The text in its context: what is family for you?

Baltor, Marja Rany Rigotti; Rodrigues, Juliana Stoppa Menezes; Ferreira, Noeli Marchioro Liston Andrade; Dupas, Giselle

Baltor MRR, Rodrigues JSM, Ferreira NMLA, et al.   *The text in its context…*

Federal University of Rio de Janeiro State

Journal of Research Fundamental Care Online

UNIRIO   PPgEnfBio   PPGENF

ISSN 2175-5361

DOI: 10.9789/2175-5361

RESEARCH

The text in its context: what is family for you?

O texto em seu contexto: o que é família para você?

El texto en su contexto: ¿qué es familia para usted?

Marja Rany Rigotti Baltor [1] , Juliana Stoppa Menezes Rodrigues [2] , Noeli Marchioro Liston Andrade Ferreira [3] , Giselle Dupas [4]

ABSTRACT

Objective: To carry out a meta-analysis in qualitative research about different concepts of family who used the question: "what is family for you?". **Method:** This is a meta-synthesis performed on MEDLINE, IBECS, LILACS, SciELO, Cochrane Library, Virtual Health Library and GoogleScholar. **Results:** Ten items which contemplated the inclusion criteria. The concepts covered in the analyzed articles referred to the structural concept of family, family based on the feelings between family members, family concept based on their roles and definitions that go beyond. **Conclusion:** It was possible to evidence a need to understand the multidimensionality of the concept of family. There is a concern in complement the concept of family that literature brings throughout history and the existence of an exploratory look on the different thematic issues. It is noteworthy lack of validated instruments and methodological strategies that include the concept of family systematically. **Descriptors:** Family, Meta-analysis, Qualitative research.

RESUMO

Objetivo: Realizar um metaestudo de pesquisas qualitativas sobre as diferentes concepções de família, as quais usaram a questão norteadora: "o que é família para você?". **Método:** Trata-se de uma metassíntese realizada nas bases de dados MEDLINE, IBECS, LILACS, SciELO, Biblioteca Cochrane, Biblioteca Virtual de Saúde e Google Acadêmico. **Resultados:** Foram dez os artigos, que contemplaram os critérios de inclusão. As concepções abordadas nos artigos analisados referiram-se ao conceito estrutural de família, família baseada nos sentimentos entre os membros, conceito de família fundamentado em suas funções e definições que vão além. **Conclusão:** Evidenciou-se tendente necessidade de compreender a multidimensionalidade do conceito de família. Há preocupação em complementar a concepção de família, que a literatura traz ao longo da história e a existência de um olhar exploratório sobre as diferentes questões relativas à temática. Destaca-se escassez de instrumentos validados e estratégias metodológicas, que abarquem o conceito de família sistematicamente. **Descritores:** Família, Meta-análise, Pesquisa qualitativa.

RESUMEN

Objetivo: Realizar un meta estudio de investigaciones cualitativas sobre los diferentes conceptos de familia que utilizaron la cuestión: "¿qué es la familia para usted?". **Método:** Se trata de una meta-síntesis realizada en las bases de datos MEDLINE, IBECS, LILACS, SciELO, Biblioteca Cochrane, Biblioteca Virtual de Salud y Google Académico. **Resultados:** Se encontraron diez artículos que contemplaron los criterios de inclusión. Los conceptos tratados en las publicaciones analizadas se referían al concepto estructural de la familia, familia basada en los sentimientos entre los miembros, concepto de familia basado en sus funciones y definiciones que van más allá. **Conclusión:** Se evidenció una tendencia de necesidad de entender la multi-dimensionalidad del concepto de familia. Hay una preocupación en complementar los conceptos de familia que trae la literatura a lo largo de la historia y la existencia de una mirada exploratoria en diversas cuestiones relacionadas con el tema. Se destaca la escasez de instrumentos validados y estrategias metodológicas que abarcan el concepto de familia de manera sistemática. **Descriptores:** Familia, Meta-análisis, Investigación cualitativa.

