer the guiding question, which were repeated in the databases and texts with restricted access were excluded.

The studies were selected in three phases: 1) exclusion of the publications repeated in the databases; 2) reading of the title and abstract of the publications, excluding those publications that did not respond to the guiding question of this review; 3) critical assessment of the articles by reading the full version followed by the elaboration of overview tables with the collected data.

For the analysis, the articles were read critically and exhaustively and ranked in themes that converged by the similarity of their results<sup>(7)</sup>. Ethical aspects and the premises for authorship were respected. The consulted articles were cited and referenced in the course of this study.

## ● RESULTS

After the search according to the preset criteria, the sample consisted of 16 articles. In Figure 2, the flowchart of the search and the data collection is displayed, as proposed by Preferred Reporting Items for Systematic Reviews and Meta-Analyses-PRISM(8). Despite the absence of a graphic scheme for the integrative review procedure, in this study, the abovementioned tool was chosen to outline the article selection trajectory. In total, 1751 articles were found by using the descriptors or key words, without considering the theme family in the title. As 164 publications were repeated in the databases, 1417 publications remained (Figure 1).

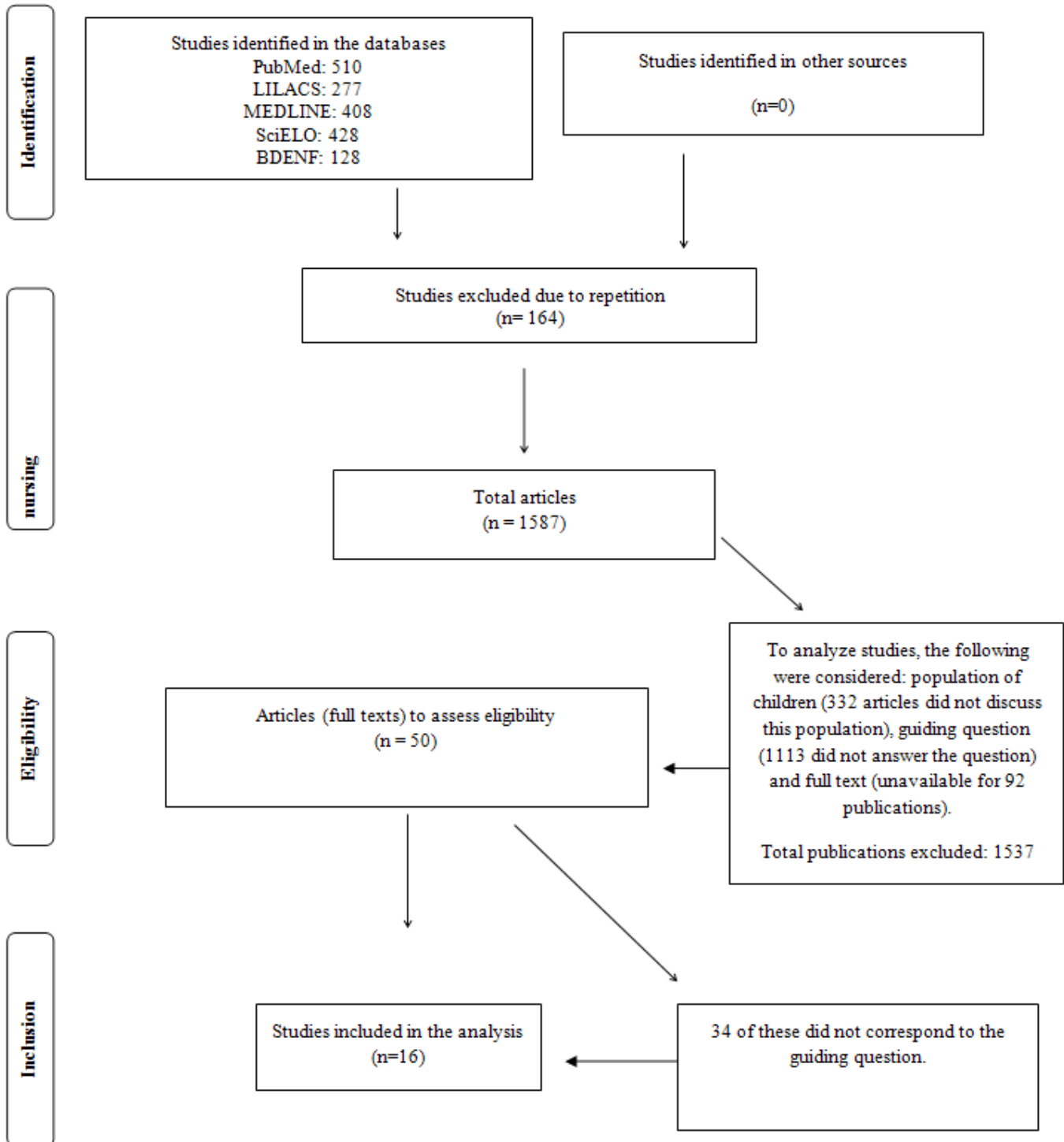


Figure 1- Flowchart of data collection. Curitiba, 2016

Among the articles included, five (38.5%) were published in 2012, and no publication was found in 2013 (Table 1). Thirteen articles (81%) were indexed in the SciELO database.

Table 1 - List of articles included in the study. Curitiba, 2016

Numerical order	Title	Authors	Year	Journal	Database
1	<i>Relações estabelecidas pelas enfermeiras com a família durante a hospitalização infantil<sup>(9)</sup></i>	de Lima AS, da Silva VKBA, Collet N, Reichert APS, de Oliveira BRG	2010	Texto Contexto Enferm.	SciELO
2	<i>Cuidado centrado na família e sua aplicação na enfermagem pediátrica<sup>(5)</sup></i>	Pinto JP, Ribeiro CA, Pettengill M M, Balieiro MMFG	2010	Rev. bras. enferm.	SciELO
3	<i>Interação familiar/acompanhante e equipe de enfermagem no cuidado à criança hospitalizada: perspectivas para a enfermagem pediátrica<sup>(1)</sup></i>	de Souza, TV, Oliveira, ICS	2010	Esc. Anna Nery	SciELO
