

Family nursing training: a theoretical study based on Freirean assumptions

Formação em enfermagem de famílias: um estudo teórico fundamentado em pressupostos freireanos

Formación en enfermería de familias: un estudio teórico fundamentado en supuestos freireanos

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ABSTRACT

Objective: this study reflects on the training of Family Nursing students at the undergraduate level from the perspective of Freirean principles. **Content:** a reflective theoretical study anchored in the principles of Paulo Freire and current and relevant literature on Family Nursing education. The theoretical articulation between Freirean principles (liberating education; dialogicity; conscientization; problematization; humanization; and praxis) and Family Nursing education is relevant to overcoming the technocratic and individualized training of nurses. This approach emphasizes the interdependence between theory and practice in which the family system should be considered as a strategic resource in the health-disease process, focusing on a humanized, transformative, and liberating education. **Final considerations:** it is necessary to implement changes in nursing education, reviewing program content, syllabi, curricula, and extension activities in order to promote collaborative and contextual practices that incorporate the family system as a key element in the health-disease process and in teaching.

Descriptors: Family; Family Nursing; Education, Nursing; Teaching; Professional-Family Relations.

RESUMO

Objetivo: refletir sobre a formação de Enfermagem de Famílias no âmbito da graduação sob a ótica dos pressupostos freireanos. **Conteúdo:** estudo teórico do tipo reflexivo, ancorado nos pressupostos de Paulo Freire e na literatura atual e pertinente sobre ensino de Enfermagem de Família. A articulação teórica entre os pressupostos freireanos (educação libertadora; dialogicidade; conscientização; problematização; humanização; e práxis) e o ensino de Enfermagem de Famílias é relevante para superar a formação tecnicista e individualizada do enfermeiro. Essa abordagem enfatiza a interdependência entre teoria e prática, na qual o sistema familiar deve ser considerado como recurso estratégico no processo saúde-doença, com enfoque em uma formação humanizada, transformadora e libertadora. **Considerações finais:** torna-se necessário implementar mudanças na formação em enfermagem, revendo conteúdos programáticos, ementas, currículos, atividades extensionistas a fim de que sejam promovidas práticas colaborativas e contextuais que incorporem o sistema familiar como elemento chave no processo saúde-doença e no ensino.

Descritores: Família; Enfermagem Familiar; Educação em Enfermagem; Ensino; Relações Profissional-Família.

RESUMEN

Objetivo: reflexionar sobre la formación en Enfermería de Familias en el contexto de la formación de grado, desde la perspectiva de los supuestos freireanos. **Contenido:** estudio teórico de carácter reflexivo, anclado en los supuestos de Paulo Freire y en la literatura actual y pertinente sobre la enseñanza de la Enfermería de Familia. La articulación teórica entre los supuestos freireanos (educación liberadora; dialogicidad; concienciación; problematización; humanización; y praxis) y la enseñanza de la Enfermería de Familias es relevante para superar una formación tecnicista e individualizada del enfermero. Este enfoque enfatiza la interdependencia entre teoría y práctica, en la que el sistema familiar debe considerarse un recurso estratégico en el proceso salud-enfermedad, con énfasis en una formación humanizada, transformadora y liberadora. **Consideraciones finales:** se hace necesario implementar cambios en la formación en enfermería, revisando contenidos programáticos, programas académicos, planes de estudio y actividades de extensión, a fin de promover prácticas colaborativas y contextuales que incorporen el sistema familiar como elemento clave en el proceso salud-enfermedad y en la enseñanza.

Descriptorios: Familia; Enfermería Familiar; Educación en Enfermería; Enseñanza; Relaciones Profesional-Familia.

INTRODUCTION

Professional training in Family Nursing is an important topic to be studied and discussed today. This is because families are a relevant social group that exerts influence on individuals and communities in the context of daily life. In addition, different pedagogical-methodological approaches can be used to facilitate the teaching-learning process and research on the family construct. Therefore, the need to deepen the analysis and discussion of how families have been addressed in Nursing training is evident.

