



Training actions on positive parenting for Primary Health Care nurses: integrative review

Ações formativas sobre parentalidade positiva para enfermeiros da Atenção Primária à Saúde: revisão integrativa

Acciones de formación en parentalidad para enfermeros de Atención Primaria de Salud: revisión integrativa

ABSTRACT

Objective: To characterize training actions for Primary Health Care nurses to teach positive parenting. **Method:** This is an integrative review based on the guiding question “what are the training actions for Primary Health Care nurses to teach positive parenting?”, in line with the PICo strategy: participant (P), “nurses in training actions”; phenomenon of interest (I), “teaching parenting”; and context (Co), “PHC”. **Results:** a total of 139 articles were selected, of which four met the criteria for analysis. The training actions found were courses, training, lectures and seminars, guided by the Healthy Active Life and Parenting Curricula and anchored in social learning theories. **Final considerations:** The findings show promise for the development of integrated teaching curricula for Health Promotion and Positive Parenting, based on a problematizing and emancipatory pedagogical conception for the training of Primary Health Care nurses. **Descriptors:** Parenting; Inservice training; Primary Health Care.

RESUMO

Objetivo: Caracterizar as ações formativas para enfermeiros(as) da Atenção Primária à Saúde para o ensino da parentalidade positiva. **Método:** Trata-se de uma revisão integrativa a partir da questão norteadora “quais são as ações formativas para enfermeiros(as) da Atenção Primária à Saúde para o ensino da parentalidade positiva?”, em consonância com a estratégia PICo: participante (P), “enfermeiros(as) em ações formativas”; fenômeno de interesse (I), “ensino da parentalidade”; e contexto (Co), “APS”. **Resultados:** Foram selecionados 139 artigos, dos quais quatro atenderam aos critérios para análise. As ações formativas encontradas foram cursos, treinamentos, palestras e seminários, orientadas pelos Currículos Vida Ativa Saudável e Parentalidade e ancoradas nas teorias de aprendizagem social. **Considerações finais:** Os achados se mostram promissores para desenvolvimento de currículos de ensino integrados de Promoção da Saúde e Parentalidade Positiva, pautados em uma concepção pedagógica problematizadora e emancipatória para a formação de enfermeiros da Atenção Primária à Saúde.

Descritores: Parentalidade; Capacitação em serviço; Atenção Primária à Saúde.

RESUMEN

Objetivo: Caracterizar acciones de capacitación dirigidas a enfermeros de Atención Primaria de Salud para enseñar crianza positiva. **Método:** Se trata de una revisión integradora basada en la pregunta orientadora “¿cuáles son las acciones formativas del enfermero de Atención Primaria de Salud para enseñar crianza positiva?”, en línea con la estrategia PICo: participante (P), “enfermeros en acciones formativas”; fenómeno de interés (I), “enseñar crianza de los hijos”; y contexto (Co), “APS”. **Resultados:** Se seleccionaron 139 artículos, 4 de los cuales cumplieron con los criterios de análisis. Las acciones formativas encontradas fueron cursos, capacitaciones, charlas y seminarios, guiados por los Currículos de Vida Activa Saludable y Crianza de los Padres y anclados en las teorías del aprendizaje social. **Consideraciones finales:** Los hallazgos son prometedores para el desarrollo de currículos de enseñanza integrados para la Promoción de la Salud y la Crianza Positiva, basados en una concepción pedagógica problematizadora y emancipadora para la formación de enfermeros de Atención Primaria de Salud.

Descritores: Parentalidad; Capacitación en servicio; Atención Primaria de Salud.

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INTRODUCTION

The term parenting consists of a set of activities that aim to ensure the survival and development of the child in a safe environment, in order to make them more autonomous and prepare them for the physical, economic and psychosocial situations that will arise throughout their lives⁽¹⁾.

In positive parenting, caregivers provide stimuli for children's development through affection, teaching and modeling, offering them opportunities to learn in the family microsystem and to engage in the world. Negative parenting, on the other hand, is characterized by coercive, punitive and violent disciplinary practices⁽²⁾.

Most parenting programs prioritize families and mothers with greater social and economic vulnerability and are a strategy to promote equity⁽³⁾. The family corresponds to a space in which caregivers assume primary responsibility for contributing to the preservation of the first years of life, for guaranteeing the child's rights, their needs and their survival and development⁽⁴⁾.

For families to be able to provide opportunities for children's physical, emotional, social and cognitive development, it is of fundamental importance to have social networks that can guide and support them in these roles⁽⁵⁾. In this context, Primary Health Care (PHC), through the Family Health Strategy (FHS), which takes place in a comprehensive and continuous manner, provides health promotion, protection, prevention and recovery

activities for families and, in particular, their children⁽⁶⁾.

