

PROMOTION OF POSITIVE PARENTING: THE PERCEPTION OF PRIMARY CARE NURSES

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ABSTRACT

Objective: to understand nurses' perception regarding the necessary conditions for the promotion of positive parenting in assisting families with children aged from zero to three years old in Primary Care.

Method: this is a qualitative research study developed in a municipality from the inland of São Paulo, with participation of nine nurses who work in Primary Care. The data were collected from July to August 2021 by means of semi-structured interviews and analyzed based on the thematic modality of content analysis.

Results: the statements were organized in two categories: Necessary conditions for the Promotion of Positive Parenting in Primary Care; and Factors hindering the Promotion of Positive Parenting in Primary Care.

Conclusion: nurses realize the importance of building positive parenting through the development of parenting skills; however, they assume that they need more theoretical-practical knowledge to carry out care for this purpose and assert that the families' culture is not receptive to this type of care.

DESCRIPTORS: Parenting. Nursing. Primary care. Children's health. Public health.

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PROMOÇÃO DA PARENTALIDADE POSITIVA: PERCEPÇÃO DE ENFERMEIROS DA ATENÇÃO BÁSICA

RESUMO

Objetivo: compreender a percepção de enfermeiros quanto às condições necessárias para a promoção da parentalidade positiva na assistência às famílias com crianças de zero a três anos na Atenção Básica.

Método: trata-se de pesquisa qualitativa desenvolvida em município do interior paulista, que teve como participantes nove enfermeiros que atuam na atenção básica. Os dados foram coletados no período de julho a agosto de 2021 mediante entrevistas semiestruturadas e analisadas com base na análise de conteúdo, modalidade temática.

Resultados: os discursos foram organizados em duas categorias: Condições necessárias para a Promoção da Parentalidade Positiva na Atenção Básica; e Fatores que dificultam a Promoção da Parentalidade Positiva na Atenção Básica.

Conclusão: os enfermeiros percebem a importância da construção da parentalidade positiva através do desenvolvimento de competências parentais, mas assumem que necessitam de mais conhecimento teórico-prático para realizar cuidados com essa finalidade, e afirmam que a cultura das famílias não é receptiva a esse tipo de cuidado.

DESCRITORES: Parentalidade. Enfermagem. Atenção básica. Saúde da criança. Saúde pública.

PROMOCIÓN DE LA PARENTALIDAD POSITIVA: LA PERCEPCIÓN DE ENFERMEROS QUE TRABAJAN EN ATENCIÓN PRIMARIA

RESUMEN

Objetivo: comprender la percepción de profesionales de Enfermería en relación con las condiciones necesarias para promover la parentalidad positiva en la asistencia provista a las familias con hijos de cero a tres años de edad en el ámbito de la Atención Primaria.

Método: investigación cualitativa desarrollada en un municipio del interior de San Pablo cuyos participantes fueron nueve enfermeros que trabajan en Atención Primaria. Los datos se recolectaron entre julio y agosto de 2021 por medio de entrevistas semiestruturadas y se los analizó sobre la base de la modalidad temática del análisis de contenido.

Resultados: los discursos se organizaron en dos categorías, a saber: Condiciones necesarias para la Promoción de la Parentalidad Positiva en el ámbito de la Atención Primaria; y Factores que obstaculizan la Promoción de la Parentalidad Positiva en el ámbito de la Atención Primaria.

Conclusión: los enfermeros perciben la importancia de establecer parentalidad positiva a través del desarrollo de competencias parentales; sin embargo, admiten que necesitan más conocimiento teórico-práctico para aplicar medidas de atención con esta finalidad, además de afirmar que la cultura de las familias no es receptiva a este tipo de atención.

DESCRIPTORES: Parentalidad. Enfermería. Atención Primaria. Salud infantil. Salud pública.

INTRODUCTION

As an object of care, parenting has been characterized as a recent topic in the scientific community and can be defined as practices that aim at ensuring survival and development of children in a safe environment in order to promote their autonomy and prepare them for the physical, economic and psychosocial situations that may arise throughout their lives¹.

In the meantime, positive parenting is fundamental in the early years of a child's life, as it is in this period that the human brain has great potential for learning². In Brazil, most children up to three years of age are mainly cared for at their homes by family members with the help of their social network, family and/or social institutions and devices, such as day care centers and shelters¹.