In using a guiding definition for this reflection based on Family Nursing, it can be established that “family is who its members say they are”¹. Considering this broad view, the concept encompasses the different and most current family

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constitutions present in contemporary societies. In this sense, the family cannot merely be considered as the sum of individuals, because in fact it is a complex social unit which relates to supra- and subsystems and develops a dynamic and unique experience^{1,2}. Furthermore, every family experiences a historical trajectory marked by different contextual influencers and various situations, especially moments of illness or loss, which can affect the structure, development, and/or functioning of the family¹⁻³.

In this context, nurses do not hesitate to place themselves in a prominent position to care for families, even though this may entail significant challenges for their practice. This is because nurses are not always adequately prepared to identify the unique needs or problems that interfere with family systems, as well as the potential of families, which are significant for developing their members and coping with adversity⁴. In turn, the nursing professional needs to know how to build an empathetic therapeutic relationship based on ethics and the proposition of qualified, targeted, and effective care for aspects of health and well-being in order to assess and interact in the family context^{4,5}.

It is therefore essential that nurses are sensitive and prepared to consider families in the care process, which requires adequate training in Family Nursing. In addition, although the family has been included in the social and health policy landscape in Brazil for decades, teaching of family nursing in undergraduate courses has gaps, with reduced hours and limited to definitions of concepts⁶. Furthermore, there is a focus on considering the family from the perspective of illness, without taking into account family health promotion. Teaching is mostly governed by traditional pedagogical methods, by knowledge fragmentation and by disassociating theory and practice, highlighting the banking and oppressive nature of education traditionally employed in nursing training⁷.

Thus, teaching Family Nursing at the undergraduate level is relevant to help future nurses position themselves in the face of the challenges involving family interaction and care; however, many professionals face unpreparedness in care due to the predominance of the traditional teaching model, reflecting the discrepancy between academic training and practical reality⁸. Therefore, it becomes necessary that the constructs of Family Nursing, especially if based on Freirean concepts of a multicultural, ethical, liberating and transformative education, be included in the training process in order to sensitize and develop students' skills and abilities to critically and reflectively understand the family as a unit of care⁹.

Considering the relevance of the training process of the nursing professional for a humanistic, critical and reflective performance based on ethics and taking into account the current health model in Brazil which considers the family as the focus of care, the following question arises: how can Freirean precepts be concatenated to the training process of Family Nursing at the undergraduate level? In view of the above, this study aimed to reflect on the training of family nursing at the undergraduate level from the perspective of Freirean assumptions.

CONTENT

This is a reflective theoretical article resulting from studies and debates conducted in the context of the postgraduate course entitled: "*Processo saúde-doença e Modelos de Atenção à Saúde*," from the first semester of 2024 of the Postgraduate Program in Biosciences and Health at the State University of Western Paraná (Unioeste). In addition, studies by the main author linked to his ongoing dissertation supported the reflection. The text is anchored in the Assumptions of Paulo Freire, and in current and relevant literature on training in Family Nursing.

A search was initially conducted in the Latin American and Caribbean Literature in Health Sciences (LILACS) database via the Virtual Health Library (VHL), the Nursing Database (BDENF), and PUBMED/Medline to identify the literature. The descriptors: "*Família*," "*Enfermagem Familiar*," "*Educação em Enfermagem*," "*Ensino*" and "*Formação*" were used, combined using the Boolean operators "AND" and "OR". This search was essential for selecting the most relevant texts, allowing the authors to theoretically ground the study object.

The search took place in May 2024 and was limited to texts in Portuguese, English, and Spanish, since these were the languages in which the researchers were fluent. There was no time frame for the literature selection. The focus sought in these texts was the description of how undergraduate nursing education should/ought to address Family Nursing in its curricula. A manual search of the references of the first identified texts was performed to reach a greater number of selected studies, enabling the inclusion of relevant texts which enriched the theoretical analysis and had not been identified in the databases.

After the authors identified and thoroughly read the texts, they realized the need to expand the discussion, incorporating the assumptions of Paulo Freire, a renowned Brazilian theorist of education, into the reflective analysis. Thus, it was possible to broaden the understanding and direct how Family Nursing could be taught in

undergraduate courses based on the concepts of: liberating education; dialogicity; conscientization; problematization; humanization; and praxis^{10,11}.

