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INTEGRATIVE REVIEW OF THE LITERATURE

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Calgary Model in The Nursing Framework: An Integrative Literature Review

Modelo Calgary no Âmbito da Enfermagem: Revisão Integrativa da Literatura

Modelo de Calgary en Enfermería: Una Revisión Bibliográfica Integradora

Thaíza Ferreira da Costa¹; Patrícia Serpa de Souza Batista²; Amanda Maritsa De Magalhães Oliveira^{3*}; Débora Rodrigues Alves de Lima⁴; Thaís Costa de Oliveira⁵; Jaqueline Brito Vidal Batista⁶

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ABSTRACT

Objective: The study's purpose has been to characterize the scientific production about the application of the Calgary Family Assessment Model published in online nursing journals. **Methods:** It is an integrative literature review, which was carried out at the Virtual Health Library (VHL), Portal CAPES and PubMed, whose sample corresponded to 18 articles published over the period from 2014 to 2019. Data collection took place from August to September 2019. **Results:** The highest concentration of publications occurred in 2017 and 2018, with 4 (22.2%) publications in each year. Concerning the approach of the studies, the qualitative ones have predominated showing 15 (83.3%) articles. Regarding the modality of publications, the original studies stood out. **Conclusion:** The results have revealed that the investigated scientific production stands out as a relevant theme and has been gradually expanding in the nursing research field.

Descriptors: Palliative Care, Nursing, Theoretical models, Family, Assistance.

RESUMO

¹ Nursing Graduate, MSc student enrolled in the Nursing Postgraduate Program at Universidade Federal da Paraíba (UFPB), Specialist's Degree in Intensive Care, Researcher and Member of the Research Group: Núcleo de Estudos e Pesquisas em Bioética e Cuidados Paliativos (CCS/UFPB).

² Nursing Graduate, PhD in Education, Professor at Universidade Federal da Paraíba (UFPB), Researcher and Member of the Research Group: Núcleo de Estudos e Pesquisas em Bioética e Cuidados Paliativos (CCS/UFPB).

³ Nursing Graduate, PhD in Nursing, Researcher and Member of the Research Group: Núcleo de Estudos e Pesquisas em Bioética e Cuidados Paliativos (CCS/UFPB).

⁴ Nursing Graduate, MSc in Nursing, PhD student enrolled in the Nursing Postgraduate Program at Universidade Federal da Paraíba (UFPB), Researcher and Member of the Research Group: Núcleo de Estudos e Pesquisas em Bioética e Cuidados Paliativos (CCS/UFPB).

⁵ Nursing Graduate, MSc in Nursing, PhD student enrolled in the Nursing Postgraduate Program at Universidade Federal da Paraíba (UFPB), Researcher and Member of the Research Group: Núcleo de Estudos e Pesquisas em Bioética e Cuidados Paliativos (CCS/UFPB).

⁶ Psychology Graduate, PhD in Public Health, Professor at Universidade Federal da Paraíba (UFPB), Researcher and Member of the Research Group: Núcleo de Estudos e Pesquisas em Bioética e Cuidados Paliativos (CCS/UFPB).

Objetivo: Caracterizar a produção científica acerca da aplicação do Modelo Calgary de Avaliação Familiar, publicada em periódicos on-line da área de enfermagem. **Método:** Revisão integrativa da literatura, realizada na BVS, Portal CAPES e PUBMED, cuja amostra correspondeu a 18 artigos publicados entre 2014 e 2019. Os dados foram coletados nos meses de agosto e setembro de 2019. **Resultados:** A maior concentração de publicações ocorreu nos anos de 2018 e 2017, com 4 (22,2%) publicações em cada ano. Com relação à abordagem dos estudos, predominaram os qualitativos, com 15 (83,3%) artigos. Quanto à modalidade das publicações, destaca-se os estudos originais. **Conclusão:** Os resultados revelaram que a produção científica investigada se destaca como uma temática relevante e vem gradativamente apresentando uma expansão no campo da enfermagem.

Descritores: Cuidados Paliativos, Enfermagem, Modelos teóricos, Família, Assistência.

