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Analysis of Care Practices Produced by Primary Care Nurses within the Family

Análises das práticas de cuidado produzidas pelos enfermeiros da atenção primária no âmbito familiar

Análisis de las prácticas del cuidado producidas por enfermeros de atención primaria en el ámbito familiar

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Abstract: Objective: To analyze the care practices produced by nurses in primary care with families from the perspective of health promotion. Method: An exploratory descriptive study with a qualitative phenomenological approach was conducted in 15 Basic Health Units located in the municipality of Boa Vista, Roraima, Brazil. Fifteen nurses with specialized clinical practice in family health were included. The semi-structured interview design included thirteen questions that address the performance of nurses in the primary health unit and their care practices directed at families. The interviews lasted an average of thirty minutes and took place in private environments, represented by nursing offices and meeting rooms of the selected health services. Content analysis was conducted manually, guided by Laurence Bardin's framework in three specific stages, namely: pre-analysis, data processing, and interpretation. Results: Within the scope of the care practices carried out by primary care nurses with families, there was an appreciation of bonds as a crucial element for health promotion. The humanistic aspects involved in health education improve the active participation of families in self-care and promote satisfactory health outcomes. Conclusion: Nurses recognize in the practical scope of health promotion with families the welcoming, qualified listening, comprehensiveness, humanization, dialogue and human relationships as being indispensable to the production of educational health care and obtaining favorable health outcomes in primary care.

Keywords: family nursing; professional-family relations; family health; nursing care; primary nursing.

Resumo: Objetivo: Analisar as práticas de cuidar produzidas pelos enfermeiros da atenção primária com as famílias na perspectiva da promoção da saúde. Método: Estudo exploratório-descritivo com abordagem qualitativa fenomenológica, realizado em quinze unidades básicas de saúde situadas no município de Boa Vista, Roraima, Brasil. Foram incluídos quinze enfermeiros com prática clínica especializada em saúde da família. O

desenho da entrevista semiestruturada contou com treze questões que versam sobre a atuação dos enfermeiros na unidade básica de saúde e suas práticas de cuidado direcionadas às famílias. As entrevistas tiveram duração média de trinta minutos, ocorreram em ambientes reservados, representados por consultórios de enfermagem e salas de reuniões dos serviços de saúde selecionados. Foi realizado manualmente análise de conteúdo orientada pelo referencial de Laurence Bardin em três momentos específicos, a saber: pré-análise, tratamento dos dados e interpretação. Resultados: No âmbito das práticas de cuidar protagonizadas por enfermeiros da atenção primária junto às famílias houve uma valorização dos vínculos como elemento crucial para a promoção da saúde. Os aspectos humanísticos envolvidos na educação em saúde melhoram a participação ativa das famílias no autocuidado e promovem resultados satisfatórios em saúde. Conclusão: Os enfermeiros reconhecem no âmbito prático da promoção da saúde com as famílias o acolhimento, a escuta qualificada, a integralidade, a humanização, o diálogo e as relações humanas como sendo indispensáveis à produção de cuidados educacionais em saúde e obtenção de resultados favoráveis em saúde na atenção primária.

Palavras-chave: enfermagem familiar; relações profissional-família; saúde da família; cuidados de enfermagem; enfermagem primária.