The reflections were organized and presented using Freirean assumptions and an analysis of how Family Nursing has been taught in undergraduate programs. These constructs stem from interpreting the scientific literature, as well as the reflective insights of the authors as nurses and education professionals with extensive experience in higher education.

Contextualizing Family Nursing Education

The discussion on organizing healthcare practices in Brazil has long been a debate in both the political and academic spheres, taking on two perspectives to be considered. On the one hand, there is the conceptual and practical understanding of the expression “care model”; and on the other, the definition of a teaching model for the health field which takes into account the principles and guidelines that govern and guide the Unified Health System (*Sistema Único de Saúde - SUS*)¹².

In this context, the Biomedical Model, which is technocratic and centered on biological aspects of the health-disease process, has hegemonically influenced the training of health professionals in Brazil for decades, in addition to impacting the organization of healthcare services and the production of scientific knowledge¹². However, management, professionals, the population, and researchers in the field have been seeking a new care model for the *SUS* to overcome the gaps in the biomedical and curative perspective^{13,14}, especially due to the recognition that such an understanding is not capable of accounting for the complex structures which permeate the health-disease process.

In this scenario, a proposal for a family-based care program emerged in Brazil in 1994, which sometime later became a strategy for reorienting healthcare ordered by Primary Healthcare (PHC)¹²⁻¹⁴. Therefore, the Family Health Strategy (FHS) represents an evolution in healthcare, transcending the hegemonic model centered on the individual, and recognizing the family as a fundamental unit of healthcare notably influenced by a complex of social, economic, and cultural factors^{14,15}.

The National Primary Care Policy (*Política Nacional de Atenção Básica - PNAB*) currently reaffirms that Family Health is a priority strategy and a step forward in consolidating healthcare with the expansion of intersectorality and health promotion, and also highlights that Primary Care is the user’s preferred point of contact and the main gateway to Healthcare Networks (*Redes de Atenção à Saúde - RAS*)¹⁴.

Moreover, the repeated persistence of the individualized character of care is evident even with national public policies which highlight the family as an elementary strategy and fundamental basis of care anchored in the expanded perspective of the concept of health and the Social Determinants of Health (SDH). This demonstrates the existing fragility/difficulty in promoting effective changes in care practices, which are still centered on the biological model¹⁴.

Authors in the field of family nursing point out that despite the family playing roles linked to social, cultural, health and political aspects, it has not received prominence in the SDH; thus, they legitimately question: “Where is the family in the social determinants of health?”. In seeking answers to this question, the argument revolves around the fact that although the family is routinely identified as central to the social determinants of health, it is, as a rule, not theoretically justified^{16,17}.

But ultimately, how can the family impact or be a factor in impacting the SDH? What are the implications that the SDH have for professional practice with families, in policies, research, and undergraduate teaching in this area? Considering that this reflection seeks its basis in the nurse’s training process and its impact on family care, it is worth highlighting that although the entry point to the *SUS* is based on family care, theoretical and practical experiences with families have decreased in current curricula¹⁶. This demonstrates a clear gap between what is demanded of the nursing professional in daily clinical practice and what is offered to them during the training process. This gap needs to be overcome.

In light of this situation, it is necessary that in addition to the field of public policies which have already theoretically incorporated families as the central axis of care, there is also a reform in the health training model. It is relevant to expand the horizons of a technocratic and profession-centered training to a knowledge perspective based on interdisciplinarity to address the family’s demands, complexities, expectations, and experiences¹⁸.

Training which considers the family as a unit of care starting at the undergraduate level fills a curricular gap that sometimes solely focuses on individual issues within the health-disease process and the different life cycles⁹. It is important to highlight that when nursing develops its duties as a team, it interacts with different professional categories. Therefore, there is an urgent need for inter- and transdisciplinarity as fundamental aspects of an innovative practice focused on the Family System¹⁸.

In turn, it is essential to consider that the concept and constructs of Family Nursing be included during undergraduate studies as an essential part of the future professional's training process, and that these components are not merely seen as optional during training⁹. This is because advanced practice is only possible if the nurse is sensitized and develops skills and competencies, understanding the family as a unit of care and the relationships between its members, especially in aspects related to the health and disease process⁹.