RESUMEN

Objetivo: Caracterizar la producción científica sobre la aplicación del Modelo de evaluación familiar de Calgary, publicado en revistas de enfermería en línea. **Método:** Revisión bibliográfica integral, realizada en BVS, Portal CAPES y PUBMED, cuya muestra correspondió a 18 artículos publicados entre 2014 y 2019. Los datos se recopilieron de agosto a septiembre de 2019. **Resultados:** La mayor concentración de publicaciones ocurrió en 2018 y 2017, con 4 (22.2%) publicaciones en cada año. En cuanto al enfoque de los estudios, predominaron los cualitativos, con 15 (83,3%) artículos. En cuanto a la modalidad de publicaciones, destacan los estudios originales. **Conclusión:** Los resultados revelaron que la producción científica investigada se destaca como un tema relevante y se ha expandido gradualmente en el campo de la enfermería.

Descritores: Cuidados paliativos, Enfermería, Modelos teóricos, Familia, Asistencia.

INTRODUCTION

In modern society, families configure privileged spaces for care support to the life and health of their members. They constitute units of energy and are timelessly organized in society, as a system of smaller interpersonal relations within a system of larger interpersonal relations. This systemic model should be considered from the perspective of family welfare, integrating feedback processes in a cycle between stability and change that allows changes in the structure of the family system, and thus maintain its natural organization throughout its life cycle.¹

With a view to changes in the nursing care pattern, previously very focused on patient-centered care, currently, we seek to expand and include families in health practices. Therefore, it is necessary that Nursing is based on theories and models focused on the area to base its care practice holistically with an emphasis on the patient-family binomial.²

Among the main models used in the nursing field for planning actions and health interventions focused on the family system, the Calgary Family Assessment Model (CFAM), proposed by Wright and Leahey (2012),³ should be highlighted.

The CFAM is based on a multidimensional structure that has three main evaluation axes: structural (internal structure, external structure, and context), developmental

(stages, tasks, and links) and functional (instrumental and expressive). Its use promotes an understanding of family dynamics and functioning in an interactional way and makes it possible to add key elements to support and direct patient and family care.⁴

Being a theoretical-methodological model, the model considers the use of two base instruments: the genogram and the ecomap. The genogram is an illustrated diagram showing the family composition of the people involved in the assessment. The ecomap portrays the relationships between the family, the support networks and the services used, which allow verifying the internal and external structures of the families of the patients followed, contributing to a broader analysis of their condition.⁵

Briefly, using a methodological model of family assessment enables professionals to organize unequal information or to analyze relationships between numerous variables that have a significant impact on the family, while also providing a focus for intervention. Nurses can propose interventions that will facilitate the necessary adjustment to each family unit. Interventions should aim to improve, stimulate and support the functioning of the family; however, the most comprehensive changes will always be those that fall within the scope of family beliefs.³

Given the aforementioned, this study targets to characterize the scientific production about the application of the Calgary Family Assessment Model published in online nursing journals.

METHODS

It is an integrative literature review that aims to gather and summarize the scientific knowledge already produced on the investigated subject, in other words, allows to search, evaluate and synthesize the available evidence to contribute to the development of knowledge on the theme. It stands out for containing the same requirement regarding clarity, replication, accuracy, among other characteristics observed in primary studies.⁶

The results of an integrative review demonstrate the current state of research, contributing to greater effectiveness of actions in the health scenario, at a lower cost, and also evidence gaps that may compromise the development of future research.⁷

In the first stage, the following research question was elaborated: What is the scientific production concerning the Calgary Family Assessment Model?

In the second stage, it was surveyed scientific articles about the theme; The sample was selected according to the pre-established inclusion and exclusion criteria. Inclusion criteria were as follows: studies that addressed the Calgary Family Assessment Model in Nursing, published in Portuguese, English or Spanish, and in article format.

Exclusion criteria were as follows: papers that did not present full abstracts in the databases and the searched

library, online articles, available in full, published in Portuguese, English or Spanish over the period from 2014 to 2019, and that addressed the subject relevant to the studied theme, excluding theses and dissertations, duplicate publications and articles that exclusively dealt with the Calgary Family Assessment Model.

