

CONTRIBUTIONS OF THE INTERVENTION OF THE SPECIALIST NURSE IN CHILD HEALTH IN PARENTAL TRAINING

Maria Antonia Fernandes Caeiro Chora
PhD in Sociology - Adjunct Professor at:
Escola Superior de Enfermagem São João de
Deus - Nursing Department: Universidade
de Évora, Comprehensive Health Research
Centre (CHRC). Évora, Portugal
<https://orcid.org/0000-0003-3449-3061>

Claudia Isabel Nilha Farias Ruas
Master in Child and Pediatric Health
Nursing, Nurse at: Unidade de Cuidados de
Saúde Personalizados de Almodôvar.

All content in this magazine is licensed under a Creative Commons Attribution License. Attribution-Non-Commercial-Non-Derivatives 4.0 International (CC BY-NC-ND 4.0).



Abstract: Introduction: Early childhood is decisive in the development of the human being, since it is at this stage that determining principles for later learning are acquired. Although there are innate abilities, there are others that result from the interaction between human beings. Thus, learning and intense stimulation in early childhood are essential for optimal learning. The transition to parenthood is challenging as it requires drastic changes in personal and family dynamics, due to new responsibilities and routines. The support and information provided by nurses are essential to ease this transition. **Objective:** To identify support programs for parental training at promchild development option. The **methodology** used was a integrative review through research in the EBSCOhost® and B-On databases in the last 10 years, using the PI[C]OS methodology. According to the established inclusion criteria, 7 articles were found. **results:** The articles highlighted the importance of support programs for the training of parents, contributing to the reduction of parental stress and increasing the effectiveness of parenting. **Conclusion:** Parental training programs in groups or home visits are recommended and we consider them to be an early investment in children's lives, as they are promising for their development. **Keywords:** Nursing, Parenting, Child Development.

INTRODUCTION

Early childhood is decisive in the development of the human being, since it is at this stage that determining principles for later learning are outlined. In the first years of life, the child's brain undergoes admirable transformations: "it grows, develops and goes through sensitive periods for some learning, and, for this reason, it needs (...) meaningful experiences, multisensory stimuli, adequate physical resources; but, above all, they need

an environment intensified by the care, responsibility and affection of an adult"¹.

It is mainly in the first three years of life that the affective bond, manifested through love or attachment with the adult, is assumed as a determinant of the child's emotional development and also of their self-regulation¹. Although there are innate abilities, there are others that result from interaction, learning and refined stimulation are necessary in early childhood; this is because "the plasticity of the brain will allow the formation of a healthier, more balanced personality and thus build a positive identity for future stages of development"¹.

The understanding of the child's growth and development and its development potential are areas in which parents need support, since the more knowledge parents have, the more comfortable they will feel in the performance of their parental role, thus being able to influence very positively the your environments². It is therefore important to train parents to provide adequate care for the child, thus aiming to achieve all the essential assumptions for positive parenting, in order to promote the child's development. The importance of parental responsibilities and the need to provide parents with sufficient support in the education of their children is highlighted and recognized by the Council of Europe³, this body is a network of organizations and individuals across Europe working to promote the rights and well-being of children and young people. This organization highlights some principles to be taken into account in support services for parents, namely that children and young people are recognized as citizens with full rights, belonging to a family, who develop within it, having more and more control over their lives and influence the policies and decisions that affect them³. The European Council emphasizes that support for families

and parents is a necessary investment in all contexts, considering it an essential premise for building resilient communities and cohesive societies. It also emphasizes that interventions such as community support networks for parents facilitate learning and development, which has a favorable impact on the parents' self-esteem and skills, influencing the children's well-being, development, and quality of life³.

As described in the quality standards of specialized care in child and pediatric health nursing, the family is a group of individuals with responsibilities in providing care to the child/youth, assuming itself as a determinant in their growth and development⁴. Therefore, parenting is considered a key concept for Nurse Specialists in Child and Pediatric Health, and parents must therefore be advised on activities that can promote the acquisition of skills, avoiding or minimizing some of the problems related to environmental factors and/or or errors or gaps in the child's stimulation⁵. Empowering families to fully assume their roles is a competence of the Specialist Nurse in Child and Pediatric Health, as well as thenurses have the duty to implement and manage, in partnership, a health plan that promotes parenting⁵.

In this regard, and with the purpose of identifying areas of nursing intervention aimed at maximizing the child's health and providing support to parents, we elaborated the following question: Are there any support programs to train parents for the development of parenting? The need to research this issue is justified by the fact that there are several programs related to this matter supported by evidence, designed with the aim of promoting and strengthening relationships and interactions between children and their parents, contributing decisively to the promotion of healthy development and the improvement of the child's behavior. Family

visitation programs are also an added value, since they unquestionably led to a reduction in child abuse⁶.

According to the World Health Organization [WHO], "Parenting education programs aim to improve parenting skills, increase knowledge about child development, and encourage positive strategies for dealing with children and adolescents. Parenting education programs show great promise in preventing abuse and promoting positive behavior" (p.71).