Resumen: Objetivo: Analizar las prácticas de cuidado producidas por enfermeros de atención primaria con familias desde una perspectiva de promoción de la salud. Método: Estudio exploratorio-descriptivo con abordaje cualitativo fenomenológico, realizado en quince unidades básicas de salud localizadas en el municipio de Boa Vista, Roraima, Brasil. Fueron incluidas quince enfermeras con práctica clínica especializada en salud familiar. El diseño de las entrevistas semiestructuradas incluyó trece preguntas que abordan el papel del enfermero en la unidad básica y sus prácticas de cuidado dirigidas a las familias. Las entrevistas tuvieron una duración promedio de treinta minutos y se desarrollaron en ambientes privados, representados por consultorios de enfermería y salas de reuniones de los servicios de salud seleccionados. Se realizó manualmente un análisis de contenido guiado por el marco de Laurence Bardin en tres momentos: preanálisis, procesamiento de datos e interpretación. Resultados: En el ámbito de las prácticas de cuidado realizadas por enfermeros de atención primaria con las familias, los vínculos fueron valorados como un elemento crucial para la promoción de la salud. Los aspectos humanísticos involucrados en la educación para la salud mejoran la participación activa de las familias en el autocuidado y promueven resultados de salud satisfactorios. Conclusión: Los enfermeros reconocen, en el ámbito práctico de la promoción de la salud con las familias, la acogida, la escucha calificada, la integralidad, la humanización, el diálogo y las relaciones humanas como esenciales para la producción de la atención educativa en salud y la obtención de resultados favorables en salud en la atención primaria.

Palabras clave: enfermería de la familia; relaciones profesional-familia; salud de la familia; atención de enfermería; enfermería primaria.

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Introduction

Primary care is one of the key components of universal health system models, aiming to promote health, ensure continuity and comprehensiveness of care in both individual and collective contexts, as well as to address the health needs of a population. [1] User autonomy, interdisciplinarity, and the development of nurse-person-family bonds are typical elements present in primary care that ensure health needs are met. [2]

Indeed, the creation of the Unified Health System (Sistema Único de Saúde - SUS) was one of the greatest milestones in the history of public health in Brazil. Since its establishment in 1988, SUS has aimed to ensure that all Brazilian citizens have free and universal access to healthcare. In this context, primary care stands out, organized and regulated by the National Primary Care Policy, which serves as the main entry point and communication hub within the healthcare network. [3, 4]

Primary care is the organizing and coordinating axis of the care network, where an individual and their family are assisted. It is therefore considered the priority entry point for care within SUS. Additionally, primary care is seen as the central hub for health actions at both the individual and collective levels, aimed at promoting health, preventing diseases and harms, and providing low-tech care. [5]

One of the primary components of primary care, considered a fundamental strategy for the organization and provision of health services, is family health. The Family Health Strategy (Estratégia Sáude da Família - ESF) aims to provide comprehensive and continuous care to individuals and the community, using an approach that places the family at the center of attention. The ESF is composed of a multidisciplinary team that includes, at a minimum: a general practitioner or family health specialist, a generalist nurse or family health specialist, a nursing assistant or technician, and a community health worker. [2, 6]

Within this team, nursing is considered a field of healthcare dedicated to the care of individuals, families, and communities. In the context of the ESF, the nurse plays a fundamental role, working on the front lines of primary care in coordination with the healthcare team. Nurses in the ESF perform a wide range of duties, including care, management, education, and social control. Particularly, the educational activities developed by nurses in primary care are of great importance for health promotion, improving the population's quality of life, reducing costs and the burden on the SUS, encouraging self-care, and fostering active community participation in health decisions. [6]

In the realm of health promotion, the training activities for families carried out by nurses in primary care improve people's quality of life and empower greater community participation in the management of health-disease processes. It is worth noting that this includes a solid foundation of access to information, experiences, and skills with healthy environments, as well as opportunities for families to make choices for a healthier life. [7]

In this context, it is important to highlight that, forty years after the Alma-Ata Declaration, primary care is committed to proposing practical solutions born from dialogue

and listening. In a current reading of the document, social participation goes beyond mere formality in the field of health promotion. It is a means of decentralizing power and promoting the role of diverse families, without discrimination, thus enabling the highest possible quality of life in communities. (8)

Specifically, the term family is surrounded by various cultural, social, and political perceptions, making it rich in meanings and interpretations. Broadly speaking, the organization of families has undergone various restructurings, marked by the transition from large consanguineous groups to a monogamous family consisting of a man, a woman, and children, with the male figure as the authority. Currently, family units also include affective relationships and assume various arrangements, which deserve attention from nurses in primary care when providing their care. (9, 10)

