



## Health Indicators of Families with *under-age children*: protocol for a scoping review

## Indicadores de saúde das famílias com filhos menores: protocolo para scoping review

## Indicadores de salud de las familias con niños menores: protocolo para una revisión de alcance

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**ABSTRACT**

Family health is defined as a state of dynamic well-being and relative change, which includes biological, psychological, spiritual, sociological and cultural factors of the constituent members as well as aspects of the functioning of the family unit. This means that family health will depend on the interaction between personal factors, specific family group factors and sociological factors. Aim: To map the available evidence on the health of families with under-age children attended in the context of primary health care, identifying the indicators used in characterising their health. This protocol follows the Joanna Brigs Institute (JBI) methodology. The PCC strategy was adopted for the construction of the research guiding question: P (Population) Families with under-age children; C (Concept) Family's Health; C (Context) Primary Health Care. The sample will consist of studies that address family health and its indicators. A search will be conducted in electronic databases and grey literature. Conclusions: the previous research found studies that support the possibility of Scoping Review.

**Keywords:** Family Health. Family. Health Status Indicators. Primary Health Care.

**RESUMO**

A saúde da família é definida como um estado de bem-estar dinâmico e de mudança relativa, que inclui fatores biológicos, psicológicos, espirituais, sociológicos e culturais dos membros constituintes, bem como aspetos do



funcionamento da unidade familiar. Isto significa que a saúde da família dependerá da interação entre fatores pessoais, fatores específicos do grupo familiar e fatores sociológicos. Objetivo: mapear a evidência disponível sobre a saúde de famílias com filhos menores seguidas em contexto de Cuidados de Saúde Primários, identificando os indicadores utilizados na caracterização da sua saúde. Este protocolo segue a metodologia do Instituto Joanna Briggs (JBI). A estratégia PCC foi adotada para a construção da pergunta orientadora da pesquisa: P (População) Famílias com filhos menores; C (Conceito) Saúde da Família; C (Contexto) Cuidados de Saúde Primários. A amostra consistirá em estudos que abordem a saúde da família e os seus indicadores. Será realizada uma pesquisa em bases de dados científicas e literatura cinzenta. Conclusões: a pesquisa anterior encontrou estudos que sustentam a possibilidade de uma Scoping Review.

**Palavras-chave:** Saúde da Família. Família. Indicadores de Estado de Saúde. Cuidados de Saúde Primários.

## RESUMEN

La salud familiar se define como un estado de bienestar dinámico y de cambio relativo, que incluye factores biológicos, psicológicos, espirituales, sociológicos y culturales de los miembros constituyentes, así como aspectos del funcionamiento de la unidad familiar. Esto significa que la salud familiar dependerá de la interacción entre factores personales, factores específicos del grupo familiar y factores sociológicos. Objetivo: mapear la evidencia disponible sobre la salud de familias con hijos menores atendidas en el contexto de la atención primaria de salud, identificando los indicadores utilizados en la caracterización de su salud. Este protocolo sigue la metodología del Instituto Joanna Briggs (JBI). Se adoptó la estrategia PCC para la construcción de la pregunta guía de la investigación: P (Población) Familias con hijos menores; C (Concepto) Salud Familiar; C (Contexto) Atención Primaria de Salud. La muestra consistirá en estudios que aborden la salud familiar y sus indicadores. Se realizará una búsqueda en bases de datos científicas y literatura gris. Conclusiones: la investigación anterior encontró estudios que respaldan la posibilidad de una Scoping Review.

**Palabras clave:** Salud Familiar. Familia. Indicadores del Estado de Salud. Atención Primaria de Salud.

## 1 INTRODUCTION

The family, as a vital unit and foundational reference of the individual, is currently recognized as an institutional component of society like any other institution. As a primary unit of society, the family is part of this broader system (Kaakinen, Hanson, & Denham, 2010).

Despite changes over time in the structure, function and processes, the



family continuity, survival and prosperity identify the family as the most persistent societal unit (Hanson, 2005).