In order to substantiate the pertinence of an early intervention, we defined, as the general objective of this review, to identify parental support strategies after birth, as a positive response to promoting early childhood development.

METHODOLOGY

Since the purpose of this review is to systematize the current knowledge on the subject investigated, we sought to identify intervention strategies available to professionals for parental training, with a view to promoting child development. For researching the empirical material of this review, we resort to electronic platform EBSCO® via B-On. Articles published in several databases were searched in the EBSCO database, namely: CINAHL Plus with Full Text, Complementary Index, Academic Search Complete, ScienceDirect, Supplemental Index, Psychology and Behavioral Sciences Collection, Directory of Open Access Journals, ERIC and SciELO.

For the continuation of the article, the key question was formulated, "How can the nurse train parents to develop their potential, as a positive response to promoting child development in early childhood?"

In view of the question, the inclusion criteria were delimited, according to the methodology PEAK(S):

- Participants: Nurses and Parents of children in early childhood.
- Interventions: Intervention of nurses in parental training in parent-child relationships
- Context: Family and support institutions
- Outcomes: Interventions that address parenting practices; Interventions that promote child development; Results that include advantages of the nurse's intervention in parental training after birth.
- Design: All types of studies will be considered, carrying out a theoretical and conceptual reflection of the selected articles.

The bibliographical research was carried out from the integration of the descriptors of the “DeCS”, nursing (“nursing”), parenting (“parenting”), parental support (“parent support”), with the association of the operator “boolean”, “AND”, and these must be included in the terms of the subject.

Only articles published in scientific journals, peer-reviewed, with full text and that addressed the theme investigated, in the title or abstract.

As exclusion criteria we considered: monographs, dissertations, duplicate texts in the databases, literature review articles and articles that did not answer the question, namely articles involving: (a) families of children with health problems or disorders, namely children with chronic illnesses, or others such as attention deficit hyperactivity disorder and autism; (b) Interventions with parents of adolescent children; (c) studies that associated family dynamics with school performance.

The selection of articles was carried out in stages. Firstly, those that were not related to the theme when reading the titles and assessing the abstracts were excluded. Next, those that

involved associated costs were excluded and finally, after reading the articles in full, those that did not answer the initial question.

RESULTS / DISCUSSION

The corpus of analysis of this integrative review consisted of 7 articles published in scientific journals. From this analysis, studies stood out that evaluated or described programs that promote parenting, developed mostly in individual sessions^{7,8,9,10,11}, or in the context of home visits¹³. The implementation of these strategies has shown very positive results. However, there were several studies that showed the need for some interventions to be addressed in a group, namely, in paternity groups^{7,9,10,11,12}.

In the researched literature, we verified a growing concern with the issues of parental support right after birth, this because it is considered that the first few weeks of parenting are emotionally and physically difficult times, often due to parents' lack of confidence in their abilities and resources¹⁰. The lack of knowledge or unclear information compromises the performance of the parental role, since this lack leads parents to experience higher levels of anxiety, a feeling of fatigue and, consequently, emotional agitation. Therefore, an early intervention with concrete answers to help parents to deal with these sensations becomes pertinent, in order to ease this transition period¹².

The need for parents to understand their child's growth and development, as well as their development potential, is essential in parenting and recognized by several studies^{7,8,10,11}.

The studies found revealed that parental training programs contribute to the reduction of parental stress, thus increasing the effectiveness of parenting⁹.

They also consider that they are essential opportunities for technicians to understand

maternal characteristics and identify situations earlier¹¹. To the Parental needs may not always be what they seem, and a personalized nursing assessment is extremely important to assess support needs⁷. Mothers' experiences around pregnancy and child birth seemed to be particularly relevant to their parenting behavior, as their exploration will allow a more personalized intervention which will promote the parental resilience¹¹.

We can identify in several articles the advantages in implementing these strategies, especially for parents and children. But there were also perceptible advantages for the professionals, namely, when they referred to their satisfaction, indicating the reciprocity in the relationship, positive parental changes and parental satisfaction as a pleasure, which provide them with a sense of accomplishment and reward⁸.

The impact of the demand for health services in the early days of parenthood deserves to be highlighted, because in this period fathers use services more and need more consultation time. To minimize this impact, the Australian Child Health Surveillance Service considered it pertinent to create groups specific to parents, in parallel with child health surveillance. This measure reduced the pressure on nurses and allowed them to be more available to support parents¹⁰.

We presented in your study the effectiveness of a home visit program to support emotional, social and physical of primiparous mothers¹³. The author demonstrates that parental training is an effective strategy and brings positive responses both to the nursing teams and to the supported families, the government and society in general. The program involves community nurses and aims to promote the interaction between parents and children, as well as the articulation of the family with community resources and services within privacy, security and comfort.

According to the author's description, home visiting programs are efficient and can prevent child abuse, neglect and reduce trauma in the child/youth¹³. Referring to another study, it reveals that investment improves school results a posteriori, thus reducing investment in remedial teaching and special education programs. If there is an improvement in the school, there will be greater personal fulfillment and consequently more economic success¹³.