[1]Master in nursing by Postgraduate Program in nursing at the Federal University of São Carlos. Email: marjabaltor@gmail.com. [2]Master in nursing by Postgraduate Program in nursing at the Federal University of São Carlos. Email: enf_juliana@hotmail.com. [3]Doctor professor, Nursing Department, Federal University of São Carlos. Email: noeli@ufscar.br [4] Doctor professor, Nursing Department, Federal University of São Carlos. Email: gdupas@ufscar.br.

INTRODUCTION

To study family is a new field in the nursing area. Its research and teaching in Brazil started from the 90 incrementally and with concentration from the year 2001.[1]

In line with modernity, the concept of family has been modified and the origin of the word family was in Rome and meant the slaves set belonging to the same man.[2] Over time such a concept has entered a more specific connotation of marital relationship, cohabitation and inbreeding.[3]

Currently its concept emphasizes systemic and dynamic reality of family settings, demonstrating psychological and sociological aspects, characterized by affective ties, being family that one that the individual believes.[4] The family atmosphere is shown as an open space for the discovery of resources and support base in the process of identity construction of its members. This fact enables growth, autonomy and attention to the individual's needs, constituting a scenario with significant and meanings, built by the interrelations of its members.[5] Despite the significant changes in the structure and organization of families, research has confirmed that the family models are based on affection, which rightly tends to a definition of family.[6]

By being in constant transformation and suffer continuing influence of the socio-cultural context, the family develops in its members a system of values[7], influencing the development of healthcare processes[8], often shown as a source provider of care.[9]

In the health context, understanding the multidimensionality of the family concept enables fully care. The work of an interdisciplinary team enables professional practices being built and rebuilt at the same time. The integral family approach as a unit is established through the sum of distinct professional looks and thus encompasses the different components, which interfere with the health-disease process.[10]

Different health research aimed at understanding what is family through different looks. Thus, this paper presents a meta-study of qualitative research on the design of family to different clienteles in response to the guiding question: "what is family for you?".

METHODOLOGY

This is a meta-synthesis of scientific articles about family concepts evidenced in the qualitative research carried out in various situations, in the health-disease process, and by professionals from different health areas.

At first there was a search in the databases MEDLINE, IBECS, LILACS, SciELO, Cochrane Library and Virtual Health Library (BVS), with the words "what is family for you?" in order to select the searches, which had this triggering question. As the goal was not achieved, the search was performed through the same expression on Google Scholar site. This tool has been used by several researchers, to integrate survey scientific publications, since there is an advantage in it, as its scope is expanded and is characterized as functional meta-search engine.[11]

In the age of Google, Google Scholar have proved to be a powerhouse among search tools of scientific articles, due to differential document indexing. The international elite databases focus on publications with first world problems. Thus, relevant information is not disclosed because they are not considered to be significant, while the universality of Google Scholar allows visibility to information, sorting them by their quality.[11]

Were included in the sample all articles available publicly without restriction of publication year and knowledge area, relating to qualitative research with primary data about the family concept, which owned such triggering issue. Were excluded book chapters, theses, dissertations and monographs.

Selected articles were read in their entirety, catalogued, classified according to their main theme and tabulated in a spreadsheet from Microsoft Excel ® 2003, in order to systematize its main features.

For the tabulation of the information were prepared four tables, namely: identification, Meta-theory, meta-methods and meta-analysis of qualitative data. Thus, the methodological proposal of meta-synthesis has opted at each stage: (i) identification: data summary of articles about authors, titles, magazines and publication year, (ii) Meta-theory: analysis of concepts, theories and difficulties raised by researchers in the exploration of the family issues, (iii) meta-method: analysis of the approaches and the chosen methods by the researchers, as well as the perspectives and justifications of such a process in the quest to identify what they were looking for, (iv) meta-analysis of qualitative data: analysis of the studies results and a reinterpretation in the light of the findings, which covered the analyzed bibliographic universe. Through the interactionist eyes, rereading of the work for thematic categories preparation. The data from such analysis led to partial summaries. Lastly, a final synthesis was performed, showing the main implications for the advancement of scientific knowledge and practical implementation-assistance.