The family itself performs the central role, however, in the individual process of construction of identity, facilitating self-fulfillment in the development not only of maturity, which enables growth and autonomy within a society, but also of the feeling of belonging, which encompasses a dimension of familiarity and affiliation (Figueiredo, 2012).

This procedural function of the family is also responsible for the internalization of societal norms, which can be integrated and adapted to be able to perform within that society. This exercise is fundamental, both for integrating members within a society and for securing the continuity of a given social system.

Ratti, Pereira and Centa (2005) similarly note that, despite its evolution and new structures and organization, the family is recognized as a permanent basic structure of the human experience, identified as a foundation within a society.

In its basic unit, all families are organized in a complex relational structure where the functions and roles of each of its members are defined according to social expectations. The specific and singular way in which these families are positioned is, in effect, unique given that "there are no two families alike, although they are all a family and function as such" (Relvas, 2000, p.14)

The value system developed by the family, expressed by the beliefs, attitudes and behaviors of family members, influences the way their health processes are developed (Duhamel, 1995, in Figueiredo, 2012, p. 48), through values that may (or may not) favor the adoption of health-promoting behaviors which are established, organized and fulfilled in the family system (Figueiredo, 2012) and that reflect the status of that family's health.

While decisions are often made about health practices in the family context, the family is also the provider, promoting both health or disease, and the primary source for providing and transmitting health care.

Family health is defined as a dynamic state of relative change in well-being, which includes biological, psychological, spiritual, sociological and cultural factors of the family system and of the family members (Hanson, 2005).

This approach combines the health of each individual member, as well as health aspects related to the family unit since the health of an individual (on the



continuum from well-being to illness) affects the way the entire family functions and, in turn, the family's ability to function affects the health of each family member (Anderson & Tomlinson, 1992).

These authors further suggest that the analysis of family health must simultaneously include the health and illness of the individuals and of the collective.

Family health can then be seen as a dimension of the family system in which the whole and the parts mutually influence health processes whether biological, psychological, social, cultural or spiritual.

Family health is associated with the ability of its members to perform their functions through a flexible and adaptable structure which is a resource for the promotion of the psychosocial development of each family member (Minuchin, 1990). These necessary factors in the maintenance and restoration of family health ensure that, given the multiple demands associated with adapting to the family life cycle, a healthy family will be able to respond to the material, emotional and spiritual needs of its members (Figueiredo, 2012).

In the current social context of new health needs, ranging from the reduction in the length of hospital stays, the incentive for outpatient care and a broader and more flexible support network in the monitoring of patients with chronic diseases, expansion and strengthening of practice in family-based nursing is crucial.

As such, the contemporary perspective of nurses must be more aligned with current health trends and their political redefinitions, with the prevailing view that families are increasingly held responsible for providing care to dependent members.

This requirement for a more active participation of families in the health/disease of their members presupposes more and better monitoring by health professionals over the family structures and, consequently, the nurses' obligation to rethink the way of health care is viewed and practiced, so that family-centered care is considered an integral part of nursing practice (Araújo, 2014)

A preliminary search of PROSPERO, MEDLINE, the Cochrane Database of Systematic Reviews and the *JBI Evidence Synthesis* was conducted and no current or underway scoping reviews or systematic reviews on the topic were identified.

The aim of this scoping review is to map the available evidence on the health



of families with under-age children attended in the context of primary health care, identifying the indicators used in characterising their health.

## 2 REVIEW QUESTION

The following research questions were defined:

- How is the health of families with under-age children characterised?
- Which indicators are used to assess the health of families?
- What factors influence family health?

## 3 INCLUSION CRITERIA

### 3.1 PARTICIPANTS

Families with children who have not yet reached the age of eighteen, when they acquire full capacity to exercise their rights and are empowered to govern their own person and dispose of their own property (Portugal, 1966).