When employed in a positive way, the interactions between parents and children, that is, parenting practices, promote development of self-esteem, self-confidence and social relationships in children²⁻³. Early positive experiences provided by parents exert a beneficial and long-term impact on the child's development and health⁴. Positive parenting practices can contribute to reducing children's inappropriate behaviors, increasing emotional and prosocial well-being, developing skills, coping skills for children and greater satisfaction in the parents' role⁵⁻⁶. Likewise, exposure to toxic environments has shown negative effects on the brain, which can compromise a child's development and well-being⁴.

The positive parenting practices that stand out the most are as follows: adequate moral behavior, positive expressions of affection, parental involvement in playful activities, and adequate reinforcement and discipline⁷. In turn, the negative parenting practices that stand out the most are the following: physical and psychological abuse, relaxed discipline, coercive discipline, inconsistent punishment, stressful monitoring and negative communication⁷.

With regard to the contemporary family structures and configurations, it is necessary to think about new educational standards in favor of empowering parents to promote healthy infant development, providing more favorable conditions for children's social, emotional and cognitive aspects and their potential^{5-6,8}. In this perspective, supporting parents in the development of positive parenting can be a care measure and/or intervention capable of contributing to healthier children, to creation of solid human capital, to development of a feeling of belonging to a family group, and for the construction of social values that underlie formation of citizens^{1,7}.

The promotion of parenting skills learning in order to ensure full development of a child must be supported by various service sectors in Brazil and mainly by health services⁴. Primary Health Care (PHC) services can be the ideal setting to implement care practices aimed at the development of positive parenting, mainly due to their capillarity of access and to direct contact with the families⁴.

PHC services have specific characteristics that allow for the development of actions that promote positive parenting and, in this scenario, Nursing professionals have a strategic position in monitoring the families in their different life cycles and wide access range⁹⁻¹⁰.

The concept of parenting is described as one of the attention focuses of the profession by the International Classification for Nursing Practice (ICNP), which leads to the assumption that nurses have theoretical and practical tools, as well as taxonomies for Nursing diagnoses, interventions and outcomes that address parenting issues and enable accurate care regarding the relationships established between mothers/fathers and their children¹¹.

There is strong evidence that interventions aimed at the development of parenting skills in PC contribute positive results for children and parents¹², although some authors point out that PC can be an underused field of action for the dissemination of parenting interventions¹³. Therefore, the implementation of Nursing actions that support parenting skills in this care area should be investigated¹².

In addition, despite recognizing the need to prioritize this type of care, more evidence is imperative on how to ease support for parenting in PC by nurses¹⁴. By understanding how nurses perceive the necessary conditions for the promotion of positive parenting in PC, it is possible to support other professionals' stance, as well as of managers and health authorities, in the planning and implementation of actions in services that assist families with small children.

In this way, and with the academic and care experience of the authors of the current study, which surveyed the gap of identifying what nurses understand as necessary for the promotion of positive parenting in their work in PC, the objective is to understand nurses' perception regarding the necessary conditions for the promotion of positive parenting in assisting families with children aged from zero to three years old in PC.

METHOD

This is a descriptive and exploratory study with a qualitative approach conducted in a municipality from the inland of São Paulo. This type of research allows understanding the study object, especially by investigating the subjects' perception, meanings and intentionality¹⁵.

This municipality is located in the inland of the state, has a predominantly young population, estimated at 41,211 inhabitants for 2021, an area of 779,200 km², a Municipal Human Development Index (MHDM) of 0.743 and a per capita GDP of R\$ 33,103.62¹⁶. The schooling rate for children aged from 6 to 14 years old is 96.7%, with 15 Elementary Schools and six High Schools¹⁶.

In the municipality's PC configuration there are seven health units, five of which have a Family Health Strategy (FHS) team each and the others with two teams each. There is also an Integrated Health Center (which houses the Women's Health House, the Older Adults' Health House and the Epidemiological Surveillance service, among others) and a Municipal Children's Health House. Thus, all the FHS units, the Municipal Children's Health House and the Women's Health House were included in this study, which are the PC health services that develop activities aimed at caring for children and their families in the municipality.

Nine nurses who worked in the context of the assistance provided to children during early childhood (from zero to three years old) and their families in PC participated in this research, in order to disclose the experience of working in the promotion of positive parenting aimed at infant development, with performance in this care context for at least two years as inclusion criterion. These professionals were intentionally selected by the researcher and, during the data collection period, the scenario had ten nurses working, one of which refused to participate, with workplace transfer in the same period as reason.