From this perspective, it is important to note that in the context of health, the family is the first unit of care and deserves attention in the field of health promotion by nurses working in the ESF. This form of care emerges to meet the needs, support the family member, and project the cultural values of society. Care, in turn, is seen as something essential for the human being and is related to bonding, kindness, empathy, supervision, assistance, and love. (9, 11)

For the nurse, care is the foundation of the profession and is entirely linked to the development of the human being as a biopsychosocial and spiritual entity, who must be assisted according to their needs. In the context of primary care, the nursing team working in the ESF must attend to the multiple family configurations present in a territory, providing humanized, comprehensive, and universal care to the various family arrangements. (3)

Thus, the multiple family arrangements assisted by primary care nurses represent gaps in the knowledge evidenced in (inter)national literature, especially when analyzing care practices within the basic health unit and its territories. Based on these contextualized problem-themes, the following guiding question of this study emerges: What are the health-promoting care practices provided by primary care nurses to families? In light of these inquiries, the present study aims to analyze the care practices carried out by primary care nurses with families from the perspective of health promotion.

Method

This is an exploratory-descriptive study with a qualitative approach guided by a phenomenological perspective, whose subjective nature aims to analyze the way of being in the world through the meanings derived from work. This type of methodological perspective has contributed to nursing practice, especially in achieving an understanding of being and approaching authentic care. (12)

The theoretical framework chosen for data analysis was guided by Laurence Bardin, who divides content analysis into three chronological phases: pre-analysis, data processing, and interpretation. Among the content analysis techniques, categorical analysis is widely used. It works by breaking down the text into units and categories according to analogous regroupings. The raw data processing was done manually by an independent researcher, a Ph.D. in nursing, who systematized the themes derived from the data to produce an analytical category incorporated into this study. (13)

Regarding the study design, the chosen location was the primary healthcare network of the municipality of Boa Vista, the capital of the state of Roraima, divided into eight macro

areas and consisting of 34 basic health units. From this total, 15 establishments were randomly selected.

The social group involved in this study consisted of 45 nurses working in the selected basic health units. Of these, 27 refused to participate in the study, 3 did not meet the research criteria, and 15 met the criteria and agreed to participate. This composition was determined by the saturation of findings and guided by the following inclusion criteria: ESF nurse with at least one year of experience, having clinical practice centered on the family, and having specialization or advanced training in the field of public health. Excluded from the study were nurses on leave from work, internship supervisors, foreign nurses, and those who did not agree to participate in the study by voice recording.

The findings were gathered through individual interviews between June and August 2023 in a reserved location at the UBS agreed upon between interviewer and interviewee, represented by nursing offices and meeting rooms. All data collection was conducted by a student enrolled in the scientific initiation program and regularly enrolled in the final year of the Nursing Bachelor's degree at a public university in northern Brazil. It is important to note that the interviewer had undergone theoretical and practical training on qualitative interview techniques and had no social ties with the study participants.

The interview design consisted of thirteen questions recorded on a device, saved in .mp3 format, produced through a semi-structured script, with an average duration of 30 minutes, which facilitated access to the following themes: the role of nurses at the UBS and the care practices they adopt for families. It is worth noting that the semi-structured interview script was closely aligned with the instrument "The Strategies in Families-Effectiveness," adapted and validated for use with Brazilian families. [14]

As a result, the instrument underwent a pilot test guided by this study design and was modified as data were obtained from participants. Additionally, all transcribed empirical material was returned to participants and no content changes were made.

The research adhered to the guidelines of Resolution number 466 of 2012 of the National Health Council. The project was submitted to the Research Ethics Committee (Comitê de Ética em Pesquisa - CEP) and approved under opinion number 4.701.055. All data collection was preceded by the reading and signing of the Free and Informed Consent Form and the Voice Recording Authorization Form. The anonymity of the participants in this study was maintained by using the acronym (E) for "Nurse," followed by a sequential ordinal number. Finally, it is emphasized that the study is linked to the investigative project entitled "Tracking Knowledge and Care, Managerial, and Educational Practices within Primary Health Care," registered with the Research Department of the Federal University of Roraima (UFRR).