Health Promotion (HP), one of the structuring axes of the Unified Health System (*Sistema Único de Saúde, SUS*), emphasizes strengthening the capacity of individuals and social groups to intervene, based on an expanded conception, in the determinants of the health-disease process through the articulation of technical knowledge and popular knowledge⁽⁷⁾.

Thus, operationalizing SUS principles and guidelines in a new model of care requires new professional profiles; however, there is a significant gap in the field of training and work to develop nurses' skills with a focus on producing care and promoting positive parenting^(8, 5, 9). The understanding of education cuts across different fields of science, different geopolitical contexts and multiple social realities that indicate the need to invest in educational practices based on critical-reflective participation⁽¹⁰⁾. Thus, training professionals to work at the different health system levels, especially in PHC, represents a challenge with a view to transforming health practices from the perspective of comprehensiveness, teamwork and increasing the citizenship and autonomy of the subjects involved - workers and users⁽¹¹⁾. In view of the above, this integrative review was carried out to characterize training activities for PHC nurses to teach positive parenting. For this study, training actions are understood as a set of initiatives and strategies focused on professional development,

which can include courses, workshops, projects and other activities to improve participants' knowledge, skills, attitudes and ethical values.

METHOD

This study consists of an integrative review developed in six stages, following the model proposed by Mendes, Silveira and Galvão⁽¹¹⁾: 1. Identifying the topic and formulating the main research question. 2. Establishing inclusion and exclusion criteria for the studies. 3. Carrying out a systematic and comprehensive search in various sources of information. 4. Relevant data collection 5. Analysis of the data collected. 6. Discussion and presentation of the review, containing a

summary of the knowledge acquired.

Once the theme had been identified, the guiding question was developed: "what are the training actions for Primary Health Care nurses to teach positive parenting?", in line with the PICO strategy: participant (P), "nurses in training actions"; phenomenon of interest (I), "teaching parenting"; and context (Co), "PHC"⁽¹³⁾ (Chart 1). The inclusion criteria were studies that addressed the theme identified by reading the title and abstract, and articles available in Portuguese, English and Spanish published in the last 5 years. The exclusion criteria were theses, dissertations, studies in press, simple abstracts and annals.

Chart 1 – Database search strategy (São Paulo, 2023)

PICO	DeCS*	MeSH**
P	Enfermeiras e Enfermeiros	Nurses
I	Parentalidade Educação Profissional em Saúde Pública	Parenting Education, Public Health Professional
Co	Atenção Primária à Saúde	Primary Health Care

* Controlled and non-controlled descriptors from the Medical Subject Headings.

** Descriptors in Health Sciences.

Source: Prepared by the authors according to research data (2023).

The systematized search/sampling was carried out by means of an electronic search in the databases Cumulative Index to Nursing and Allied Health Literature (CINAHL), PubMed, Web of Science (Clarivate), Scientific Electronic Library Online (SciELO), Embase, Scopus and *Biblioteca Virtual em Saúde* (BVS). Controlled and uncontrolled descriptors from the Medical Subject Headings (MeSH) and Health Sciences Descriptors (DeCS) were used to search the databases, according to the

following equation: "Parentalidade" or "Parenting" or "Responsabilidad Parental" and "Enfermeiras e Enfermeiros" or "Nurses" or "Enfermeras y Enfermeros" and "Educação Profissional em Saúde Pública" or "Education, Public Health Professional" or "Educación en Salud Pública Profesional" and "promoção da saúde" or "Atenção Primária à Saúde" or "Primary Health Care" or "Atención Primaria de Salud". More details of the search in each database are shown in Chart 2.

Chart 2 – Search strategies used and their respective sources of information (São Paulo, 2023)

Database	Search strategy
CINAHL	((MH "Nurses") OR "Nurses" OR "Nurse") AND (((MH "Health Education") OR "Health Education") AND ((MH "Parenting") OR Parenting)) AND ((MH "Primary Health Care") OR "Primary Health Care")
PubMe	("Nurses"[Mesh] OR Nurses) AND (("Health Education"[Mesh] OR "Health Education") AND ("Parenting"[Mesh] OR Parenting)) AND ("Primary Health Care"[Mesh] OR "Primary Health Care")
Web of Science	("Nurses" OR "Nurse") AND ("Health Education" AND "Parenting") AND "Primary Health Care"
Embase	('nurse'/exp OR nurse) AND ('health education'/exp OR 'health education') AND ('child parent relation'/exp OR 'child parent relation') AND ('primary health care'/exp OR 'primary health care')
Scopus	Nursing) AND ("Education" AND "Parenting") AND "Primary Health Care
BVS	(("Enfermeiras e Enfermeiros" OR "Nurses" OR "Enfermeras y Enfermeros") OR (Enfermagem)) AND (("Educação Profissional em Saúde Pública" OR "Education, Public Health Professional" OR "Educación en Salud Pública Profesional") OR ((Ensino OR Teaching OR Enseñanza) AND ("Poder Familiar" OR Parenting OR "Responsabilidad Parental")))) AND ("Atenção Primária à Saúde" OR "Primary Health Care" OR "Atención Primaria de Salud")

Source: Prepared by the authors according to research data (2023).