4	<i>Típico da ação do profissional de enfermagem quanto ao cuidado familiar da criança hospitalizada<sup>(10)</sup></i>	Rossi CS, Rodrigues BMRD	2010	Acta paul. enferm	SciELO
5	<i>A família na unidade de pediatria: percepções da equipe de enfermagem acerca da dimensão cuidadora<sup>(2)</sup></i>	de Sousa LD, Gomes GC, da Silva MRS, dos Santos CP, da Silva BT	2011	Cienc. enferm.	SciELO
6	<i>Promoção do cuidado humanizado à família pela equipe de enfermagem na unidade neonatal<sup>(11)</sup></i>	Rocha RS, Lúcio IML, Lopes MMCO, Lima CRC, Freitas ASF	2011	Rev. Rene	PubMed
7	<i>Importância da relação interpessoal do enfermeiro com a família de crianças hospitalizadas<sup>(12)</sup></i>	Murakami R, Campos CJG	2011	Rev. bras. enferm.	PubMed
8	<i>Cuidados Centrados na Família: impacto da formação e de um manual de boas práticas em pediatria<sup>(13)</sup></i>	Apolinário MICG	2012	Rev Enf Ref.	SciELO
9	<i>Acompañamiento familiar en la hospitalización del usuario pediátrico de 6 a 12 años<sup>(14)</sup></i>	Astudillo AA, Martínez MA, Muñoz BC, Pacheco LM, Sepúlveda GA	2012	Cienc. enferm.	SciELO
10	<i>Cuidado centrado na família no contexto da criança com deficiência e sua família: uma análise reflexiva<sup>(15)</sup></i>	Barbosa MAM, Balieiro MMFG, Pettengill MAM	2012	Texto Contexto Enferm.	SciELO
11	<i>A rede social de crianças com necessidades especiais de saúde na (in) visibilidade do cuidado de enfermagem<sup>(16)</sup></i>	de Moraes JRM, Cabral IE	2012	Rev. Latino-Am. Enfermagem	SciELO
12	<i>Qualificando o cuidado a criança na atenção primária de saúde<sup>(17)</sup></i>	de Sousa FGM, Erdmann AL	2012	Rev. bras. enferm.	SciELO
13	<i>Envolvimento dos pais nos cuidados de saúde de crianças hospitalizadas<sup>(18)</sup></i>	de Melo EMOP, Ferreira PL, de Lima RAG, de Mello DF	2014	Rev. Latino-Am. Enfermagem	SciELO
14	<i>As práticas do Cuidado Centrado na Família na perspectiva do enfermeiro da Unidade Neonatal<sup>(19)</sup></i>	Corrêa AR, Andrade AC, Manzo BF, Couto DL, Duarte ED	2015	Esc. Anna Nery	SciELO
15	<i>Uso da narrativa como estratégia de sensibilização para o modelo do cuidado centrado na família<sup>(20)</sup></i>	Amador DD, Marques FRB, Duarte AM, Balbino FS, Balieiro MMFG, Mandetta MA	2015	Rev. Gaúcha Enferm.	SciELO
16	<i>Recommendations for involving the family in developmental care of the NICU baby<sup>(21)</sup></i>	Craig JW, Glick C, Phillips R, Hall SL, Smith J, Browne J	2015	J Perinatol.	PubMed