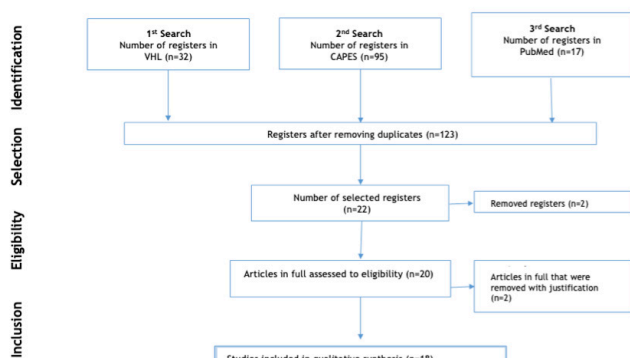
In the bibliographic survey, there were searched publications indexed on the following bases: the Virtual Health Library (VHL), the Literatura Latino-americana e do Caribe em Ciências da Saúde (LILACS) [Latin-American and Caribbean Literature in Health Sciences], the Nursing Database, the Medical Literature Analysis and Retrieval System Online (MEDLINE), the Scientific Electronic Library Online (SciELO), the Coordenação de Aperfeiçoamento de Pessoal de Nível Superior (Portal CAPES) and the PubMed. These bases were chosen because they understand that they reach the literature published in Latin American and Caribbean countries, as well as Brazilian technical-scientific references in nursing, and include renowned health and nursing journals at national and international levels. To contemplate the search, the terms “Calgary Model” and “Nursing” were used, using the Boolean operator “and”.

In the third stage of this study, important information was obtained about the selected articles, using an instrument elaborated by the authors that included the following variables: title, modality, researcher education, publication year, region, methodological design, level of evidence and outcome.

Later, in the fourth stage, the findings of the studies were listed, through a critical evaluation that aimed to identify the central theme of the analyzed articles. With the identification of different approaches, two categories were established to group the findings more clearly.

Then, the fifth stage consisted in the discussion of the results, based on the literature, according to the proposed theme. The last sixth stage, which comprised the presentation of the review, through the construction of a framework, to enable a better visualization of the selected studies and favor the discussion of the text through the established categories and the synthesis of the contents focused on the studies:

Figura 1 - Flowchart for the research selection process. João Pessoa city, Paraíba State, Brazil, 2019.



The investigation enabled a result of 144 articles. After reading the abstracts, 18 articles met the inclusion criteria. Then, copies of the selected studies were acquired, and a rigorous reading of each article was performed to structure the information related to the development of the proposed review, so that the proposed objective could be achieved.

RESULTS AND DISCUSSION

The results showed that the highest concentration of the 18 published articles belongs to the years 2018 and 2017, with 4 (22.2%) publications in each year; followed by 2016 and 2015, with 3 (16.6%) publications each; and the years 2019 and 2014 had 2 (11.1%) publications each.

In regard to the qualitative articles, 15 (83.3%) predominated among the researched studies, followed by quantitative studies 2 (11.1%) and review studies 1 (5.5%). The LILACS database, which has access to Latin America and the Caribbean, it was found a larger production of articles regarding the CFAM, followed by MEDLINE, SciELO, Nursing Database and PubMed.

Considering the Oxford Center Evidence-Based Medicine Levels of Evidence (LE) most studies included in this review were type 2c (35.3%) followed by studies with LE 4 and LE 2a in 29.4%, studies with LE 1a, 2a, 3a were present in 17.6%. Additional data is distributed in Table 1.

Table 1 - Selected articles that are part of Category I, according to title, country, year, approach, level of evidence and outcome of the publications. João Pessoa city, Paraíba State, Brazil, 2019.

Title	LE	Country / Year / Approach	Outcome
Funcionalidade do apoio à família da criança com pneumonia	2c	Brazil 2019 Qualitative	Family restructuring was proven to be relevant and effective in times of crisis.
Famílias de usuários de bebida alcoólica: aspectos estruturais e funcionais fundamentados no Modelo Calgary	2b	Brazil 2019 Qualitative	The CFAM evaluation provided knowledge for promotion, treatment and health recovery in order to re-establish fragile family relationships.
Utilização do modelo Calgary em dissertações e teses de enfermagem: estudo bibliométrico	2a	Brazil 2018 Quantitative	Studies based on this model aroused the interest of researchers in spreading the knowledge in family health.
Avaliação familiar de pacientes idosos com hepatopatia	2c	Brazil 2018 Qualitative	When changes in family functionality and dynamics do not occur, the repercussions of health planning can be negative.
Avaliação de famílias de crianças com doença falciforme	2c	Brazil 2018 Qualitative	Study can be used by nurses to support work planning and the elaboration of personalized interventions according to the functioning of family dynamics.
La práctica del enfoque familiar en el contexto de la atención primaria: estudio de caso comparado	3a	Brazil 2018 Qualitative	The study infers the need for joint planning of the multidisciplinary team and the family. The proposition of intervention alternatives were conceived by a plural perspective of knowledge, surpassing a technical rationality in health.
A dinâmica familiar frente ao risco de morte - uma análise sistêmica do processo de hospitalização	2c	Brazil 2017 Qualitative	Authors affirm that the systemic approach as an innovative methodology to a comprehensive care praxis to the family vulnerable to death and dying in the hospital environment.
Modelo Calgary de avaliação familiar aplicado em contexto ribeirinho	4	Brazil 2017 Qualitative	The Calgary Model assists nurses in care planning, seeking to improve the quality of family life and collaborating to find solutions in daily difficulties.
Modelo Calgary de avaliação familiar: Avaliação de famílias com indivíduos adoecidos de tuberculose	4	Brazil 2017 Qualitative	The Calgary Model was proven to be effective as a new assessment strategy, contributing to family care planning at any level of health care.
Avaliação e intervenção na família de adolescentes com doença falciforme	2c	Brazil 2017 Qualitative	Home care was able to provide support and strengthen each family within its specificity.