Data was collected during the months of March and April 2023. The Rayyan® application was used to manage the references collected and allowed the articles to be selected independently by two authors based on a process of identification, selection and eligibility. The third author resolved any discrepancies in the selection of studies. Based on this selection, a spreadsheet was created to categorize the articles according to some characteristics: authorship, title, objective, country, study type, training action, teaching content, evidence level and respective results.

To identify the selected articles' evidence level, the classification proposed by the Agency for Healthcare Research and Quality (AHRQ) was used: level 1 - evidence resulting from meta-analysis of multiple randomized controlled studies; level 2 - evidence from individual studies with an experimental design; level 3 - evidence from quasi-experimen-

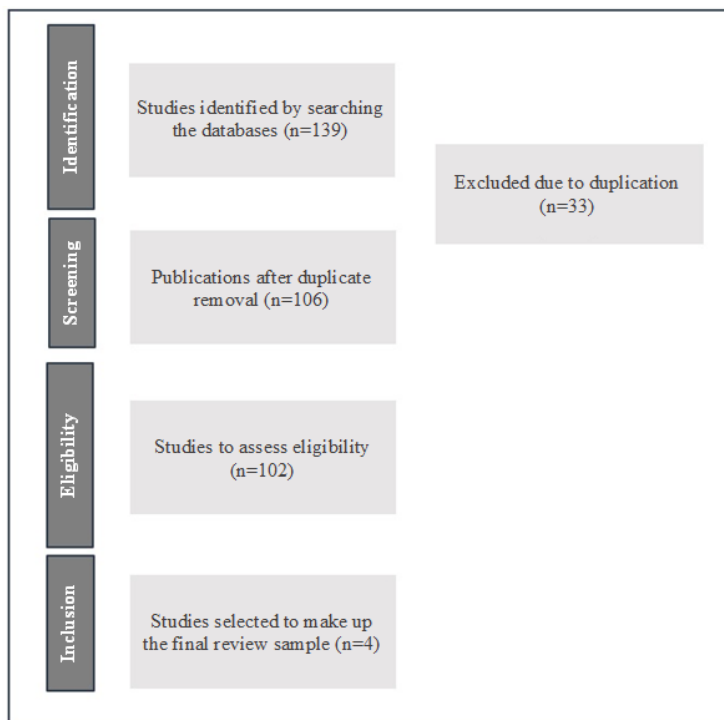
tal, time-series or case-control studies; level 4 - evidence from descriptive, non-experimental or qualitative studies; level 5 - evidence from case or experience reports; and level 6 - evidence based on the opinions of expert committees, including interpretations of information not based on research, regulatory or legal opinions.

As this was a literature review, there was no requirement to register with the Research Ethics Committee, and the guidelines established by Resolution 510/2016 of the National Health Council were followed by the research team.

RESULTADOS

The article selection process resulted in a total of 139 publications, 33 of which were excluded due to duplication and 102 because they were not related to the topic of this review. Four articles were selected, as illustrated in Figure 1, based on the PRISMA recommendation⁽¹⁴⁾.

Figure 1 – Flowchart of the results obtained from the recommendation PRISMA (São Paulo, 2023)



Source: Prepared by the authors according to research data (2023).

Chart 3 shows the analysis material, made up of four scientific articles published in English in four countries between

2017 and 2021: the United States (US), the United Kingdom, Spain and Australia.

Chart 3 – Synthesis of publications on training activities for PHC nurses to teach positive parenting, by year, country, study type, objective and evidence level (São Paulo, 2023)

ID	Year	Country	Study Type	Objective	Evidence Level
A1:	2018	USA	A randomized clinical trial	To evaluate a responsive patient-centered parenting intervention to prevent rapid weight gain from birth to six months.	1
A2:	2020	Spain	Ethnographic study	To analyze the meetings between nurses and parents from different cultural backgrounds.	4
A3:	2017	United Kingdom	Descriptive study	Analyze the effectiveness of evidence-based parenting programs.	4
A4:	2019	Australia	Qualitative study with a family approach based on theory and evidence	Strengthen the capacity of nurses and doctors to meet the main psychosocial needs of parents with mental problems and strengthen the relational recovery of these families.	4

Source: Prepared by the authors according to research data (2023).