However, in carrying out their professional practice, it is noted that many nurses believe that the family is restricted to certain areas which can limit their perception of the importance of the family in different care settings. This perception is historically linked to the fact that the family is the central focus in Primary Care, especially in the Family Health Strategy and in the maternal-infant area. Nevertheless, this conception needs to be overcome, and training plays a relevant role in this process by demonstrating that other health areas or different care levels should recognize the importance of the family in multiple contexts, such as hospitalization, emergencies, and palliative care^{5,19}.

Another relevant topic to be pointed out concerns the fragmentation between theory and practice in family nursing education, as well as the often-lacking pedagogical strategies which enable transversally integrating the family concept, meaning throughout different disciplines and not only in specific areas, given that the family is a fundamental unit in all care scenarios. Curricula end up prioritizing technical and scientific aspects of patient care, neglecting the family context that is crucial to the health of its members. As a result, training becomes fragmented into different disciplines, hindering a holistic approach which considers family dynamics^{20,21}.

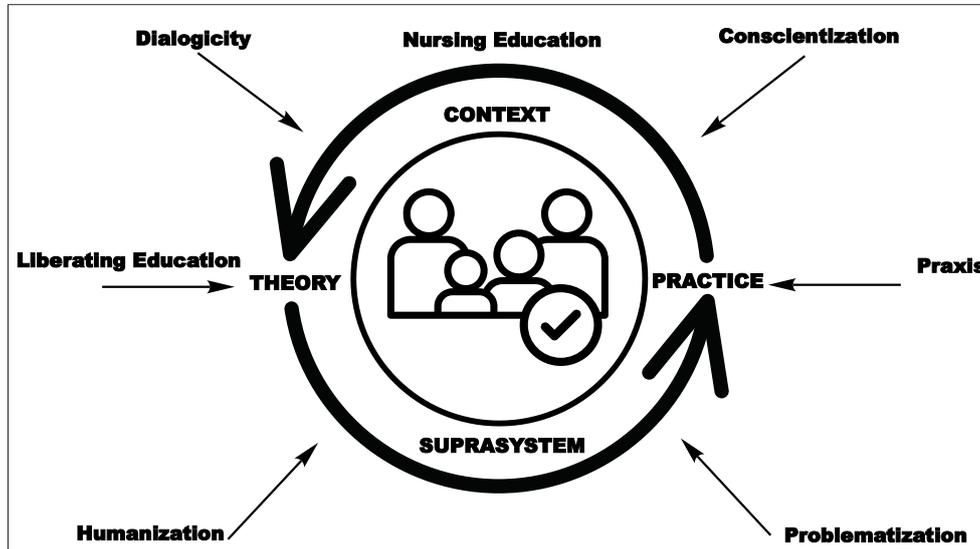
In turn, it is essential to transform the training process for nurses to reinforce the importance of the family in healthcare. This requires adopting teaching strategies which promote collaborative practice with the family system. The change must begin in the university environment encompassing the political and epistemological dimensions, in addition to professional practices and knowledge. Thus, it will be possible to direct training nurses in a way that is more aligned with the demands of the SUS¹⁸. Therefore, it is reinforced that overcoming a fragmented education about the family system is urgent, since the logic of the individualistic model and the professional-centered teaching limit the comprehensiveness of the family as a care unit. This gap is reinforced by the reduced teaching hours regarding Family Nursing, which makes a critical and comprehensive approach to the family in the health context impossible.

Nevertheless, some strategies can be adopted to expand Family Nursing in undergraduate training, such as including the family as a cross-cutting theme, the use of pedagogical methodologies which enable the students to reflect on the role of the family in different care scenarios, including high-fidelity simulation and qualified listening to families experiencing different health problems, as well as developing research and extension projects focused on family care in different contexts. Thus, contemporary pedagogical approaches seek an increasingly innovative education aligned with the current context, requiring an integration of teaching methods which place the student as the protagonist in the teaching-learning process, making them an active agent encouraged to develop proactivity and autonomy⁸.