Results

The results of this investigation indicate an analysis of the care practices led by primary care nurses with families, from a health promotion perspective. Their roles within the ESF differ to a greater or lesser extent from those of other professionals in the field of health promotion, as they play a fundamental role in the health education of families, act with empathy, and establish trust bonds with the community. Additionally, they coordinate care comprehensively among the different professionals working in basic health units.

The actions in this area value and, to the same extent, strengthen the key term "bond" as a central element in health education led by nurses with families in primary care. This

subjective characteristic places families at the center of nurses' practices, which are defined by: welcoming, active listening, humanized care, dialogue, strengthening ties between the nurse and the family, and a comprehensive and holistic view of family situations.

These qualifiers serve as contributions to the health guidance practices carried out by nurses with families, while also reinforcing educational actions and preventive lectures with families that take place in the community, in homes, and within the basic health unit itself. All of this can be observed in the illustrative statements provided in the selective coding incorporated into the following category:

Nurse-Family Bond: Practical Contribution to Health Promotion in Primary Care

> Building that bond with the family, providing care, and seeing the results of the community following health promotion and disease prevention guidelines […] the nurse responsible for family health, Family Health Strategy, makes a huge difference. They are recognized by the community as a health promoter. We don't treat diseases, we promote health within the family, we follow up with all our priority groups, but even those who aren't part of that, they are also welcomed […]. Because I think the main characteristic of our care is truly humanization (E1).
>
> Our nursing care has a significant impact, it's humanized, solution-oriented […] giving advice, offering lectures […] the nurse ends up welcoming a large part of the families, bringing great benefits to the health of the population (E2).
>
> We see people in the office and go into their homes, creating a bond between the nurse and the families […] care is provided with warmth, attention, and humanity. That's it, the nurse provides guidance, through lots of conversations, right? We have to talk a lot, you have to be very tactful to get into people's personal lives (E3).
>
> Look, when you have a bond, a well-established family bond, right? […] I give all the guidance, I like them to leave here knowing. The strategies, for the most part, are actions, lectures, and guidance to clear up all doubts […] we always work in primary care based on the Ministry of Health programs, in a humanized way of course, each human being who comes in here with me will be respected. You get it? (E4).
>
> As a good nurse within the Family Health Strategy, we create a bond with the family, with the patient, so everything is a new experience, right? […] the actions need to be comprehensive and holistic. The nurse's care is very focused on prevention, we work a lot with lectures offering guidance and home visits (E5).
>
> In my view, the nurse's care for the family is essential. They are a skilled, competent professional for carrying out health promotion and disease prevention actions […] when we enter a family, it is extremely important to create a bond. I often say that building a bond with the family involves educational strategies that make an impact on that family […] we aim to be very solution-oriented, right? So, we end up acting comprehensively within the family (E6).
>
> The nurse provides care, follow-up, home visits, taking a broad, sensitive, and human view of the family […] so that the family doesn't feel abandoned or

neglected. We follow the family as a whole, right? We don't just care for the woman, the husband, the child, or the elderly person alone, we have to look at everyone, we have to provide care […] offering our knowledge, our guidance, our overall care to all of them (E7).

Health promotion! I really like giving lectures. So, whenever I have time, I'm preparing something here [basic health unit] […] the strengthening of the bond between the user, family, and population within the health team's work process in the unit also contributes significantly to the educational actions we carry out […]. It's about humanizing care, right? (E8).

We value humanized care […] care that is provided properly and with quality: we try to promote health by offering health actions with lectures and strengthening the ties [of families in the territory] with community health agents (E9).