Chart 4 shows the training activities (courses, training, seminars, meetings and lectures) and the teaching content for promoting positive parenting.

Chart 4 – Summary of publications depicting training actions for PHC nurses to teach positive parenting, according to authors, title, training action and teaching content (São Paulo, 2023)

ID	Authors	Title	Training Action	Teaching Contents
A1:	Jennifer F Savage, et al.	A patient-centered, coordinated care approach delivered by community and pediatric primary care providers to promote responsive parenting: pragmatic randomized clinical trial rationale and protocol.	- Training with an emphasis on the Healthy Active Living Curriculum of the American Academy of Pediatrics, together with part of a Responsive Parenting curriculum and advanced health information technology strategies.	- Integrated structure. - Healthy eating. - Childhood obesity. - Parental and nutritional education. - Risk assessment using the Early Healthy Lifestyles assessment tool. - Electronic information management system for the coordination and integration of care between clinical and community settings. - Guidance and monitoring of child growth and development. - Immunization.
A2:	Maider Belintxon, Nisha Dogra, Paula McGee, Maria Jesus Pumar-Mendez, Olga Lopez-Dicastillo	Encounters between children’s nurses and culturally diverse parents in Primary Health Care (WEE Baby Care).	- Meetings and talks by nurses with children and parents from different cultures, in the Healthy Child Program.	- Promotion of healthy lifestyles. - Counseling. - Health promotion and prevention of childhood diseases. - Identification of sleep disorders. -Chronic diseases. - Mental health.
A3:	Rachael Ryan, Christine O’Farrelly, Paul Ramchandani	Parenting and child mental health.	- Group seminars for parents. - Seminars and individual support for parents at risk or with specific concerns. - Training for home visitors in health promotion and education. - Video-feedback programs - filming techniques, vignettes, videos and dramatizations.	- Emphasis on learning theory, attachment theory, self-efficacy theory and psychoanalysis. - Mental health. - Perinatal health. - Personal and environmental health. - Life course development. - Bonds and maternal self-efficacy. - Social and health network and resources. - Access to health and social services.
A4:	Kim Foster, Melinda Goodyear, Anne Grant, Bente Weimand, Joanne Nicholson	Family-focused practice with EASE: A practice framework for strengthening recovery when mental health consumers are parents.	Training - sequences of conversations - to apply the framework: Concept map - Involve, Evaluate, Support and Educate.	- Family practice approach based on theory and evidence. - Psychosocial support. - Parental role. - Parenting and mental health. - Impact of parenting and mental illness on child and family well-being. - Plan of care. - Relational and recovery approach. - Social resources and support.

Source: Prepared by the authors (2023).

Characteristics of training activities

In the “WEE Baby Care” study, a randomized clinical trial, primary care nurses and nutritionists from the Special Supplemental Nutrition Program of the Women, Infants and Children Community are trained to provide an evidence-based curriculum to parents for the prevention of rapid weight gain in children from birth to six months of age. The training is guided by the Healthy Active Living Curriculum of the American Academy of Pediatrics, in conjunction with part of a Responsive Parenting curriculum from the Children’s Health Program⁽¹⁵⁾.

The “WEE Baby Care” parenting curriculum is made up of three components: a) responsive parenting curriculum informed by the Healthy Active Living Curriculum for families and the “Intervention Nurses Start Infants Growing on Healthy Trajectories” (INSIGHT) study⁽¹⁵⁾; b) early risk assessment tools for healthy lifestyles; c) data integration for the coordination of care between clinical and community settings.

INSIGHT is a longitudinal, randomized, controlled study that evaluated a responsive parenting intervention designed for the primary prevention of obesity and was designed to promote infant self-regulation in a responsive parenting framework and includes guidance on feeding, sleep, relaxation and interaction games. The “WEE Baby Care” study selected educational messages from INSIGHT that were organized into four categories: a) feeding your baby; b) calming your baby; c) your baby’s sleep; and d)

playing with your baby⁽¹⁵⁾.

The ethnographic research “Encounters between children’s nurses and culturally diverse parents in primary health care” was carried out through participant observation and structured interviews with nurses who attended children up to 14 years old and their parents, in scheduled appointments, as part of the child health program called Healthy Child. The actions of the child health program are conducted through meetings and lectures for children and their parents, in which professionals perform regular growth and development examinations, actions to promote healthy lifestyles, health counseling, prevention of sudden death and childhood accidents, detection of sphincter control, identification of sleep disorders, vaccinations and collaboration in the early detection of childhood diseases. Nurses also participate in the follow-up of children with physical problems or mental disabilities and the detection and monitoring of chronic diseases⁽¹⁶⁾.