For data collection, a pre-test was initially carried out with the target audience that did not comprise the sample, in order to make the topics and aspects to be discussed during the interviews clearer and more precise. They were conducted by a single researcher, experienced in qualitative research and studies on parenting. At the data collection moment, she was not active in the profession, developing only teaching activities. Before the study was initiated, the researcher had no connection with the participants, nor did they know her, and the personal introductions, as well as presentation of the study, objectives and procedures, were carried out after the research was launched.

The interviews were carried out individually with the nurses in their respective workplaces, in a private and silent room, after prior contact and scheduling, so as not to jeopardize progress of the service, from July to August 2021. A semi-structured script with questions to identify the participants was used, as well as the following guiding question: In your opinion, what is required in your performance as a PC nurse to promote positive parenting in the assistance provided to children aged from zero to

three years old? The interviews were recorded on digital media and transcribed in full by the researcher for later analysis, lasting a mean of 30 minutes and carried out only once with each participant. Data saturation was reached at the end of the interviews conducted.

Data analysis was performed based on thematic content analysis, in three stages: 1) Pre-Analysis, in which floating reading of the material, constitution of the *Corpus* and formulation and reformulation of hypotheses and objectives were carried out; 2) Exploration of the Material, in which a classification operation and formation of categories were carried out; and 3) Treatment of the Results Obtained and Interpretation, when inferences were made from the results obtained¹⁵.

The participants' rights and the study ethics were preserved as recommended by Resolution No. 466/12 of the National Health Council belonging to the Ministry of Health. The research project was submitted to the appreciation of the Research Ethics Commission of the Nursing School at *Universidade de São Paulo*. The study was carried out with the authorization of the Municipal Health Department of Promissão - SP. The Free and Informed Consent Form was signed in two copies by the participants and the researcher, one copy remaining with each party. In order to ensure secrecy, the participants were identified with the letter "N" (Nurse), followed by a number representing the order in which they were included in the study.

RESULTS

The study participants were nine nurses aged between 28 and 53 years old: seven females and two males. Regarding their marital status, four were married, four were single and one was divorced. As for the schooling level, five nurses stated having Complete Higher Education in institutions outside the municipality and four indicated *Lato Sensu* graduate studies. Their experience time in the role varied from 2 to 16 years. All participants had an effective employment contract through a public selection contest.

The nurses working in the FHS units used on-demand service with Nursing consultations, home visits and active search as a method of working with the families; the nurses at the children's health house also performed the heel prick test for all children in the municipality and routine and campaign vaccinations for the entire population; and the professionals from the women's health house provided prenatal care to the female population.

Two categories emerged based on the analysis of the participants' statements, namely: Necessary conditions for the Promotion of Positive Parenting in Primary Care; and Factors hindering the Promotion of Positive Parenting in Primary Care.

Necessary conditions for the Promotion of Positive Parenting in Primary Care

In this category, the nurses point out that, for the promotion of positive parenting by PC nurses, it is necessary that the professionals establish a bond and mutual trust with the family from the beginning of pregnancy:

Well, the important thing to promote positive parenting is to narrow the bond with the family from the moment you know that the woman is pregnant. Then, you immediately get closer, you start to narrow the bond further. Although you already have a bond, you have to narrow it even more with the family and try to see what the needs of this family are, so much so, food conditions, housing, everything [...]. I arrive there and say "ah, how are my children doing?", so, doing so, I try to stay close to the family. So we have to pass this trust on to the family, we have to pass on trust and gain their trust too (N6).

It is also important that the professionals are accessible and understand the reality of each family assisted, in addition to being willing to interact:

We really have to participate, be there effectively every day, looking to see if all the prenatal monitoring is being carried out [...] and try to speak with simple language, in our case there are very needy people here, very humble, so we can't use technical words, something very elaborate. We have to try to speak their language, so that they understand, then, like that, really simple, we need to adapt to their reality [...]. I myself have this training in me, trying to be communicative, open, more accessible, but many people find it difficult. So I think that maybe a course, some preparation for this type of person would be cool, it would be interesting, it would help a lot, because not everyone has this ability to relate, talk, get closer, be very open. In my case it's already part of my personality, but many professionals don't have it, then it would help a lot (N6).