As regards the research approach, 11 (69%) studies were qualitative, two (12.5%) quantitative and two (12.5%) were reflections (Table 2). Three publications specified the theoretical framework (19%) and one the theoretical model of Family Centered Care; seven studies (44%) mentioned the methodological framework (Table 2).

Table 2 – Objective and method of the selected publications. Curitiba, Paraná, Brazil, 2016

Numerical order	Objective	Method
1	Analyze the relations between nurses and relatives of hospitalized children <sup>(9)</sup>	Qualitative, descriptive-exploratory research at a pediatric inpatient unit
2	Reflect on the family unit in care for individuals and families <sup>(5)</sup>	Reflection from the perspective of General Systems Theory
3	Describe the care the relative/companion and the nursing team deliver to the child while in hospital. In addition, the objective was to analyze the strategies the relatives/professionals implemented for care to the hospitalized child <sup>(1)</sup>	Qualitative case study developed from an anthropological cultural perspective
4	Analyze the nursing care to families at a pediatric service <sup>(10)</sup>	Descriptive and qualitative study analyzed based on Alfred Schutz' sociological phenomenology
5	Analyze the meaning of family care for the nursing team <sup>(2)</sup>	Qualitative study developed at a pediatric unit of a university hospital. The research was developed based on hermeneutics-dialectics
6	Discover how the nursing team perceives humanization in family care for infants hospitalized at a neonatal service <sup>(11)</sup>	Descriptive study with a qualitative approach, undertaken at a neonatal inpatient service of a public maternity hospital
7	Assess the interpersonal relationship between nurse and relative of hospitalized child <sup>(12)</sup>	Clinical-qualitative research undertaken at a public hospital
8	Assess the knowledge and perception of nurses regarding family-centered care applied in pediatrics <sup>(13)</sup>	Quasi-experimental before-and-after study without control group with quantitative approach
9	Describe accompaniment by the family during the hospitalization of children between 6-12 years old <sup>(14)</sup>	Descriptive and cross-sectional study with quantitative approach, undertaken at an institution in Chile
10	Reflect on the work of the health team in care for families of disabled children <sup>(15)</sup>	Reflection based on a literature review in the light of the premises of Family-Centered Care
11	Identify family nursing care in the social network of children with special needs <sup>(16)</sup>	Descriptive research with qualitative approach undertaken at a pediatric hospital, at four health services and at the homes of relatives of children with special needs
12	Understand the child care model in primary health care <sup>(17)</sup>	Qualitative research based on the methodological premises of the Grounded Theory
13	Assess the parents' participation in child care <sup>(18)</sup>	Exploratory study with qualitative approach, developed at pediatric services of three Portuguese institutions
14	Apprehend the Family-Centered Care (FCC) practices in care for hospitalized newborns the nurses incorporated <sup>(19)</sup>	Descriptive study with a qualitative approach, developed at the Intermediary and Intensive Care Units of a public maternity hospital in Belo Horizonte
15	Understand the meaning of using the disease narrative to sensitize students and health professionals to the family-centered care model <sup>(20)</sup>	Qualitative study based on the theoretical model of Family-Centered Care and on Qualitative Content Analysis as the methodological framework
16	Present care recommendations to parents of infants hospitalized at intensive care unit and the development of family-centered care policies <sup>(21)</sup>	Literature review