Aplicação do Modelo Calgary de Avaliação Familiar no contexto hospitalar e na atenção primária à saúde: uma revisão integrativa	2a	Brazil 2016 Review	The Calgary Model enables a deep approach towards the family structure, development and functioning and is considered an effective tool to identify family diagnoses.
Application of the Calgary Family Assessment and Intervention Models: reflections on the reciprocity between the personal and the professional	1a	Denmark 2016 Qualitative	Presents narratives and reflections about the Calgary Model for professional practice.
A (re)organização do núcleo de cuidado familiar diante das repercussões da condição crônica por doença cardiovascular	4	Brazil 2016 Qualitative	The implementation of strategies that involve family members in hospital discharge planning is suggested.
Avaliação de famílias de crianças e adolescentes submetidos à gastrostomia	2c	Brazil 2015 Qualitative	It showed that the use of a technological device improves the child's health, but it is a difficult process to be initially accepted.
Produção científica acerca do modelo Calgary de avaliação da família: um estudo bibliométrico	2a	Brazil 2015 Quantitative	The results showed the scientific production investigated as a theme of interest and growth in the field of nursing.
Modelo Calgary na avaliação estrutural, desenvolvimental e funcional da família de mulheres mastectomizadas após câncer de mama	4	Brazil 2015 Qualitative	The Calgary Model subsidizes nurses in planning work to care for women with cancer and their families.
Nurses' fidelity to theory-based core components when implementing Family Health Conversations - a qualitative inquiry	2c	Sweden 2014 Qualitative	It reinforces the importance of nurses' reflections and training to carry out interventions in families through dialogue.
Modelo Calgary de avaliação da família: experiência em um projeto de extensão	4	Brazil 2014 Qualitative	The use of the model has allowed to identify the differences between family support in chronic disease and coping with individuals and families.

LE: Levels of Evidence;

Note: The titles were kept as in their original language.

After reading and exploring the empirical material, the articles were grouped into two thematic categories, specifically: Category I - Use of the Calgary Family Assessment Model in Primary Health Care and Hospital; and, Category II - Application of the Calgary Family Assessment Model in chronic diseases.

Category I - Use of the Calgary Family Assessment Model in Primary Health Care and Hospital

Primary Health Care (PHC) can be understood as a strategy for reorganizing the health care system. Through this understanding, PHC has a unique role in the reordering of health system resources in order to meet the demands of the population. It is the first level of professional care to be sought by the population, under which most preventive and curative needs will be met.^{8,9}

In the context of PHC, care is directed to children, adolescents, women, adults and the elderly. In this context, care is directed to the child in the process of illness, specifically children with pneumonia, which also involves their families. Given the child's clinical complexity and based on the understanding that family care practices favor a framework of social relations, health professionals should consider their clinical status in care plans.¹⁰

The family core, facing the demands of attention to the child with pneumonia, and aiming to supply them, mobilizes resources, which involve the social network. In this sense, social support is perceived as a resource provided by people who interact with the family, such as family, friends and neighbors, and can occur in various ways, such as emo-

tional, affective, informational and positive interaction. The individuals in this network interact and join forces for the purpose of supporting the family in coping with the child's pathology.¹¹