### 3.2 CONCEPT

This review will consider studies that explore Family's Health. The Family's Health is a resource at the family level system which develops from the interaction between the health of each family member, interactions and skills, as well as physical, social, emotional and economic resources (Figueiredo, 2012; Weiss-Laxer et al., 2020). Family health integrates aspects related to mutuality between the health status of its members, the health status of the communities and the factors that promote the family as a functional unit. The reciprocity between individual health practices and the family's health level is highlighted, in a dynamic balance that enables co-evolution, as a condition for optimizing physical, psychological, social, spiritual and cultural well-being (Figueiredo, 2012).



### 3.3 CONTEXT

This scoping review will consider studies that have been conducted in primary health care. Primary Health Care represents the first level of health services that guarantee the satisfaction of needs when it comes to health, through the promotion of protective, preventive, curative, rehabilitative and palliative care, throughout the entire life cycle. These services give strategic priority to core primary health care for individuals and families and to the public health through core elements of integrated health services. Systematically addressing the broader determinants of health (from social, economic and environmental to individual characteristics and behaviors), evidence-based public policies and activities empower people, families and communities as advocates for policies that promote and protect health and well-being, as co-creators of health and social services, and as self-caregivers and providers of third-party care to optimize their health (World Health Organization, 2020).

### 3.4 TYPES OF SOURCES

This scoping review will consider quantitative, qualitative and mixed methods study designs for inclusion. In addition, systematic reviews and text and opinion papers will be considered for inclusion in the proposed scoping review, as well grey literature. Editorials, letters to the editor will be excluded from the review.

## 4 METHODS

The proposed scoping review will be conducted in accordance with the JBI methodology for scoping reviews (Peters et al., 2020). The selection of a scoping review is based on its objective: to map the evidence related to a particular research focus, identifying gaps, constituting a preliminary effort that justifies a systematic review of the literature.



#### 4.1 SEARCH STRATEGY

The search strategy will aim to locate both published and unpublished primary studies, reviews and text and opinion papers.

An initial limited search of #MEDLINE (PubMed) and CINAHL (EBSCO) was undertaken to identify articles on the topic. The text words contained in the titles and abstracts of relevant articles, and the index terms used to describe the articles were used to develop a full search strategy (Table 1).

The search strategy, including all identified keywords and index terms, will be adapted for each included information source. Articles published in Portuguese, Spanish and English will be included as well as articles published from 2017 to 2022.

The following Keywords will be used: “Family’s Health” AND “under-age children” AND “Primary health care”. A second survey will be carried out using all databases selected for this scoping review. This research will use the keywords and indexed terms identified in the initial search. The third step will consist of a reverse search, where the references of the selected studies will be used to access other studies of interest that have not been previously identified.

The research will use the following databases: SCOPUS, PubMed, Cochrane, Web of Science, Medline and Cumulative Index to Nursing and Allied Health (CINHAL).The following databases will be used for research in gray literature: Open Grey, Google Scholar, Proquest dissertations & theses open, and Portuguese Open Access Scientific Repository (RCAAP). Each phase of the research will have the participation of two independent researchers.

Table 1. Research Strategy

Research Strategy			RESULTS	
			Full Text	Abstract
<i>((((((((("Primary health care"[MeSH Terms])) OR ("primary healthcare")) OR ("Primary Care")) ) AND (Minors[MeSH</i>	CINAHL	AB Abstract or Author-Supplied Abstract  2017-2022	30	109
	Medline		47	183
	PubMed		132	238
	Nursing & Allied Health Collection: Comprehensive		4	17
	Cochrane (Cochrane Central Register of Controlled Trials, Cochrane Database of Systematic Reviews,		0	8



<i>Terms}}</i> OR ( <i>Minor</i> ) OR (" <i>under-age children</i> ") AND (" <i>Family Health</i> "[MeSH Terms]) OR (" <i>Family's health</i> ") OR (" <i>Families health</i> ")	Cochrane Methodology Register, Cochrane Clinical Answers)		
	Web of Science		197 247
	SCOPUS		10 706 19665
	Open Grey	2017-2022	1
	Google Scholar	2017-2022	17
	Proquest dissertations & theses open	2017-2022	17202
	<i>cuidados de saúde primários E "Saúde Familiar"</i>  <i>cuidados de saúde primários E "Saúde Familiar" OU "Atenção Básica"</i>	Portuguese Open Access Scientific Repository (RCAAP)	2017-2022
Limited to: Temporal period: 2017-2022 • Language: Portuguese, Spanish and English			

Source: Prepared by the authors.