Six articles (37%) discuss the family members' involvement in childcare, based on which the relative/companion's autonomy is strengthened, later reducing the search for the health services<sup>(13,15-18,21)</sup>. Hence, eight (50%) studies focus on the strengthening of institutional policies that emphasize the acknowledgement of the family as a care unit<sup>(1-2,10-11,16,19-21)</sup>.

In addition, three articles (19%) address the use of family care models and efforts to develop a family-centered instrument as starting points for integral care in the hospital and home environments<sup>(14,17,20)</sup>. The encouragement and support for relatives as core elements in the health-disease and/or health promotion process for children were also focused on in three (19%) articles<sup>(11,14,21)</sup>.

The lack of definition of the nurses' competences and skills, the lack of standardization of tools that assess the importance of the family as a caregiving unit were discussed in five (31%) of the articles<sup>(5,12-13,17-18)</sup>. Five studies (31%) addressed the precarious feedback of information and inefficient welcoming and bonding between the professional and the relative<sup>(2,9,11,14,19)</sup>. In that sense, three (19%) articles identified that the absence or transient infrastructure for the relative/companion was associated with the lack of problem-solving and humanized care<sup>(2,10,12)</sup>.

Two studies (12%) discuss the frailties in the busy hospital routine the professionals experience, which entails a lack of orientations for discharge to the relative/companion, compromising care for the children, or even decision making by the relative/caregiver<sup>(1,15)</sup>. Three other studies (19%) present the family as a surveillance unit of the health team's work<sup>(2,16,19)</sup>.

## ● DISCUSSION

The thematic categories that emerged were: "Acknowledgement of the family unit" and "Limitation for childcare with a family focus".

### Acknowledgement of the Family Unit

The family context represents the initial space for the acknowledgement and clarification of the illness process of family members. The impact of the disease influences all family members through the relationships and the family dynamics itself<sup>(13)</sup>. It is highlighted that the professionals frequently tend to individualize the care, in this case care for the child, renouncing the family dimension<sup>(6)</sup>. Thus, nursing care cannot be detached from the family's needs, as the family interaction itself interferes in the cure and treatment<sup>(4,21)</sup>.

In this sense, the family shows to be a fundamental element in care for its members, mainly for more dependent individuals like children. Being considered responsible for attending to the biological, affective, social and economic needs of its members, when dissociated, the family interferes directly in the life and health conditions of its relatives<sup>(5,22)</sup>.

Therefore, the family should be included in the care, beyond the division of tasks with the team, being taken into account as a constant care unit in the child's life, in order to participate in the planning of care actions and have room to express its problems and needs<sup>(5,15,19)</sup>. In this context, the nursing team should contribute to the entry of the family core into the institution<sup>(21)</sup> and even insert it in the child's care process<sup>(6)</sup>.

Understanding each child's needs together with those of his/her family guarantees a less traumatic treatment that reduces the suffering and contributes to the child's recovery<sup>(6,12)</sup>. The acknowledgement that the child belongs to a family core and involves a sociocultural context, beyond its family dynamics, permits a comprehensive, flexible, effective care practice that is tangible to each family's reality, exalting both the quality and satisfaction with the care provided<sup>(9-10,12)</sup>.

The professionals should remain open and alert to the family interactions and experiences of each member, respecting values and beliefs, difficulties and limits. In addition, they should always demonstrate their presence and availability to listen to their fears and doubts<sup>(15,19)</sup>. Therefore, the professionals' commitment, dialogue, reciprocity and availability to accompany the family are essential<sup>(1)</sup>.