RESULTS AND DISCUSSION

At first were found 33 publications, excluding three book chapters, eleven theses, dissertations and/or monographs six repeated publications and three quantitative analyses. Sought articles derived from eleven theses, dissertations and/or monographs; however were not found linked publications. So, it was reached in a corpus of ten analyzed articles.

Baltor MRR, Rodrigues JSM, Ferreira NMLA, et al.   *The text in its context…*

The articles are described in Table 1 and classified according to the descending order of the publication year.

Table 1: Distribution of selected articles identification (ID), authors, title and source. São Carlos, 2011.

ID	Autores / Authors	Nome / Name	Fonte / Source
A01	Pereira PJ; Bourget M	Family: social representations of workers of the Family Health Strategy	Saúde Soc. SP: 2010; 19(3):584-591 Health Soc. SP: 2010; 19 (3): 584-591
A02	Valle TGM; Fonseca MS; Vincenti SC; Reis KCF; Rodrigues OMPR; Melchiori LE	Psico-educative intervention into teenage mothers groups: an experience report	Rev. Ciênc. Ext.: 2009;5(1):113
A03	Moreira LVC; Rabinovich EP; Silva CN	"Baianas"children look about family	Paidéia: 2009; 19(42):77-85
A04	Montalvão TAG; Costa NRA	Family concept in the optics of popular class teenagers	Investigação: 2009; 9(1): 63-72 Investigation: 2009; 9(1): 63-72
A05	Cardoso CL; Carneiro TF	About family: with the word, the community	Estudos e Pesquisas em Psicologia UERJ: 2008; 8(2):523-539 Studies and Research in Psychology UERJ: 2008; 8(2):523-539
A06	Jorge MSB; Ramirez ARA; Lopes CHAF; Queiroz MVO; Bastos VB	Family and users social representations about persons with mental disorder participation	Rev.Esc. Enferm. USP: 2008; 42(1):135-42
A07	Gomes MA; Pereira MLD	Socially vulnerable family: a public policy matter	Ciênc e Saúde Coletiva: 2005; 10(2):357-363
A08	Durman S; Piccoli M; Shneider JF; Stefanelli MC	Nursing students speeches about family	Health Sciences. Maringá: 2004; 26(1):47-51
A09	Gomes MA; Pereira MLD	The teenager and the street: charms and disillusionment	Revista Mal-Estar e Subjetividade: 2003;3(1):106-120 Malaise and Subjectivity Magazine: 2003;3(1):106-120
A10	Gomes MMF; Gaiva MAM; Oliveira RD	Conceptions of a nurses group about family	Família Saúde Desenvolvimento: 2002; 4(1):60-67 Family Health Development: 2002; 4(1):60-67

Meta-theory

The analysis about the concepts, theories and difficulties raised by researchers, on the farm of family issues in the analyzed studies, showed different conceptions of family in the various social and cultural contexts, as well as the vision of involved members. In this sense, family was considered as a source of support and affection, but also conflict-generating (A01, A04, A05, A06, A09). Although exists an idealization around how to structure family relationships, experience demonstrates that there are differences between the idea of family and what the family really is (A05), pointing out that family relationships are characterized by dynamism (A01, A06) and conflicts that occur in the family, may affect its members and generate an imbalance at its core (A04).

In society, the family is often seen as the agent of its members care (A03). However, in health context, there is evidence of the need to be understood as the unit of care by professionals (A08).

Nursing has been developed based on the biomedical model, whose healing practice focuses just on the individual. However this science understood that health and disease are not uni-causal, returning his gaze to the individual as an integral being. In this way,

consider the social context in which the individual is part of, and consider of utmost importance include the family in care.[12]

The analyzed articles showed the need for the professional include the family in the therapeutic process as a partner in care (A01, A02, A06, A07), paying attention to their potential, singularities and difficulties (A05). Whereas the change in the paradigm of care centered on the individual is still in the process of change, it is observed in daily practice of nursing a contradiction: while recognizing the importance of the active participation of the family in the process of care, the work is geared only to the member present on assistive process (A10), characterized, therefore, a major challenge.