## 4.2 STUDY/SOURCE OF EVIDENCE SELECTION

Following the search, all identified records will be collated and uploaded into Mendeley 1.19.5 version (Elsevier) and duplicates removed. Following a pilot test, titles and abstracts will then be screened by two independent reviewers for assessment against the inclusion criteria for the review. The full text of selected citations will be assessed in detail against the inclusion criteria by two independent reviewers. Reasons for exclusion of full-text papers that do not meet the inclusion criteria will be recorded and reported in the scoping review. Any disagreements that arise between the reviewers at each stage of the selection process will be resolved through discussion or with a third reviewer. The results of the search will be reported in full in the final scoping review and presented in a Preferred Reporting Items for Systematic Reviews and Meta-analyses for Scoping Reviews (PRISMA-ScR) flow diagram.

## 4.3 DATA EXTRACTION

Data will be extracted from papers included in the scoping review by two



independent reviewers using a data extraction tool developed by the reviewers, in accordance with the defined by JBI and in order to respond the purposes of the study (Table 2). Thus, this instrument shall include the following information related to each of the selected studies: details of the study (authors, year, country); type of study; goal; research question; population (number of participants); context; empirical references; results; recommendations/implications for policies, practice and research and gaps identified.

The draft data extraction tool will be modified and revised as necessary during the process of extracting data from each included paper. Modifications will be detailed in the full scoping review. Any disagreements that arise between the reviewers will be resolved through discussion or with a third reviewer. Authors of papers will be contacted to request missing or additional data, where required.

Table 2. Data extraction instrument

Data Extraction Instrument	
Review Title Health Indicators of Families with <i>under-age children</i> : protocol for a scoping review	
Review Objective To map the available evidence on the health of families with under-age children attended in the context of primary health care, identifying the indicators used in characterising their health.	
Review Question What is the evidence on Family's Health with under-age children followed in primary health care?	
Eligibility Criteria Participants: Family with under-age children Concept: Family's Health Context: Primary Health Care	
Details and characteristics of the study	
Citation Details	
Authors	
Year	
Country	
Aim	
Type of evidence source	
Research question/ objectives	
Study type	
Participants	
Context	
Concept	
Empirical references	
Outcomes	
Results Key findings	
Recommendations/implications for policies, practice and research	
Gaps identified	
Comments	

Source: Prepared by the authors.



#### 4.4 DATA ANALYSIS AND PRESENTATION

As in the data extraction phase, data synthesis will be carried out by consensus of two researchers. To this end, the data contained in the scripts will be organized in a shared Google sheets file in order to allow access for all researchers. As there is no consensus among the three researchers, we will count on the participation of the fourth investigator to analyse this whole process and resolve the differences found. The data synthesis will be presented in the body of the scoping review in the form of tables with the respective supporting text, as recommended by the JBI. A narrative summary will accompany the tabulated and/or charted results and will describe how the results relate to the reviews objective and question.

#### 5 CONCLUSION

Given the importance of family health within the discipline of Nursing, this review will provide an understanding of the epidemiological profile of families and offer a broad and strategic view of family health, as well as the factors that influence it. It is anticipated that the contributions of this scoping review to clinical practice will be significant, as it is expected to be useful in developing nursing practices that are more targeted and suited to the characteristics and needs of families, both on an individual and community level.

Regarding future research, it is hoped that this scoping review will stimulate new scientific developments and encourage the formulation of questions that justify the need for a systematic review of the literature on the health of families with under-age children.

Among the identified limitations, the variability in the quality of the included studies stands out, which may compromise the consistency of the conclusions, as studies with low methodological quality introduce biases and limit the generalisation of the results. Linguistic restriction is another limitation, as the research was limited to three languages, which may have led to the exclusion of relevant evidence published in other languages.



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