There were reports of communication difficulties, a lack of listening and empathy on the part of the nurses taking part in the study with parents and children from different cultures. It was also found that the nurses had difficulties in obtaining information and making electronic records of the cultural and health aspects of the children. The importance of constructivist approach training actions to promote nursing care adapted to the individual needs of each family was noted, as well as the need to identify effective listening and recording strategies

to provide culturally competent care in primary care and ultimately improve the health of children and families⁽¹⁶⁾.

As for the study "Parenting and child mental health", there are different strategies for teaching positive parenting. It is a descriptive study that analyzed the effectiveness of parenting programs focused on mental health, with scientific evidence and wide dissemination in the United Kingdom. These programs are provided in a variety of settings and nurses are trained according to the characteristics of the Intervention Program. The theoretical approaches that guide the programs analyzed are: social learning theory, attachment theory and psychoanalysis. Attachment theory underpins the formative actions of the early childhood programs, and psychoanalysis underpins the psychotherapeutic actions aimed at parents and children in specific situations of social and mental risk⁽¹⁷⁾.

A total of six parenting programs were analyzed: 1. "Incredible Years" - the Webster-Stratton Incredible Years intervention is a prominent set of programs recommended for parents of children up to 12 years old with conduct disorder. Based on social learning theory, the interventions vary in five intensity levels and are delivered according to the needs of parents and children. 2. "Triple P" - aims to prevent emotional damage and behavioral problems in children up to 16 years old by promoting knowledge, skills and confidence in parents. It is developed in five intensity levels, according to the severity of the child's behavior and the fa-

mily's level of need⁽¹⁷⁾. These two parenting programs are staggered and flexible, predominantly for parents of school-age children and developed through home visits. Depending on the intensity of the intervention, the nurses hold seminars for the parents or social support activities. 3. "Parent-Baby Psychotherapy" - aimed at parents of younger children, Parent-Child Psychotherapy (PIP) aims to support and promote the positive relationship between parent and baby. PIP varies in its delivery, but most models have their roots in Psychoanalysis and aspects of attachment theory. (4) "Family Nurse Partnership" is an intensive home visit program for young mothers, providing support from the beginning of pregnancy until the child is 2 years old. Families receive up to 64 home visits from trained family nurses who address topics related to prenatal health, behavioral aspects of the mother and baby relationship, sensitive and competent parenting and maternal self-reliance. In their educational activities, the nurses also adopt an approach of modeling and reinforcing positive behaviors to effect maternal behavior change, with the aim of improving maternal self-efficacy and promoting competent care to reduce the risk of maltreatment⁽¹⁷⁾. The positive parenting curriculum developed in the trainings includes approaches to social learning theories, attachment, self-efficacy, personal and environmental health issues, life course development, maternal role development, social and health networks and access to health and social services⁽¹⁷⁾. Finally, two video pro-

grams were analyzed: 5. "Video Feedback to Promote Positive Parenting" (VIPP). 6. "Video Interaction Guidance" (VIG). VIG involves the construction of goals by parents and the therapist with the aim of promoting a harmonious and responsive parent-child relationship through enhanced two-way communication. VIPP is a brief, six-visit home-based intervention that aims to promote parent-child relationships, improve sensitive parenting and also focus on strategies for dealing with difficult behavior. VIPP is based on a combination of attachment theory and coercion theory - a version of social learning theory. At each visit, prepared feedback is given by the therapist and parent and therapist review video clips together, using positive comments based on the themes of the intervention⁽¹⁷⁾.

In the case of "Family-focused practice with EASE: a practice framework for strengthening recovery when mental health consumers are parents", a conceptual map is used which results in a practical guide to engage, assess, support and educate (EASE), anchored in evidence-based family approach theory and with practical interventions. The components of EASE are defined and illustrated with practical examples, with activities developed through a sequence of conversations, which can vary according to the needs of families and contribute to improving the skills of doctors and nurses in child welfare and primary care programs⁽¹⁸⁾.

Chart 5 summarizes the training activities.