The participants also assume that the promotion of positive parenting is a role of PC nurses, and they stated the need for investments in courses to deepen their knowledge in the area:

We have to look at this (promotion of positive parenting), start to see it, because, like it or not, it is also a role of Primary Care nurses, who also have direct contact with other entities, social assistance, everything to help these families (N6).

I think that continuing education, talking to someone who's already more in the area, sometimes opens up a range of extra knowledge and new information for us. I believe that everything we do is important, reading more about the subject matter, trying to read, do some research. But continuing education with someone who works more in the area is also interesting (N3).

I believe it's a very important issue, mainly for us as Primary Care nurses. So, as I already said, courses would be great for us, for us to improve our knowledge and try to put it into practice, because that makes children's learning much easier, it helps with the mother's mental health, because often a mother works too much gets overloaded and unable to pay attention to her child, unable to create this bond, she's stressed, she's tired, so the child grows up their own way. [...] And I believe that we manage to intervene, provide more guidelines, monitor better (N5).

Regarding specialization, the course, I do think that nurses should specialize more in this area, attend preparatory courses, with a more holistic view of the pregnancy process and not only techniques, not just techniques, but have a differentiated look at this phase that is so important in a woman's life (N8).

In addition to courses for nurses, the participants also deemed it pertinent to organize courses for the entire team that works with the family:

I believe that courses targeted at nurses, technicians and community agents would be a good thing. Community agents are very much present in the area, so they create a significant bond with these mothers, so courses for them also regarding the subject matter would be very important, because nurses often can't be with the family all the time, whereas community agents can. Then a course for the whole team would be good (N5).

Factors hindering the Promotion of Positive Parenting in Primary Care

This category shows that promoting positive parenting in PC was described as a challenge faced by the nurses who work in this health care scope:

I believe that it's a difficulty we have. And when you're talking about that age group, from zero to three years old, I'd very much like to have more access to the families. And I think it's a challenge, that we need to think of some methods to try to solve and get closer, because children will continue to have other problems, other difficulties, that we need to have a more careful look at, but that unfortunately we can't do so, then I guess it's a challenge (N2).

According to the nurses participating in the study, one of the main factors that hinder the promotion of positive parenting in PC is the culture of the population served, which is focused on assistance linked to the biomedical model:

They come, they want to go through consultation. They go through the consultation and want to leave, nothing that takes up much time, so to speak. It's one or the other who's more receptive, who has a different mindset, who comes after us to clarify any doubts, to talk, to be advised. As much as we have a pediatrician here, but the demand here for children in our region is huge, so the pediatrician works more with the health-disease issue: "if you're sick, come, I'll medicate you, come to the next appointment and that's it", the question of this follow-up, even pediatric, doesn't exist. This is the culture here: if you're sick, you go to the doctor. We don't have this thing about 'let's do some monitoring, let's see how the child is developing, if everything is alright' (N3).

Little contact and distance of the families were also factors reported by the participants as difficulties encountered in promoting positive parenting, as well as resistance on the part of the children's guardians and families to accept the guidelines:

Look, to be honest with you, it's very difficult that this age group seeks the unit, they come more when a child is born that we have the puerperal consultation and we end up having access, we notice more that it's the mother who brings the baby, so the father unfortunately doesn't participate much. Talking about the importance, we do talk, we advise, but the difficulty is also that there are mainly fathers and mothers who work, it's very complicated, this age group usually has a young child like this, it's a working age group, so it gets more complicated. Sometimes grandmothers bring them, grandfathers bring them, but it's much more difficult to approach (N2).

Our biggest problem here is raising awareness among the parents, because parents here in our area are generally young, they have two or three children, some of them work, others don't, so for them, our follow-up would end up being more of a disturbance, they'd see it more as a filler than something positive for parenting (N3).

Non-integration across the several health care services and professionals was also raised as a factor hindering the promotion of positive parenting:

Here we have social assistance, but their work with us doesn't talk much so far. We don't have that much interaction with them, it's one case or another that, sometimes, we need this communication, and then we talk, we give the opinions from both places, but usually we don't work together yet, we don't have this kind of bond (M3).

The multiprofessional team could be more united in this process, I think that it would help a lot, having a multiprofessional team working, because we have a psychologist that we can refer, we have a nutritionist that we can refer, but at the moment this multiprofessional team isn't working together. And I also think that there could be more interaction between Women's Health and the nurses from the Family Health Strategies, I miss this interaction, you know, more frequent meetings, and I think that groups in the pregnant woman's reference area, with the nurse in the area, with the community agents, would be very good, because it's there in the area that they really know how she lives, it's the community agent that visits the house, it's them that know what's really going on there, day by day (N8).