When considering the family as the care focus, it must be understood not only its uniqueness (A01, A05, A07, A08), but also its dynamism, since it is open to external influences (A05, A08, A09). So, to involve the family in the care, need to consider their systemic interactions. (A02, A05).

The family, as a social organization, has shown resilience and adaptation to changes in the collective (A04) and, due to the constant transformations of society, the family concept constructs and reconstructs throughout history (A07). In addition to this conceptual change, each individual relates uniquely to the world and creates meanings through their experiences. In this way, each being has for their own, a unique concept of family. (A07)

There is a vast repertoire of family conceptions and despite scientific and historical advances, articles brought into their theoretical body the difficulty in conceptualizing it (A07, A08), due to the fact that could be related to varied criteria as: structural, emotional or functional order. In respect to the structure, there is a social trend to consider family, according to people with ties of consanguinity, marital relations or domestic nucleus (A05, A08). However its definition has gradually been grounded in emotional order, prioritizing relations of feelings and affections (A01, A04).

The family, despite forms variety, is the first system, in which human beings interact (A01, A04). Such system, consisting of subsystems (A01), justifies the society (A07), and even suffering constant changes to its structure, its symbolic value is not cancelled (A04).

Regardless of the form of conceptualizing family, it is known that the context in which it operates, it influences directly the relationship between members and with the world. So, some articles reviewed here brought family theorist basement in context of social vulnerability (A01, A05, A07, A09). The process of economy globalization has been interfering in the structure and family functioning (A01, A05, A07, A09) and the conception of family varies as a result of the social category (A01). Social injustice contributes to hinder the healthy family get-together (A07, A09), considered an instability area when the subjects experiencing situations of extreme poverty (A09). For the most part, the concept of family in these cases is associated around a morale axis, overriding the consanguinity (A05), corroborating its configuration in networks, in order to provide the necessary resources, enabling the survival (A05, A01).

Meta-method

The meta-method consists of an overview of the methodology described in articles, that composed this study. The term method it means the path to be followed in order to achieve the proposed objectives.[13]

In this sense, the approaches analysis and the methods chosen by the researchers was compromised due to a lack of detail in the methodological path of the analyzed studies. Thus, two articles (A02, A05) was not considered in his body which was used methodology for data collection technique. In the remaining works were mentioned thematic content analysis of Bardin (A03, A05, A07, A08), thematic content analysis of Laura Franco (A01) and comprehensive analysis (A10). Articles A2, A4, A5 and A6 did not report the methodological referential of their research. Finally, articles A03, A06 and A08 specified be descriptive and articles A01, A07 A09 exploratory field.

As the theoretical framework, were used: the theory of social representations (A01, A06, A07, A09) and Phenomenology (A04, A10). Articles A02, A03, A05, A08 didn't mention his theoretical framework.

The data collection method choice relates to the purpose of the study. The articles analyzed data were primarily collected through semi structured interviews (A02, A04, A07, A09, A10). The literature evidences such instrument as the main choice in qualitative studies, once, to give voice to the subject, values relationship with the human world, favoring the apprehension of the meanings that the person attaches to the experience in question.[14]

Furthermore, were also used in the studies in question, free association of words test (A06, A7, A9), structured interview (A03, A06), closed questionnaire (A03) and open questionnaire (A05). An article stands out for reporting the use of various data collection methods, such as: psychotherapy group, therapeutic groups, informational groups, individual consultations, home visits, team meetings, inter queries and dynamic (A5). In this regard, the group strategies provide the discussion and observation of the behavior of individuals in the collective.

Another important aspect of meta-method is to bring information about the subject in the included researches. Although the articles analyzed were developed around the same question, the subjects of the research were composed of a diversity of social actors, who brought different looks about the same phenomenon. The sample can be grouped into three strands: the family vision about the discussed issues (A06, A07, A09), the subject in question (A02, A04, A05, A07, A09) and the professionals involved in the process (A01, A03, A08, A10).