There are some nursing colleges/departments around the world that already have curricula and training processes which include teaching families more comprehensively and in an expanded way, such as the University of São Paulo; University of Navarra and the Higher School of Nursing of Porto. The implementation of a nursing curriculum with an emphasis on the family in Minnesota (United States) has shown positive results, as evidenced by the significant increase in students' knowledge about family nursing practice, in addition to promoting the development of an inclination towards family care. The curricular restructuring based on scientific evidence provided students with the technical and relational skills necessary for providing effective care to families²³.

It is understood that achieving a complete education in Family Nursing at the undergraduate level involves following some theoretical framework that supports pedagogical practice²⁴. The theoretical and methodological assumptions of Paulo Freire, who addresses education as a practice of freedom aiming to promote emancipatory and conscious teaching can constitute this supporting element. The objective is to develop a critical awareness among future nurses which enables developing actions aimed at changing reality and their professional performance, highlighting the relevance of the family system in the context of the health-disease process²⁴. To this end, we will highlight some of Freire's assumptions which include education as a practice of freedom, dialogicity, conscientization, problematization, humanization, and praxis. When applied to family nursing education, the concepts of Paulo Freire enable empowering the construction of a critical and transformative teaching of reality^{10,11}.

Figure 1 presents a conceptual model of how we believe Family Nursing education should be structured at the undergraduate level based on Freirean principles.



Source: The authors (2025).

Figure 1: Explanatory diagram of Freirean concepts applied to family nursing education, Cascavel, PR, Brazil, 2025.

The student-learner is at the center as the protagonist of their education, and the family, as the ultimate agent of care. Both are involved in a broader context, also called a suprasystem, which encompasses social, political, cultural, and educational aspects. Furthermore, there needs to be an interconnection between theory and practice for education to be humanized, transformative, and liberating. They are inseparable. One gives shape to the other and makes sense to the student.

The constituent elements of this process are: dialogicity (representing dialogue in the educational process), liberating education (indicating the emancipation of the learner), humanization (reinforcing family-centered care), conscientization (promoting critical reflection), problematization (encouraging the analysis of practical challenges), and praxis (applying learning to transform reality). These elements are identified as basic foundations for education which considers the family system as a strategic resource in the health-disease process.

Education as a practice of freedom

The concept of education as a practice for freedom involves the idea that the training process should be emancipatory. From this perspective, relating this definition to the field of nursing, especially in work with families, enables students and future nurses to develop critical autonomy in relation to their professional practice.

It is believed that the practice of freedom in training allows professionals to create, propose and transform their own reality, which is something essential for family nursing given that the family system constitutes a complex and dynamic unit of care. Furthermore, it is essential to understand that the plurality of families and their sociocultural insertion are factors which influence the health-disease process. In this sense, freedom allows future professionals to be inserted into a broader logic of care, respecting their respective contexts. By working in family care, professionals experience and deepen their understanding of the dynamics that mark being and living together in a family^{10,11}.

Dialogicity

Dialogicity, another fundamental Freirean concept, challenges traditional “banking” education centered on the mere transmission of knowledge, proposing a horizontal relationship between educator and learner, “[...] in which trust from one pole to the other is an obvious consequence”¹¹. Dialogicity is central in the context of Family Nursing education, as it will favor identifying the challenges that families face and their strengths and potential, allowing the student to collaboratively develop the care process in the teaching-learning process, thereby not only transmitting knowledge, but also learning from the lived experience of families^{10,11}.

Conscientization

For Paulo Freire, Critical Consciousness involves the ability to critically and radically reflect on social reality, meaning to overcome the appearances of problems and understand them at their “roots.” In the work “Education as a Practice of Freedom”¹⁰, Freire states that conscientization is in itself a political act, as it implies a critical analysis of the world, the perception of its contradictions, and engagement in the struggle for its transformation^{10,11}.

Such assumptions in training nurses can develop a broader and more critical view of the social, political, and cultural conditions that affect health. Transposing the concept to family nursing education, conscientization empowers nurses to identify the inequalities and injustices which impact family care and enables them to act as agents of social transformation^{10,11}.