CONCLUSION

The articles found reveal that parents after birth experience high levels of stress and anxiety. Hence, most of the articles reinforce the idea that parental training is an effective strategy and brings positive responses, both to the supported families and to the nursing teams. In this research, it was clear that parental support fosters self-efficacy and, consequently, greater parental satisfaction in the performance of their role, which inevitably translates into benefits for the child, family and health services.

In the research, they recommend an early investment in the lives of children, giving special focus to preventive care, where parental training programs are promising for the development of the child, with home visitation strategies, as well as support groups aimed at families. With the analysis of the studies, it is also concluded that the family after birth needs structured support and nurses are the professionals who have a prominent role in this support, providing them with essential support for a successful transition, through providing parents with skills essential to the performance of their parental role. The support provided to parents after birth influences the development of parenting, like this, the specialist nurse in child and pediatric health is the professional who has the most skills to develop this support, and he must be

the promoter of parenting support programs.

This review demonstrates the importance of the nurse's intervention and support for parents for the development of its potential, thus satisfying the objective I set out to achieve. Within the intervention strategies, home visits were the ones that originated the greatest gains in training parents to develop their role, however, group education programs were also important in obtaining benefits for all stakeholders.

The implementation of parental training programs may bring future benefits in the use and organization of available health services,

and may translate into a significant reduction in costs in the National Health Service.

This review is subject to some limitations, since the studies found are mostly foreign and of the seven articles selected, three belong to the same country (Australia) – which leads us to infer that the results cannot be generalized. Another identified limitation is the scarcity of studies with parental support programs in the Portuguese population.

Despite these limitations, it was possible to conclude that it is necessary to invest in parental support programs, especially in the first months of life.

REFERENCES

1. Oficina de Educação e Cultura da Organização dos Estados Americanos [OECEA] (2010). *Primeira Infância: Um olhar desde a neuro educação*. Washington D.C.: Organização dos Estados Americanos.
2. Hockenberry, J. M. & Wilson, D. (2014). *Wong, Enfermagem da Criança e do Adolescente*. Lisboa: Lusociência: 9º Ed.
3. *Eurochild* (2015). Eurochild Policy Position on Evidence and Evaluation Methodologies for Family and Parenting Support Policies and Practice. Acedido a 18 de Dezembro de 2018 através de https://www.eurochild.org/fileadmin/public/05_Library/Thematic_priorities/03_Family_Parenting_Support/Eurochild_policy_position_on_evidence_base_FINAL.pdf
4. Ordem dos Enfermeiros. (2017). Assembleia do Colégio da Especialidade de Enfermagem de Saúde Infantil e Pediátrica, realizada em sessão extraordinária em 25 de novembro de 2017. Padrões de Qualidade dos Cuidados Especializados em Enfermagem de Saúde Infantil e Pediátrica. Lisboa: OE.
5. Regulamento n.º 422/2018 de 12 de julho de 2018. Diário da República, 2.ª série — N.º 133. Ordem dos Enfermeiros. Regulamento de Competências Específicas do Enfermeiro Especialista em Enfermagem de Saúde Infantil e Pediátrica.
6. OMS (2014). Relatório Mundial Sobre a Prevenção da Violência 2014. Núcleo de Estudos da Violência da Universidade de São Paulo. São Paulo: Brasil.
7. Whittaker, K., Cowley, S. (2012). A survey of parental self-efficacy experiences: maximising potential through health visiting and universal parenting support. *Journal of Clinical Nursing* 21. pp: 3276–3286.
8. Berry, K., Jeon, Y., Foster, K., Fraser, J. (2015). Extended parenting education in an early parenting centre: A mixed-methods study. *Journal of Child Health Care*, pp: 1–10.
9. Montigny, F., Lacharité C. (2008). Modeling Parents and Nurses' Relationships. *Western Journal of Nursing Research*. Volume 30, Number 6 October 2008, pp: 743-758.
10. Kearney, L., Fulbrook, P. (2012). Open-access community child health clinics: The everyday experience of parents and child health nurses. *Journal of Child Health Care*. 16(1). pp: 5–14.
11. Treyvaud, K., Rogers, S., AND Matthews, J. (2010) Maternal Factors and experiences associated with observed parenting behavior in mothers attending a residential parenting program. *Infant Mental Health Journal*, Vol. 31(1), pp:58–70.

12. Okamoto, M., Matsuoka, M., (2009) Causal Model Structure Analysis of Emotional Unrest in First Time Mothers Faced with Persistent Infant Crying 6–7 Weeks Postpartum. *Asian Nursing Research*. Vol 3 (1).
13. Weise, L. C. (2014) “Evidence-Based Home Visitation Programs Work to Put Children First,” *Journal of Applied Research on Children: Informing Policy for Children at Risk*: Vol. 5 (1).
14. Lopes, M., Catarino, H., Dixe, M. (2010). Parentalidade Positiva e Enfermagem: Revisão Sistemática da literatura. Referência III (1). pp:109-118.