Regarding ethical aspects, the majority of articles do not mention the submission in Research Ethics Committees (CEP) (A02, A04, A05, A07, A08, A09, A10) or use of terms of Free Informed Consent (TCLE) to carry out the fieldwork (A01, A02, A03, A4, A5, A07, A08, A09). The other authors did not consider critically about the ethical aspects involved in the research, simply point the bureaucratic aspects, i.e. adoption of CEP and use of TCLE (A01, A06, A03, A10).

Meta-analysis of qualitative data

For a better understanding of the various conceptions of family approach in analyzed articles, the data was reassembled in four conceptual categories: family structure, family affection, familiar functionality and family complexity.

Family structure

The analyzed articles brought in their discussions, various conceptions of family. With regard to family structure was evidenced the consanguine aspect (A01, A10) and the co-habitation (A1, A08, A10).

Historically the family carries its concept to blood relationship and housing. Its definition is redefined along to changes of society, always with new clothes to redefine what family means to the population in question. The paradigmatic crisis, in current society, has make flexible the family structure and, consequently, its concept.[15]

Such dynamism is central in this study, in which the family group restricted to blood ties was overcome by interaction, people settle on their experiences. The family is formed by the relationships web, which individuals construct, having the affection and affinity a key role in the establishment of links, governing relations.

By having the family an own meaning, establish strict conceptual limits becomes a limitation view, in the sense of not understanding the whole and the dynamism set in each singular universe.

The analyzed articles brought other theoretical contributions regarding structural families conceptions, defining it as a set of members (A07) and people with common goals (A01, A03), everyday actively participating (A01, A08), being present in spite of the distance (A08).

The related vision in the aforementioned studies, despite consider about structuring established in families subject of studies, not imposed limits of settings to be followed. That is, understood the micro cosmos of relations and not become widespread in search of an universal concept.

In this sense, it is observed that the analyzed context plays a key role in this conceptualization, once individuals as relate with the world interact and signify their experiences, formulating and reshaping their concepts. In this way, the context in which the human being, the people with whom it relates and the values that they seize are the path to mean what family is, at that moment of life.

Family affection

The emergency feelings by study subjects when asked about family hatched paradoxically. There were expressions of positive feelings tied to family interactions, like love (A03, A06, A08, A10), happiness (A05), affection (A06), kindness (A03, A06), dedication (A10), confidence (A10), union (A01, A04) and affinity (A01), as well as negative aspects as conflict (A01, A04, A07) and concern (A05).

The feelings that emanate from the speeches, even paradoxical, don't cancel as a concept, but complement each other. The dichotomy present in these relations represents the diversity of emotions inherent to life. Freedom of expression plays a aggregator role at the family core. When expose the individuality and not be excluded from owning diverging opinion, family develops in experience and builds its story.

In this perspective, the family dynamic is marked by its complexity and is translated by the way, that their members interact. Each human being is unique and interacts with the world differently and, due to this irrefutable feature, feelings which permeate relations, are unique. So, learn to live with the diversity becomes a challenge in the family context, being essential that the respect to differences and limitations has to be the basis of the relationship.[16]

The family is considered to be a safe environment for the expression of the deepest emotions of its members. Thus, touches on feelings of belonging, of value and of gratitude for being part of a receptive environment, that assists in the definition of their perspectives and in the construction of his identity.[17] The feelings are, experienced in different ways and family translates through the sum of differences.

Familiar functionality

Regardless of the concept that the subjects of analyzed articles attributed to the family, the roles she plays in their lives, substantiate its meaning.

Among the meanings tied to family, the more present related with support for its members. Such support has been described in different dimensions: help (A01, A03, A05, A06, A10), careful (A01, A03, A06, A10), emotional support (A05, A06, A10), informational (A03, A04) and positive social interaction (A03, A06).