Chart 5 – Summary of training activities (São Paulo, 2023)

ID	Program	Training Action	Description
A1:	WEE Baby Care	Parenting and nutritional education based on the Healthy Active Living Curriculum and the Responsive Parenting Curriculum, early risk assessment tools for healthy lifestyles and integration of data from electronic child health records.	Primary pediatric care providers and community nutritionists are trained in care coordination, consistency of messages, parenting behaviors and promoting parental self-efficacy.
A2:	Encounters between children's nurses and culturally diverse parents in Primary Health Care	Meetings and talks for children and parents as part of the child health program.	The actions of the child health program are carried out through meetings and lectures for children and parents to promote healthy lifestyles, child development, chronic disease prevention, accident prevention, early detection of childhood diseases and health advice.

A3:	Parenting and child mental health	<p>Trainings for nurses according to the characteristics of the mental health intervention:</p> <ol style="list-style-type: none"> 1. Incredible Years - the Webster-Stratton Incredible Years intervention uses video vignettes and role-plays to discuss parents' use of play skills, praise and rewards, limit setting, and strategies for dealing with behavioral difficulties. 2. Positive Parenting Program (Triple P) - at a low intensity, parents participate in group seminars, while higher intensity formats usually include individual support for parents at risk or with specific concerns. 3. Parent-Child Psychotherapy (PIP) - psychotherapeutic actions. 4. Family Nurse Partnership - educational activities using modeling and reinforcement of positive behaviors to effect maternal behavior change and promote self-efficacy and competent care to reduce the risk of maltreatment. 5. Video Feedback to Promote Positive Parenting (VIPPP) - video feedback methods as a means of promoting children's behavior and parental sensitivity; 6. Video Interaction Guidance (VIG). 	<p>1 and 2. The Incredible Years and Triple P programs are provided in a variety of settings and at five intensity levels through the Healthy Child Program. Interventions vary according to the needs of parents and children. They aim to prevent emotional damage and behavioral problems and to promote parents' knowledge, skills and confidence.</p> <p>3. PIP varies in its delivery, but most models have their roots in psychoanalysis and aspects of attachment theory. Sessions usually take place with parents and baby together and involve the psychotherapist observing parent-baby interaction, listening to and identifying concerns and supporting parents to develop different ways of relating to their baby.</p> <p>4. A home visit program that addresses prenatal health, behavioral aspects of the mother-baby relationship, sensitive and competent parenting and maternal self-reliance.</p> <p>5. Consists of filming parents and babies together during different situations (e.g. play and meals) which are reviewed with a therapist to highlight moments of positive interaction.</p> <p>6. VIG involves the co-construction of goals by parents and the therapist and aims to promote a harmonious and responsive parent-child relationship.</p>
A4:	Family-focused practice with EASE	<p>Concept map and practical examples. The activities are developed through a sequence of conversations, making up a practical guide.</p>	<p>Practical guide to involve, assess, support and educate, for doctors to support parents with mental illness in the context of their family in hospital and community mental health settings in different contexts.</p>

Source: Prepared by the authors (2023).

DISCUSSION

This integrative review allowed us to identify training actions for teaching positive parenting, with an emphasis on the work of PHC nurses. The total number of articles found showed a scarcity of scientific publications on the subject, demonstrating a gap in this area of teaching.

The studies analyzed had different methodological designs, objectives and training activities, including courses, training, lectures and seminars. The nurses who took part in the studies worked in child development programs, focusing on families, parents and their children, in health centers, communities and PHC. Of

the four studies analyzed, two, “Family-focused practice with EASE: a practice framework for strengthening recovery when mental health consumers are relatives” and “Parenting and child mental health”, also aimed to develop the parenting skills of parents and children with mental illness.

The study by Savage et al⁽¹⁵⁾, which analyzed the practice of nurses and nutritionists guided by the Healthy Active Living Curriculum of the American Academy of Pediatrics, together with part of a Responsive Parenting curriculum, shows that the topic of healthy eating to prevent childhood obesity needs to be incorporated into the training and continuing education processes of PHC nurses. Pregnancy and the first two years of a child’s life are important for their full growth and development and for their current and future health. Nutrition plays a fundamental role at all stages of life, especially in the early years, which are decisive for growth, development, habit formation and health maintenance.

Brazil is facing a major change in lifestyle patterns, with an increase in the consumption of ultra-processed foods (rich in sugar, sodium and fat and poor in nutrients), combined with a reduction in physical activity, which compromises the nutritional situation of children and adolescents and promotes an increase in chronic non-communicable diseases such as hypertension and diabetes⁽¹⁹⁾. According to a report by the World Health Organization and the United Nations Children’s Fund⁽²⁰⁾, around 41 million children under the age of 5 were overweight or obese, while 155 million were chronically malnourished. Overweight and obesity are found

in 5-year-olds in all income groups and in all Brazilian regions, but they are increasing among more vulnerable families due to the difficulty of physical and financial access to healthy food, as well as poor access to adequate information⁽²⁰⁾. Thus, early weaning and a low-quality, poorly varied diet lead to different forms of malnutrition, damaging children’s development.