We create a really nice bond with the family, right? Because every week we visit these patients […] here [basic health unit] we welcome families every day […] general guidance, sometimes a family comes wanting to be heard, right? Many come here just to be listened to, if there's a problem in the family, we do the initial listening, offer guidance, and if necessary, refer them to a psychologist […] this is comprehensive care in health, and primary care values that (E10).

The nurse's work is very important, especially in health education. It's crucial because we're dealing with the foundation of education and the continuity of care, right? Like following a family from when the woman is pregnant until the child grows up, and then the child will become a man or woman, and then you have health education for women, health education for men, it's the continuity of care, it's longitudinality. In short, it's humanization of health […] for that, it's necessary to establish and create that initial bond so that the family trusts us (E11).

A more humanized care for them [families] to be well attended […] the bond that the nurse has with the family is different. We create a bond very quickly with the user, they come to the health unit, come to the welcoming area, there's the qualified listening that the nurse does, so we are already here to listen and try to resolve the family's situation. So, the bond that the nurse creates with the patient is different. It's something more solid, let's say. […] so, depending on what's happening, we do health education, an action focused on the theme (E12).

In health promotion, it's about having that care, right? It's disease prevention for everyone, whether for men, women, children, adolescents, or the elderly. It's about seeking strategies for prevention and health promotion […] seeking to meet their needs, it's humanization, it's dialoguing, it's trying to understand the family's difficulties in order to help them in the way they need it! (E13).

I believe that the nurse plays a very important role in caring for families. It's about education. We, in the Family Health Strategy, have the primary care focus, which is providing guidance. It's about addressing issues before illness occurs. So, providing guidance is important, having a welcoming approach, and offering advice is very important […] we nurses have a holistic view of that person, of that family, right? (E14).

> The nurse is a very important figure within the Family Health Strategy. They are a reference point for families as well. We end up creating a bond because we have a comprehensive view of that person, right? […] The importance of the nurse in health promotion, prevention, and having that perspective, which is not just about a symptom but a holistic view of the situation, a comprehensive perspective. I think the nurse has this vision within the unit to promote and also to change the family situation, to sit with the family and provide guidance (E15).

Discussion

The relationship established between nurses and families, focusing on the creation of bonds, is fundamental for health promotion in the field of primary care. This relationship goes beyond strictly care-focused and curative practices, encompassing aspects of life represented by emotional, cultural, and social elements that directly influence the health and illness process of the families attended to by the nurses of the ESF.

Here, the action of welcoming is represented by the ability to recognize what the other brings as a legitimate and unique health need. The qualified listening offered to the family is a way to ensure access for its members to appropriate technologies for their health situations. Dialogue, as a means to facilitate decision-making committed to people's autonomy and health, along with comprehensiveness as a doctrinal principle of SUS (Brazil's Unified Health System), brings into play the political dimension surrounding the theme of humanization. [15] In light of these findings, the first conceptual unit emerges, highlighting the importance of bonds in the nurse-family relationship as a fundamental element in humanization and health promotion. All of this is evidenced below:

Nurse-Family Bond: Practical Contribution to Health Promotion in Primary Care

The search for foundations that address the bond established between the nurse and the family invites consideration of the humanistic aspects involved in the provision of care in primary health care. In this sense, it is important to consider that humanization in caregiving practices promotes greater family satisfaction and improves health outcomes. The establishment of a bond between the nurse and the family is also associated with the humanization of care in primary health care, particularly by recognizing individual needs and respecting the cultural and social particularities of families, demonstrating empathy and genuine concern for the well-being of individuals. [16, 17]

The creation of strong bonds between nurses and families as a caregiving practice not only encourages greater family participation in self-care but also promotes proactive engagement in the self-management of family health. When families feel connected and supported by nurses, they tend to take a more active role in identifying their health needs, setting self-care goals, and seeking resources to achieve these objectives. It is noteworthy that the active participation of families is associated with better health outcomes and greater effectiveness of health promotion interventions. [18, 19]

Furthermore, the active participation of families in self-care, mediated by the bond with the nurse, can lead to greater accountability for their own health behaviors and the development of healthy habits among family members. By providing relevant information and personalized guidance, nurses empower families to make informed decisions about their health and adopt preventive measures against diseases and their complications. [20] Promoting active family participation in self-care not only improves individual health

outcomes but also contributes to a more positive and resilient health culture within the family and community.