The family is singled out as a support source from its members, the importance is central, especially with regard to healthcare.[18]

Social support can be subdivided into dimensions, covering different aspects of support, being emotional, affective, instrumental support, positive social interaction and informational, more dimensions highlighted in literature.[19]

The *emotional support* concerning empathy demonstrations, trust and encouragement in difficult moments of life; *affective support* refers to physical demonstrations of affection and tenderness; *positive social interaction* refers to the presence of people in your social network capable of delivering benefits and ease your tensions, with activities that will reduce your stress and work coping skills; *the information support* refers to the support obtained through advice, suggestions, guidelines and information, which underlie the family decision-making on health-related aspects; and finally, *the instrumental* or *material support* reflects the availability of practical services and material resources, in cash or help in the tasks.[19;20]

In addition to the supporting role, the family was considered by study subjects as responsible for the formation of the individual to society (A01, A03, A06, A10). It is known that one of the responsibilities of the family is the training and socialization of individuals. The family, as the affection space, through their cultural heritage, invests in the

development of the order of the social system, through the repertoire of the past and relations built in the present, the family becomes the means of socialization of its members.[21]

In addition to the basis of the social formation of members, the family was regarded as a reference of life (A05, A10). The individual, in his familiar context, share beliefs, behaviors and values, which serve as a reference in their ways of thinking and acting. Such feelings and experiences contribute to the formation of human identity, becoming the basis of the life of its members and not just mediating their moral formation.[22]

Therefore, the family also is configured with featured as central reference on source of support, both in resolution of problems experienced, as on share feelings.[23]

Family complexity

The family was also designed as an open system, alive and in constant transformation (A07), a dynamic model and not hegemonic (A04), with internal conflicts (A04) and ties (A10), that go beyond inbreeding (A08, A10), but give meaning to the life of its members (A03). The family was recognized as a fundamental piece in the context of health (A06) and the most important area of society (A03), where the human being if humanizes (A08, A10) and develops (A01). Besides, the family was also set to blessing from God (A05).

In the analyzed articles, the family conceptions beyond simple definitions, focusing on the complexity of the system, observing the meanings and relationships defined by its members.

Scientific implications and practical application health care

This study seized in analyzed articles that family is conceived as a dynamic system, whose meaning is built as members interact and could not limit it to a single configuration, but understanding its meaning in the micro cosmos of relations. In this configuration, the works analyzed are core conceptual concern to seize the family as complex system, which goes beyond the framework and focuses on understanding the meanings of relationships for its members.

The study enabled the reflection of conceptions about family in different optics. Such conceptual assumption has practical implications, since, by understanding that the meaning is singular and arising from the experiences and relationships established during the life, the health professional creates conditions to overcome the pre-established theoretical plan. So, is open to develop the sensitivity and the ability to understand the family as a single complex system, to be explored in the interaction.

It is up to the professional, in addition to understand this singularity, embrace it in their practice, to identify the demands and look the person inserted in a network of relationships, in which attitudes are not isolated. This look allows the professional to humanize the service and make it more meaningful.

Finally, we highlight the deficit of validated instruments, which facilitate the professional approach to family practice healthcare. In addition to the development of methodological strategies, involving the family concept of systemic form.

CONCLUSION

The realization of this meta-synthesis has allowed the identification of some important features in the articles set reviewed, highlighting the need of, in the field of health, understanding the multidimensionality of the concept of family for a full and integrated care.

Another relevant aspect is the need to address family as a system and at the same time as a unit. This approach, when reported by different professionals, highlights several components, which complement each other and interfere directly in the meaning attributed by the subject, by family and by professionals throughout the health-disease process.

The studies reviewed in this meta-synthesis showed the concern to complement the different concepts of family, which literature brought throughout history, so they are based on the physical structure of their organizational members or function assigned to them by society.

Regardless of this, the concern of nursing in studying family is growing, considering knowledge is always under construction. According to this, the studies here reviewed reflect the current concern in understanding family, and through the categories identified in the studies, the existence of an exploratory look on the different thematic issues.

An important fact to be highlighted is that in just one article the family was considered as the care unit by health professionals, evidencing the need for studies, which proceed from this point of view.

Baltor MRR, Rodrigues JSM, Ferreira NMLA, et al.   *The text in its context…*

REFERENCES

1. Angelo M, et al. Família como categoria de análise e campo de investigação em enfermagem. Rev Esc Enferm USP (on-line) 2009; 43(Esp 2):1337-41.