Problematization

Problematization is central to Paulo Freire, as it encourages learners to question and reflect on concrete situations that affect their practice. Problematization, as a critical proposal, implies overcoming the narrative, which transforms learners into ‘vessels’ to be filled. Problematization as a teaching-learning method develops the capacity for reflection and critical awareness of subjects in their relationships with the world^{10,11}.

Problematizing in family nursing education allows graduates to discuss clinical cases or directly interact with families in supervised clinical practice activities, or even in extension activities, and thus face real challenges. In turn, this will allow them to understand the complexities of the family system and find solutions which transcend individualized care, promoting a comprehensive and humanistic approach, and above all recognizing that the family is a system that can be affected by the context, and is therefore a unit of care¹⁰.

Humanization

Freire also advocated for education as a humanizing process, in which respect for the dignity of the human being is central. This principle reinforces the importance of ethical care in family nursing, considering its particularities and needs^{10,11}. Humanizing care for families is necessary because it enables targeted care, beyond technique, taking into account sociocultural dimensions. In this sense, family nursing must consider the relevance of each family member as a unique being, with their own histories and experiences, valuing their opinions, habits, and relationships, but above all understanding that this individual who is part of the individual subsystem is also part of a family system and is inserted in a given historical context influenced by the suprasystem, meaning the individual and their unique humanity will always impact the family system¹.

Nurses build a relationship of trust and mutual respect by adopting a humanized approach, which then contributes to more comprehensive and effective care. In this context, teaching about family care in undergraduate nursing programs grounded in Paulo Freire’s principle of humanization, has the potential to train future nurses capable of providing equitable care, strengthening the bond between healthcare professionals and the families they serve, and addressing their needs and specificities.

Praxis

Praxis expresses the unity between the two dimensions of the knowledge process, namely action and reflection, theory and practice, which enables the individual to act critically to transform reality. Praxis in nursing can favor overcoming care solely focused on the disease and strengthen a critical professional action-reflection on the patient’s social context, seeking to transform the conditions that affect their health^{10,11}.

Furthermore, family nursing education has the potential to train professionals capable of putting the assumption of praxis into practice. This allows for interventions which promote comprehensive and transformative care, aiming to critically identify both the strengths and weaknesses of families. In turn, this contributes to improvements in the health of the families provided care and takes into account the social conditions that influence health.

Study limitations

This study is limited by the restricted scientific production in the area of Family Nursing education at the undergraduate level. This meant that the presented reflection was more strongly permeated by the analysis of authors who sought to compare the scarce existing literature with the theoretical framework of Paulo Freire.

FINAL CONSIDERATIONS

Nursing education at the undergraduate level still faces significant challenges in incorporating the family system, mainly related to the disconnect between theory and practice and the predominance of a teaching model centered on

the individual and technique. Based on reflection grounded in Freirean assumptions, the need for a more humanistic, critical, and liberating education which values the central role of the family in healthcare was observed. It was possible to present some strategies for developing activities/actions aimed at enhancing the teaching of this theme in training nurses.

Paulo Freire's concepts applied to training in Family Nursing strengthen the idea that care for the family should be critical, liberating, and based on a dialogical practice, promoting the development of professionals capable of transforming the reality of healthcare, critically interacting with the family system, respecting its complexities and sociocultural insertions. It is possible to transform the training process through dialogue, awareness, and practice into a space for collaboration, reflection, and action, preparing nurses to act comprehensively and ethically in family care.

Therefore, it is essential that family nursing education be strengthened in order to not only provide students with technical knowledge, but also with the ability to act as agents of social transformation, in line with the principles of the Unified Health System. This change requires adopting cross-curricular pedagogical methodologies which critically integrate family care in all teaching and practice scenarios in nursing curricula.

New studies, especially analytical ones, are needed to promote understanding of the potential and barriers that exist in different courses for teaching Family Nursing. In addition, further research would be interesting to explore implementing different pedagogical methodologies which consider the cross-curricular teaching of the subject in diverse care settings.

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Use of artificial intelligence tools

Authors declare that no artificial intelligence tools were used in the composition of the manuscript *“Family nursing training: A theoretical study based on Freirean assumptions”*.