In this perspective, the interaction between professionals and relatives permits acknowledging the family unit, with knowledge exchanges, favoring dialogue, which makes it possible to identify the weaknesses and potentials of each family's capacities for care<sup>(1,3,15,19,22)</sup>.

Family care requires involvement, respect, ethics, personal satisfaction and negotiation strategies from the health professionals<sup>(1,21)</sup>. Therefore, an open attitude to each family's interactions and experiences is desirable, acknowledging its individuality in the plural relations that permeate this interaction context, and being sensitive to understand each individual. In this relation, the elements involving care for the family and child gain visibility<sup>(2,6,9)</sup>.

Concerning care with a family focus, encouraging the parents' participation and the strengthening of bonds with the child are also highlighted<sup>(5,21,23)</sup>. The family's involvement in care, articulated with the professionals, favors its quality<sup>(17,21)</sup>. Therefore, it is highlighted that the acknowledgement of the aspects that influence the family's disease and hospitalization process, including the family needs, can trigger different defense mechanisms in order to cope with the event<sup>(14,22,24)</sup>. Thus, care with a family focus can promote not only the child's health and wellbeing, but also that of all family members<sup>(5,21,24)</sup>.

### Limitations for child care with a family focus

Family care is considered a responsibility and moral commitment of nursing, demanding the strengthening of the bonds between the nursing professionals and the family<sup>(1-2,5,19-20,23)</sup>. Therefore, an institutional definition is needed that specifies family care in its philosophy and in the service organization<sup>(5,14,21)</sup>.

The institutional decision to center family care demands an appropriate environment to fully attend to the family structure. It also requires psychosocial, financial, personal and management support, besides furthering the professionals' education and training in order to stimulate effective communication between professionals and families<sup>(5,14-15,21)</sup>.

To put in practice care with a focus family, the lack of appropriate facilities is highlighted, professionals with limited skills, lack of time for care to cover the family's instead of the individual's needs, absence of management support, lack of policies and guidelines to support care and lack of education and/or ongoing education about the range of cultures and beliefs<sup>(11,13,17,21-22)</sup>.

The dimensioning of the health team is ineffective or receives limited theoretical support to promote care for the families of hospitalized children. In that sense, the relative/companion will inevitably reproduce the mistaken execution of procedures or the neglect of care for the child, keeping in mind that the nurse is the professional responsible for guiding the family members<sup>(1,9,22)</sup>.

Through the aspects reviewed, childcare with a family focus incorporates the family/team interaction, which indicates the complexity of care. Therefore, institutional and professional efforts are needed, which combine for the development and equipment of family care models<sup>(12,21-22)</sup>.

## ● FINAL CONSIDERATIONS

The knowledge production expresses the need for interaction between family and health professional/team, based on premises established by the institutions that deliver care to the children. Thus, care practice based on the biomedical and disease-centered model should make room for a proposal that favors family-team interaction, considering significant care that is coherent with the needs of the children and their relatives.

Childcare with a family focus, that is, which adopts the family as a partner, as a care protagonist, values the family members' participation in its execution, favors the professional-family bond, recognizing continuous care, and evidences the peculiarities of each family.

Therefore, the construction of theoretical models needs to be strengthened which sustain the childcare practices with a family focus, and the institutional aspects need to be analyzed that stimulate or limit this care, with a view to the elaboration of proposals that contribute to the ontological and

epistemological strengthening of family care.