2. Engels F. A origem da família, da propriedade privada e do estado. 13ª ed.Rio de Janeiro: Bertrand Brasil; 1995.

3. Segalen M. Sociologia da Familia. Lisboa: Terramar; 1995.

4. Wright LM, Leahey M. A guide to family assessment and intervention: Nurses and families. 5th ed. Calgary: Philadelphia; 2009

5. Singly F. O nascimento do indivíduo individualizado e seus efeitos na vida conjugal e familiar. In: Peixoto C, Singly F, Crechelli V, Orgs. Família e individualização: Rio de Janeiro: FGV, 2000. p.13-19.

6. Hanson SM. Enfermagem de cuidados de saúde à família: teoria, prática e investigação. Loures: Lusodidacta; 2005.

7. Gimeno A. A Familia: o desafio da diversidade. Lisboa: Instituto Piaget; 2003

8. Duhamel F. La santé et la famille: une approche systémique en soins infirmiers. Montréal: Gaëtan Morin Editeur, 1995.

9. Nettle C, Pavelich J, Jones N, Beltz C, Laboon P, Pifer P. Family as client: using Gordons health pattern typology. Journal of Community Health Nursing. 1993; 10(1): 53-61.

10. Araujo MB, Rocha PM. Trabalho em equipe: um desafio para a consolidação da estratégia de saúde da família. Ciênc saúde coletiva 2007; 12(2):455-464.

11. Mugnaini R, Strehl L. Recuperação e impacto da produção científica na era google: uma análise comparativa entre o google acadêmico e a web of science. Enc Bibli: R Eletr Bibliotecon Ci Inf 2008; (esp): 92-105.

12. Marcon SS, Elsenlsen I. A enfermagem com um novo olhar... A necessidade de enxergar a família. Fam Saúde Desenv 1999; 1(1/2): 21-26.

13. Polit DF, Hungler BP. Fundamentos da Pesquisa em Enfermagem. 5ª ed. Porto Alegre: Artmed; 2004.

14. Fraser MTD, Goldim SMG. Da fala do outro ao texto negociado: discussões sobre a entrevista na pesquisa qualitativa. Paidéia 2004; 14 (28): 139-152.

15. Boarini ML. Refletindo sobre a nova e velha família.Psicologia em Estudo 2003; (esp):1-2.

16- Lino MV. A contemporaneidade e seu impacto nas relações familiares. Revista IGT na Rede 2009; 6(10): 2-13.

17. Diogo FV. Relação familiar e auto-estima. Investigação 2009; 9(1): 17–24.

18. Hayakawa LY, Marcon SS, Higarashi IH, Haidman MAP. Rede social de apoio à familia de crianças internadas em uma unidade de terapia intensiva pediátrica. Rev Bras Enferm 2010; 63(3):440-5.

19. Griep RH. Confiabilidade e validade de instrumentos de medida de rede social e apoio social utilizados no estudo pró-saúde. [Tese de Doutorado- Escola Nacional de Saúde Pública]. Rio de Janeiro: Fundação Osvaldo Cruz; 2003.

20. Swartz JJ, Keir ST. Program preferences to reduce stress in caregivers of patients with brain tumors. Clin Journ Oncol Nurs. 2007; 11(5): 723-7.

21. Setton MGJ. A teoria do habitus em Pierre Bourdieu: uma leitura contemporânea. Revista Brasileira de Educação ANPEd 2002; 20: 60-70.

22. Mattos M, Maruyama SAT. A experiência em família de uma pessoa com diabetes mellitus e em tratamento por hemodiálise. Rev Eletr Enf 2009;11(4):971-81.

23. Gonçalves HS, Coutinho LG. Juventude e família: expectativas, ideais e suas repercussões sociais. Estud pesqui psicol 2008; 8(3).

Contact of the corresponding author:
Marja Rany Rigotti Baltor
Rua Vicente Saciloto, 678, Nova Americana, Americana-SP
CEP13466-000, Fone: 19 81343308, Fax: 19 36217721
E-mail: marjabaltor@gmail.com