Work overload, shortage of professionals and high care demand were also highlighted by PC nurses as some of the factors that hinder the promotion of positive parenting:

There's always some professional missing. There's a technician missing, I'll replace him there. With vaccination now, every week is vaccination, here we vaccinate nearly 200 people a day, then we have two programs to pass all this, then bureaucracy takes a lot of our time. Then there's a day that's just for the Pap smear, there's a day that's just for the quick test, there's the day that's just for

the puerperal consultation, but it's... it's putting out the fires that happen all the time. There are days for home visits, but lack of staff is sometimes a problem for us. The real issue would be that of time for us to work with preventive care, because we end up doing everything administratively at the unit, procedures, then there's lack of time to deal more with preventive care, with health promotion. I manage to do a lot of things, I go on visits with the girls a lot, so, walking in the area, I identify some things and try to solve them, but there's still something missing. We have few resources, few professionals, it leaves us a little needy (N3).

We have a high demand, many times, when you need to refer to a given service, to another sector, to another service, the demand is huge in Primary Care; so, sometimes, the waiting time, for example, if I need a consultation with a psychologist, although I try to prioritize pregnant women in almost everything, tests are prioritized, high-risk care, but no matter how hard I try to prioritize, sometimes it takes something like 20 days to get a high-risk appointment. And look, I try to prioritize, but, for example, high risk here is regional, so it doesn't only serve the municipality, it serves the whole region. Although their work is very good, the demand is huge, so I see it like this, the fact that it's from Primary Care is just a matter of demand, [...] I see it like this, we don't have much difficulty in relation to resources, but sometimes there's shortage of professionals, and it also makes it difficult (N8).

DISCUSSION

A number of studies show that parental education programs can strengthen parenting skills and, consequently, protect children from neglect and abuse, maximizing their well-being and development¹⁷⁻¹⁸. Thus, investments should be made in the therapeutic potential of nurses, who can support and encourage personal attitudes of determination, courage and serenity in the parents in order to promote positive parenting, planning child and family care based on social, affective and biological aspects, family life project and health and well-being needs¹⁹. The need to deepen on the issues related to the promotion of positive parenting skills was evidenced by the nurses participating in the study, as they recognize them as activities within the scope of the profession.

The parental practice encompasses a set of attitudes incorporated in monitoring and care of a child by the parents, such as support, affection, communication, establishment of routines, norms, limits and corrections, without resorting to any type of violence²⁰. All the evidence is in favor of parental education, as it has proved to be effective in improving children's mental, emotional and behavioral health, with emphasis on primary childcare¹².

In contemporary times, the professionals face many challenges in the practice of parental education, starting with the weak knowledge on the part of the professionals, which has direct repercussions on planning of the actions²¹. This situation was demonstrated by the nurses in the current study when they stated the difficulty carrying out the promotion of positive parenting.

However, PC nurses must provide specific care in response to the needs inherent to the life cycle and to infant development. This activity is not exclusive to these professionals, but the insertion context, space and time privilege the child and family diagnosis needs, allowing for the planning of interventions that predict positive results¹⁹.

The link between PC nurses and the family allows closer relationships and better adherence to the guidelines provided for childcare, which eases the development of positive parenting¹⁹. This condition was highlighted by the nurses participating in the current study and, in this perspective, by establishing a partnership with the child and the family in care, promoting health, in the sense of adapting management of the clinical condition and parenting skills, creating a strong bond that achieves positive results¹⁹.

In addition, the literature shows that vulnerable parents and families that participated in a parenting program lack support involving feelings of intimacy, trust, reciprocity, inclusion, connection and belonging. These parents point out that, in order to leave the condition of basic survival at risk and enter a position where prosperity is possible, integration of all those involved in the interventions is necessary²².

The results of the current study showed that being accessible and understanding the reality of the children and families assisted is a necessary condition for promoting positive parenting, as well as being willing to interact. In turn, it is noted that Nursing care for the child population presupposes a partnership with the parents, always valuing their potential and helping with weaknesses¹⁹. Knowing the reality of families and their relationships, in order to collect information for care planning, requires nurses to be available¹⁹.