## ● REFERENCES

1. de Souza TV, Oliveira ICS. Interação familiar/acompanhante e equipe de enfermagem no cuidado à criança hospitalizada: perspectivas para a enfermagem pediátrica. Esc. Anna Nery. [Internet] 2010;14(3) [acesso em 09 jul 2016]. Disponível: <http://dx.doi.org/10.1590/S1414-81452010000300017>.
2. de Sousa LD, Gomes GC, da Silva MRS, dos Santos CP, da Silva BT. A família na unidade de pediatria: percepções da equipe de enfermagem acerca da dimensão cuidadora. Cienc. enferm. [Internet] 2011;17(2) [acesso em 09 jul 2016]. Disponível: <http://dx.doi.org/10.4067/S0717-95532011000200010>.
3. Woodgate RL, Edwards M, Ripat J. How families of children with complex care needs participate in everyday life. Soc Sci Med. [Internet] 2012;75(10) [acesso em 12 dez 2014]. Disponível: <http://dx.doi.org/10.1016/j.socscimed.2012.07.037>.
4. Milbrath VM, de Siqueira HCH, da Motta MGC, Amestoy SC. Família da criança com paralisia cerebral: percepção sobre as orientações da equipe de saúde. Texto Contexto Enferm. [Internet] 2012;21(4) [acesso em 04 nov 2014]. Disponível: <http://dx.doi.org/10.1590/S0104-07072012000400024>.
5. Pinto JP, Ribeiro CA, Pettengill MM, Balieiro MMFG. Cuidado centrado na família e sua aplicação na enfermagem pediátrica. Rev. bras. enferm. [Internet] 2010;63(1) [acesso em 09 jul 2016]. Disponível: <http://dx.doi.org/10.1590/S0034-71672010000100022>.
6. de Azevedo ND, Collet N, Leite AIT, de Oliveira MRP, de Oliveira BRG. Cuidado de enfermagem a famílias de crianças hospitalizadas por doença crônica. Cienc Cuid Saude. [Internet] 2012;11(3) [acesso em 03 out 2014]. Disponível: <http://dx.doi.org/10.4025/ciencucuidsaude.v11i3.20260>.
7. Ganong LH. Integrative reviews of nursing research. Res Nurs Health. [Internet] 1987;10(1) [acesso em 12 nov 2014]. Disponível: <http://onlinelibrary.wiley.com/doi/10.1002/nur.4770100103/pdf>.
8. Moher D, Liberati A, Tetzlaff J, Altman DG, PRISMA Group. Preferred reporting items for systematic reviews and meta-analyses: the PRISMA statement. Ann Intern Med. [Internet] 2009;151(4) [acesso em 12 out 2014]. Disponível: <http://dx.doi.org/10.7326/0003-4819-151-4-200908180-00135>.
9. de Lima AS, da Silva VKBA, Collet N, Reichert APS, de Oliveira BRG. Relações estabelecidas pelas enfermeiras com a família durante a hospitalização infantil. Texto Contexto Enferm. [Internet] 2010;19(4) [acesso em 09 jul 2016]. Disponível: <http://dx.doi.org/10.1590/S0104-07072010000400013>.
10. Rossi CS, Rodrigues BMRD. Típico da ação do profissional de enfermagem quanto ao cuidado familiar da criança hospitalizada. Acta paul. enferm. [Internet] 2010;23(5) [acesso em 09 jul 2016]. Disponível: <http://dx.doi.org/10.1590/S0103-21002010000500009>.
11. Rocha RS, Lúcio IML, Lopes MMCO, Lima CRC, de Freitas ASF. Promoção do cuidado humanizado à família pela equipe de enfermagem na unidade neonatal. Rev. Rene. [Internet] 2011;12(3) [acesso em 10 out 2014]. Disponível: <http://www.revistarene.ufc.br/revista/index.php/revista/article/view/255/pdf>.
12. Murakami R, Campos CJG. Importância da relação interpessoal do enfermeiro com a família de crianças hospitalizadas. Rev. bras. enferm. [Internet] 2011;64(2) [acesso em 09 jul 2016]. Disponível: <http://dx.doi.org/10.1590/S0034-71672011000200006>.
13. Apolinário MICG. Cuidados Centrados na Família: impacto da formação e de um manual de boas práticas em pediatria. Rev. Enf. Ref. [Internet] 2012;3(7) [acesso em 02 out 2014]. Disponível: <http://www.scielo.mec.pt/pdf/ref/vserIIIIn7/serIIIIn7a09.pdf>.
14. Araya AA, Martínez AM, Badillo CM, Lema MP, Garay AS. Acompañamiento familiar en la hospitalización del usuario pediátrico de 6 a 12 años. Cienc. enferm. [Internet] 2012;18(1) [acesso em 09 out 2014]. Disponível: <http://dx.doi.org/10.4067/S0717-95532012000100007>.
15. Barbosa MAM, Balieiro MMFG, Pettengill MAM. Cuidado centrado na família no contexto da criança com deficiência e sua família: uma análise reflexiva. Texto Contexto Enferm. [Internet] 2012;21(1) [acesso em 09 jul 2016]. Disponível: <http://dx.doi.org/10.1590/S0104-07072012000100007>.