It is noteworthy that three studies that bring the application of the Calgary family assessment model have highlighted the importance of social support for the family in the context of primary care: the first one turned to the adaptive dynamics of the family system vulnerable to death and dying; the second assessed the dynamics of a riverside family with strong family and community social support networks; the third brought the importance of identifying social support networks in the care of gastrostomized child and adolescent.¹²⁻¹⁴

Another study also highlights the importance of social support, this time in the hospital context. Refers to research on mastectomized women in the treatment of breast cancer, highlighting the importance of social support to the patient and family at this time of hospitalization.¹⁵ Difficulties encountered during hospitalization of these women often lead the family to seek support in their social network, consisting of work, friends, religion and groups in general.¹²

An important social support highlighted in researched studies, which exists in the hospital itself, consists of the network formed by each accompanying family member, determined by the coexistence in the care environment, configuring itself as a source of resilience to overcome the adversities that exist during the process. to experience a pathology.¹²

Given the difficulties, religious support also stood out as essential in the process experienced by patients, families and nursing professionals. Thus, spirituality presents significant space in the health-disease process, promoting impacts on the physical and mental health of individuals, improving the quality of life, generating well-being and preventing diseases and health problems, as well as acting as a coping mechanism. varied health needs.¹⁶

Faced with these health needs, it is necessary to plan so that better patient and family care can be proposed. In this sense, the CFAM stands out, consisting of a care instrument that can be used in the practice of nursing professionals, in order to contribute to the development of skills to perform the family approach.¹⁰

Therefore, it was found that studies on the use of CFAM are relevant to the nursing area, as they help in understanding family dynamics in different contexts and facilitate the approximation between the professional and the patient, thus contributing to the provision of quality assistance.

Category II- Application of the Calgary Family Assessment Model in chronic diseases

Chronic diseases are among the highest demands for care by nurses at the hospital and outpatient levels. It requires continued and constantly planned assistance from the family health-illness process, often associated with ag-

ing and frequent hospitalizations. Therefore, chronic and long-term pathologies usually affect more than one of the family members who help others in the health-disease process.¹⁷

Intellectuals say that long-term care usually generates, to a greater or lesser extent, various emotional and social changes resulting from this process in a family. Among the main stressors, the most cited are as follows: overload, demotivation, depression, isolation and difficulties in the social relationship of the family system. Thus, the inclusion of the family in health care can help reduce difficulties and provide facilities for treatment and adaptation of the whole family to the new life situation.¹⁸⁻¹⁹

Studies indicate that, in crises caused by the illness process, the family experiences an imbalance in its functionality and suffers alterations involving affection, finances and power relations, but, depending on the resilience and union capacity, it tends to seek family reorganization.¹⁹

A study with a patient with chronic liver disease showed that the family can also interfere negatively in health care when the origin of the disease lies in the family core, whose members did not seek lifestyle changes concerning alcohol abuse. The absence of functional modifications, therefore, generates disturbance of family dynamics, with inevitable repercussions on other elements, or even a family rupture.²⁰ (Tucci; Oliveira, 2019)

Another study with a chronic tuberculosis patient reveals that the pathology usually generates important family isolation from other social groups due to the social stigmatization of the disease. In these cases, nursing needs to base its assistance on the principles of humanization and actively seek the rescue of family members to social life, the appreciation of their potential and the approach with the health team for a better therapeutic conduct.²¹

Bearing in mind the aforesaid, it is evident the increasingly frequent use of the model and theoretical foundations that support nursing care aimed at family and patients with chronic problems. The use of CFAM should be encouraged and developed by professionals in the most diverse areas of care. Regarding the nurses, the CFAM favors the development of new skills in family care practices, including dialogue and critical assessment of the potentialities and weaknesses that hinder patient recovery.

CONCLUSIONS

Through this study it was possible to better understand the use of the Calgary Family Assessment Model in the health framework, realizing how much such model has been used in nursing, both at the primary care level and within the hospital environment.

It is worth mentioning that the studies contemplate the importance of the social network, especially the family, in providing support to the patient, whether child or adult, during the time of coping with the pathology.

The relevance of the Calgary Family Assessment Model as a care tool used by nurses to provide qualified care concerning a better family approach is also underlined.

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***Corresponding Author:**

Amanda Maritsa de Magalhães Oliveira

Rua Arquimedes de Oliveira, 204

Santo Amaro, Recife, Brasil

E-mail address: amanda_maritsa@hotmail.com

Telephone number: +55 81 9 96242112

Zip Code: 50.050-510

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