Therefore, it is essential to emphasize that the creation of bonds between nurses and families in primary health care not only strengthens the comprehensiveness of care mediated by trust among those involved but also empowers families to take a more active and responsible role regarding their health. [21] By promoting a collaborative approach centered on the individual needs of families, nurses can help build healthy communities and sustainable territories, especially when their practices are anchored in effective dialogue, qualified listening, acknowledgment of unique health needs, and the formation of meaningful subjective bonds between health services and the territory where families live.

In light of these points, one can consider the construction of a solid bond between nurses and families as a fundamental caregiving practice for health promotion in the context of primary care. These actions contribute to establishing a relationship of mutual trust, facilitating the exchange of information and the provision of effective health guidance for families, empowering the individuals within them.

This bond goes beyond a simple technical relationship between professional and patient; it is characterized by the acknowledgment of needs, humanization of assistance, mutual trust, and respect for the experiences and values present in each family. The nurse-family bond is associated with greater user satisfaction, better treatment adherence, and effective long-term health outcomes. [17]

One of the main benefits of the nurse-family bond is the creation of a welcoming and humanized care environment, where families feel heard, respected, and valued as partners in the health promotion process. This is especially important in primary care contexts, where health interventions often require a holistic and family-centered approach, considering not only the physical aspects but also the emotional, social, and spiritual dimensions of human well-being in each family arrangement. [16]

In this perspective, the nurse-family bond emerges as a practical contribution to health promotion in primary care, particularly when considering the exchange of information and the collaborative construction of health knowledge. By developing close relationships with families, nurses are in a privileged position to understand their health needs, concerns, and aspirations, thereby adapting their interventions to the individual circumstances and characteristics of each family. [18, 21] This level of personalization and contextualization is essential for the success of health promotion interventions and has been highlighted by nurses working in primary care.

Furthermore, it is important to view the nurse-family bond as an elemental unit for health promotion. This bond provides a relational space for compassionate care, facilitates health education through enhanced information exchange, and promotes a personalized approach to individuals and families. Investing in the development and maintenance of these bonds is essential for strengthening health systems, promoting the well-being of the communities served, and empowering families to take control of their health. [22] This paves the way for the inclusion of a second conceptual unit that calls for the exploration of foundations related to health education in the caregiving practices carried out by nurses with families. Such propositions are outlined below:

Health Education: Foundations of the Bond in Empowering Families in Health Control in Primary Care

Health education anchored in the bond can be understood as a decisive practice in promoting family behavior change and the adoption of healthy habits. By establishing a relationship of trust and mutual respect, nurses can communicate more effectively with families, understanding their aspirations, desires, values, and specific contexts. This allows for the development of personalized health guidance practices tailored to the reality of each family, thereby increasing the likelihood of adherence and the effectiveness of interventions. [23]

Bond-based health education promotes a greater understanding and internalization of information by families. As diverse family arrangements feel connected and valued by nurses, they are more willing to actively participate in the educational process, asking questions, sharing their concerns, and applying the guidance received in their daily lives. [20]

Moreover, bond-based health education allows nurses to address sensitive issues in a more empathetic and respectful manner, creating an environment of openness and trust that facilitates discussions on topics such as sexuality, mental health, and risk behaviors. This bond-centered approach is especially effective in promoting sustainable and lasting behavioral changes, as it considers the emotional and psychosocial needs of families. [18, 22]

In summary, bond-based health education between nurses and families is a powerful strategy for promoting understanding, motivation, and empowerment of families in adopting healthy behaviors and preventing diseases. By learning, recognizing, and valuing the experiences and perspectives of families, nurses can create educational interventions that are more relevant, meaningful, and culturally sensitive, thereby enhancing adherence and sustainability of recommended health practices. [24]