2016]. Disponível:<http://dx.doi.org/10.1590/S0104-07072012000100022>.

16. de Moraes JRMM, Cabral IE. A rede social de crianças com necessidades especiais de saúde na (in)visibilidade do cuidado de enfermagem. *Rev. Latino-Am. Enfermagem*. [Internet] 2012;20(2) [acesso em 09 jul 2016]. Disponível: <http://dx.doi.org/10.1590/S0104-11692012000200010>.

17. de Sousa FGM, Erdmann AL. Qualificando o cuidado à criança na Atenção Primária de Saúde. *Rev. bras. enferm.* [Internet] 2012;65(5) [acesso em 09 jul 2016]. Disponível: <http://dx.doi.org/10.1590/S0034-71672012000500012>.

18. de Melo EMOP, Ferreira PL, de Lima RAG, de Mello DF. Envolvimento dos pais nos cuidados de saúde de crianças hospitalizadas. *Rev. Latino-Am. Enfermagem*. [Internet] 2014;22(3) [acesso em 12 out 2014]. Disponível: <http://dx.doi.org/10.1590/0104-1169.3308.2434>.

19. Corrêa AR, de Andrade AC, Manzo BF, Couto DL, Duarte ED. As práticas do Cuidado Centrado na Família na perspectiva do enfermeiro da Unidade Neonatal. *Esc. Anna Nery*. [Internet] 2015;19(4) [acesso em 12 jun 2016]. Disponível: <http://dx.doi.org/10.5935/1414-8145.20150084>.

20. Amador DD, Marques FRB, Duarte AM, Balbino FS, Balieiro MMFG, Mandetta MA. Uso da narrativa como estratégia de sensibilização para o modelo do cuidado centrado na família. *Rev Gaúcha Enferm.* [Internet] 2015;36(1) [acesso em 11 jun 2016]. Disponível:<http://seer.ufrgs.br/index.php/RevistaGauchadeEnfermagem/article/view/46346>.

21. Craig JW, Glick C, Phillips R, Hall SL, Smith J, Browne J. Recommendations for involving the family in developmental care of the NICU baby. *J Perinatol.* [Internet] 2015;35(Suppl 1) [acesso em 12 jun 2016]. Disponível: <http://dx.doi.org/10.1038/jp.2015.142>.

22. Pacheco STA, Rodrigues BMRD, Dionísio MCR, Machado ACC, Coutinho KAA, Gomes APR. Cuidado centrado na família: aplicação pela enfermagem no contexto da criança hospitalizada. *Rev.enferm. UERJ*. [Internet] 2013;21(1) [acesso em 12 out 2014]. Disponível: <http://www.facenf.uerj.br/v21n1/v21n1a18.pdf>.

23. Quirino DD, Collet N, Neves AFGB. Hospitalização infantil: concepções da enfermagem acerca da mãe acompanhante. *Rev. Gaúcha Enferm.* [Internet] 2010;31(2) [acesso em 12 out 2014]. Disponível:<http://dx.doi.org/10.1590/S1983-14472010000200014>.

24. dos Santos LM, Oliveira VM, de Santana RCB, Fonseca MCC, Neves ES, Santos MCS. Maternal experiences in the pediatric intensive care unit. *R. pesq.: cuid. fundam. online*. [Internet] 2013;5(1) [acesso em 12 out 2014]. Disponível: <http://dx.doi.org/10.9789/2175-5361.2013.v5i1.3432-3442>.