In addition, for family assessment and intervention, genograms and ecomaps can be used to ease planning of the Nursing actions, as they allow knowing the family structure, its internal and external relationships, support network and family support¹⁹. As intervention strategies to promote parenting skills, home visit programs are recommended, as well as parent support groups, specific education programs, family resource programs and books, videos and websites that have this focus²³.

Preparing for parental education has been referred to by health professionals as weak and, specifically in Brazil, there is scarcity of professional education courses in this area, which can compromise its implementation with the parent-child dyad²⁴. With regard to positive parenting, many professionals consider their knowledge and skills limited for this action and refer to the need for support through additional training²⁴.

Along with other professional categories, Nursing professionals are key elements in promoting positive parenting⁹. Implementation of this practice requires the mobilization of technicians from different areas to intervene with the parents, in order to promote parental education in a more comprehensive and resolute way²⁵.

To achieve promotion of positive parenting, it is necessary for the professionals to change the focus from disease to health, overcoming this established care model²⁶. There must be a relationship and bond between professionals and users, so that it is possible to respond to the needs of the people assisted, as well as implementation of health education so that the population also overcomes the biomedical health care model²⁶.

The social environment conditions, such as marital relationship, relational history, profession, schooling, access to goods and services and financial resources, are intricate and interfere with the parents' ability to develop positive parenting, affecting the parenting process and, consequently, infant development⁵⁻⁶. Thus, it is understood that all personal and family history can influence the culture of seeking care, as well as acceptance of professional intervention, factors that the nurses mentioned in the current study.

The choice for positive parenting practices is directly related to the marital interactions, to the life experiences when in the position of children, to the psychological resources, to the child's individual characteristics and to the parental values⁵⁻⁶. Therefore, the promotion of positive parenting through parental education requires engagement of the team of health professionals working in PC, as this collective effort requires educational preparation and scientific knowledge in order to develop strategies that are suited to the local reality²¹.

In a study carried out with nurses who work in PC in the state of Amazonas, it was found that the main challenges for the promotion of children's health and parental education were the accumulation of activities, the difficulty monitoring and following-up children, productivity-centered work, lack of training, the limitation of human resources and the difficulty in terms of welcoming²⁷. The results of the current study corroborate these findings.

The importance of health professionals in training and empowering parents in caring for their children is indisputable¹⁹. And, in this context, nurses can assume the support resource for the parents' difficulties, suggest strategies that explore the potentialities and allow for the construction of a positive parenting practice in a safer way¹⁹. Thus, it is important that managers and authorities pay attention to the identification and resolution of weaknesses in PC services and professionals.

In addition, effective networking is of significant importance, using strategies that promote intersectoral interventions²⁸. To this end, PC nurses must develop actions based on the principles of territoriality and comprehensiveness, organized with other health services and from other sectors, as well as care and support networks, seeking to articulate different knowledge to solve the problems of the local performance context²⁸.

PC nurses should establish a relationship of closeness, bonding and collaboration with the parents in providing care to their children²³. Nursing care focused on positive parenting requires qualified professionals to cooperate with the parents and help them understand how children develop and what the most appropriate attitudes and behaviors are at this particular moment²³.

Therefore, it is considered relevant to invest in nurses' training and qualification, with a view to implementing actions that reach all family configurations for the promotion of positive parenting²⁹.

CONCLUSION

Conducting this study allowed knowing the perception of nurses working in PC regarding the necessary conditions for care provision focused on the promotion of positive parenting. The participants showed recognition of the necessary elements to promote positive parenting in PC and factors that hinder their performance in this care area.

Among the necessary conditions are creating bonds and mutual trust with the families assisted, being accessible, showing solicitude and deepening on knowledge about the topic. As for the difficulties encountered, we point out the culture of the assisted population, which is still centered on the biomedical model, the families' resistance to putting the professional guidelines into practice and lack of integration between the service network and the FHS, in addition to nurses' work overload.

These results can support the Nursing practice for planning more assertive actions with regard to interventions that seek to promote positive parenting skills, overcoming the difficulties. For research, it is suggested that similar studies be carried out in different locations, so that it is possible to identify the magnitude of the professional perceptions, given the scarcity of studies on the topic.

As a limitation, we mention the fact that the study was developed with a population group from a specific inland municipality and at a pandemic moment, which can influence the professionals' experience in the research area.

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NOTES

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