In recent decades, there have been several advances in the implementation of public policies to promote, protect and support breastfeeding and healthy complementary feeding. In this way, curricula to guide nurses’ training actions in PHC, to promote positive parenting, can incorporate the guidelines of the National Food and Nutrition Policy and the National Policy for Comprehensive Child Health Care, as well as implementing the Brazilian Standard for the Marketing of Food for Infants and Young Children, Nipples, Pacifiers and Bottles (NBCAL)⁽²¹⁾ in order to face the challenges to be overcome to ensure the practice of adequate and healthy nutrition at the beginning of life.

Furthermore, the strategies advocated by the National Health Promotion Policy (NHPP)⁽⁷⁾ can be used as guidelines for developing parenting curricula, focusing on health practices that are sensitive to the Brazilian reality, in order to strengthen health-promoting actions in the SUS. It should be noted that the NHPP advocates encouraging the inclusion of health promotion actions at all levels of care, with an emphasis on PHC, focused on body and health care actions, healthy eating, and the prevention and control of smoking, as well as the development of qualification strategies in health promotion actions for

health professionals working in the SUS⁽⁷⁾.

In addition to all the attributes that PHC has, one of its objectives is to encourage the practice of breastfeeding⁽²²⁾. The act of breastfeeding is extremely important for the child and its benefits are enjoyed throughout life⁽²³⁾. Breastfeeding is an action that, on its own, brings many benefits, such as the bond and affection between mother and child, adequate nutrition, protection against various diseases, among others⁽²²⁾.

Due to the great social inequalities that exist in Brazil, causing enormous economic difficulties for the majority of families, including those headed by women, and coupled with the great importance of breastfeeding in the first two years of a newborn's life, it is extremely important that the correct latch-on techniques, minimum breastfeeding time and other correct information about breastfeeding are taught to breastfeeding women, considering all the benefits for the mother-child binomial⁽²²⁾. Nurses must therefore acquire and deepen their technical knowledge of the benefits of breastfeeding for the promotion and protection of children's health.

In addition to technical knowledge and teaching the correct practice of breastfeeding, it is important to consider the beliefs and cultures of mothers and respect their individualities⁽²²⁾. On the other hand, PHC is the most effective place, since the pregnant woman will have her prenatal care there and all her doubts about the breastfeeding process will be answered⁽²²⁾. Therefore, building a unique care project for pregnant women and their babies, providing adequate guidance to mothers and strengthening

parenting skills, requires nurses involved in PHC to take part in training processes that enable them to reflect on their professional practice. In addition to the need to acquire technical knowledge about breastfeeding, it is important to develop skills and attitudes to understand the needs, expectations, anxieties and anxieties of pregnant women in order to strengthen bonds and the HP of the mother-baby binomial. The need to monitor the puerperal woman throughout pregnancy and the lactation period is essential for the breastfeeding process to be successful⁽²²⁾.

It is understood that there is a gap between the actual training of professionals and the needs of the health system⁽¹⁰⁾, so it is important to have continuous and ongoing training, focusing on the work process and critical reflection, in order to overcome the challenges that permeate the educational practice experienced on a daily basis. Permanent Health Education (PHE), understood as learning at work, in which learning and teaching are incorporated into the daily life of organizations and work⁽²⁴⁾, enables professionals to understand and build knowledge about the situations they experience, favoring quality pedagogical actions and practices aimed at families, to promote positive parenting.

Teaching curricula should include theoretical and practical knowledge, with training actions that promote reflection in the light of educational theories as a means of deepening the teaching and learning processes in the context of child development. It is interesting that the curriculum, as a formal expression of the pedagogical project, has an integrating function, in the sense that it can bring to-

gether foundations and practices; updating, in that it can be the object of re-evaluations of these foundations and practices; and structuring, in that it allows for the articulation and consolidation of the constitution and academic perspectives of the courses⁽¹⁰⁾.

In terms of theoretical knowledge, the training curricula and the structure of the care plans of the "Incredible Years", "Triple P" and "Family Nurse Partnership" studies are based on learning theories, with a focus on reinforcing parents' positive experiences of parenting, self-efficacy theory⁽²⁵⁾ – which provides a framework for visiting nurses to understand how women make decisions for themselves and their child and thus promote parental autonomy and empowerment – and bioecological theory⁽²⁶⁾ – which highlights the importance of the mother's social, community and family context in influencing her decisions, behaviors and ways of caring for her children.