Broadly speaking, it is important to emphasize the relevance of building meaningful bonds between primary health care professionals and families. Affective educational interactions create safe, inclusive, dialogical, and holistic subjective spaces where everyone involved in the caregiving process is valued. It should be noted that conscious affection, interest, goodwill, and empathy are pedagogical variations of the principle of affection that connect the mind with the heart, reason with feeling, and cognition with affection, thereby enhancing health education and, consequently, family empowerment in health control. [25]

Finally, it should be considered that this innovative study benefits nursing practice, especially by addressing the discovery of the nurse-family bond as fundamental care in primary health care through daily experience. By highlighting the importance of this bond as a crucial element in health promotion, the study offers a renewed perspective on the role of nurses in caring for families, particularly in the realm of health education. It recognizes and equally values the bond between nurses and families, characterized by the creation of spaces that promote comprehensive and family-centered care. [24, 26] Thus, this holistic approach allows for a more complete understanding of family needs, aiming to meet the doctrinal principles of the Unified Health System.

Study Limitations

This study presents limitations that must be considered when interpreting its results. Initially, it was not possible to explore all the UBS in Boa Vista, Roraima, primarily due to the recent restructuring of primary care in the region, which involved the hiring of new nurses and the need for training of professionals who left their positions. These factors influenced the availability and accessibility for participation in the research. Additionally,

there was a significant number of refusals from the contacted nurses, possibly due to additional demands arising from the mentioned restructuring and other unidentified reasons.

Another significant aspect lies in the multidisciplinary focus of the study, which did not include managers, health professionals who are part of the minimum ESF team, and users of the SUS served by them. This demonstrates a limited perspective on the work processes in primary care, where the specific know-how of nurses did not allow for the association of care management actions and engagement in the collective actions developed in the field of health promotion.

These gaps in scientific knowledge highlight the need to adopt an expanded approach in future studies as a way to benefit the production of subjective data that qualifies unique caregiving practices for families in the field of primary care. To this end, it is recommended to conduct field studies guided by the principles of cartography, as a means to enhance the production of subjectivity that considers the expressions of "welcoming," "qualified listening," "comprehensiveness," "humanization," and "dialogue" in the caregiving relationship established between health professionals, managers, and families in the context of primary care.

Conclusion

Primary care nurses play a fundamental role in promoting the health of families through their caregiving practices. The analysis of the caregiving practices they lead reveals the solid bond between the nurse and the family as a key tool in health promotion. This family-centered approach not only strengthens the trust relationship between the nurse and family members but also allows for a more comprehensive understanding of health promotion and the real needs within the specific contexts of each family in primary care.

By recognizing the nurse-family bond as an essential caregiving practice, this study highlights the importance of considering not only the physical aspects but also the emotional, social, and cultural factors present in the health care process. This holistic and family-centered approach can significantly contribute to health promotion and disease prevention, as well as strengthen family ties and mutual support within the community.

Moreover, this study offers valuable insights into the role of primary care nurses in health promotion and emphasizes the need for a more comprehensive and family-centered approach, particularly when it acknowledges the importance of welcoming, qualified listening, comprehensiveness, humanization, dialogue, and the human relationships essential for effective health care. Therefore, it is recommended that the humanistic findings in health promotion presented here be analyzed and practiced in other contexts of primary care, especially during the intimate encounters between nurses and families during home visits, in the systematic management of family care during nursing consultations, or even when conducting educational activities in family planning groups.

It is hoped that these results will inspire further discussions and research in the field, enabling the continued advancement of nursing practice and improving health outcomes for families served in primary care. Additionally, it is believed that the findings strengthen political discussions on humanization in primary care and invite the inclusion of theoretical and practical content in the curricula of undergraduate and graduate health science programs. Finally, it is suggested that future intervention-based research specifically explore family-centered caregiving practices in primary care and assess their impacts on user and family satisfaction.

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