The curricula of the programs aimed at parents of babies include attachment theory⁽²⁷⁾, which considers the importance of newborn babies developing secure bonds with their mothers for their later development. The "Video Feedback to Promote Positive Parenting" (VIPP) and "Video Interaction Guidance" (VIG) programs, on the other hand, are based on psychoanalysis and use filming, vignettes, video and role-playing techniques to reinforce and discuss positive points in the interaction between mothers and babies and build common goals for promoting positive parenting.

In these programs, anchored in the above theoretical framework, the training activities are organized into themat-

tic axes for the production of child care: health care; environmental health; positive parenting; and social network and family. It is important that mental health care is addressed in parenting programs. In this sense, training actions are suggested to bring the subject closer together and to understand which interventions can be configured as mental health and strategies to identify existing resources in the territory for managing these issues in PHC. The PHC's relevance in the field of mental health care is essentially due to its proximity to the territory where users live, its continuous link with the community, its longitudinal care, its proximity to different community resources, organizations and social devices beyond the health sector, and the fact that it is based on the principles of integrality, interdisciplinarity, intersectorality and territoriality⁽²⁸⁾.

Finally, the study "Family-focused practice with EASE" aims to be a practical guide for parenting guidance and teaching, based on family approach theories and the practice of nurses and professionals. It shows that nursing has one of its main guiding principles in educational action and that this is consolidated in various care environments, based on theoretical and practical knowledge, for the development and strengthening of positive parenting skills. This finding shows that professionals need to constantly seek and access spaces for reflection on their practice, technical and scientific updating and dialog with users/population and other workers who make up the health services⁽²⁹⁾.

It is understood that care is provided in a context of vulnerability and that the care plan should be developed according

to the needs of parents and children, with the family and the home as the settings, which are also environments for educational production, giving new meaning to health education and promoting the autonomy of the subjects⁽³⁰⁾. This implies thinking of educational action as a fundamental strategy for professional training and identifying pedagogical environments capable of enhancing this practice.

There is still a great deal of concern about how to adapt future health professionals to the SUS principles, particularly in relation to professional practice, which has led to curricular changes from a still technicist perspective. It is necessary to break away from traditional forms of teaching and learning and adopt problematizing teaching methodologies, understanding the educational nature of the work itself⁽¹⁰⁾.

In this sense, the PHE proposal is based on the assumption of meaningful learning and proposes the transformation of health practices and the organization of work itself through problematization, reflection, dialogue and consensus building, making it possible to promote changes and transformations from the perspective of comprehensive health, taking as a reference the health needs of people and populations, sector management and social control in health^(11,31).

From this perspective, the use of soft technologies, understood as knowledge⁽³²⁾, to build complicity between families and nurses, promoting the autonomy and empowerment of individuals, is essential for professionals when dealing with families, given the challenge of building positive parenting skills that take into account the different social and cultural contexts

of families, which was found in the study "Encounters between children's nurses and culturally diverse parents in primary health care", which was part of this review.

In view of the above, it is considered important to invest in the training and qualification of PHC nurses, with a focus on positive parenting, with a view to implementing actions that reach all family configurations, in order to cooperate with parents and help them understand how their child develops and what attitudes and behaviors are most appropriate at this peculiar time⁽⁸⁾.

As far as limitations are concerned, we would point out the restriction in relation to the pre-established descriptors and the sources of information researched. The adoption of other search strategies and sources of information could increase the number of studies consistent with the subject studied. In addition, the exclusion of theses, dissertations, studies in press, simple abstracts and annals are another study limitation, as it may have reduced the chances of identifying national and international studies.

FINAL CONSIDERATIONS

There is evidence of a set of opportune elements for the development of integrated teaching curricula, with theoretical and practical content based on a problematizing and emancipatory pedagogical conception for the training of nurses within the scope of PHC and in favor of strengthening the SUS.

The training of nurses to teach positive parenting, linked to the production of care in PHC, should take place through permanent education in the services, using active teaching methodologies,

with the basic axis being the action-reflection-action relationship on the work process.

Given the reality identified in this integrative review, it is recommended that research be carried out focusing on the training and continuing education of nursing and health professionals for the development and implementation of child development and positive parenting programs in the national context. Nurses working in PHC, especially in the Family Health Strategy, play a relevant and strategic role in valuing and expanding families' repertoire of positive parenting practices.

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Critical review of the manuscript for the intellectual content: AAPO, FMCL e LAF

Editors in charge:

Patrícia Pinto Braga – Editor - in Chief

Mariana Bueno – Editora científica

Note:

Article originated from the research “Validation of a Pedagogical Matrix for the Hybrid Teaching of Positive Parenting”, presented to the Post-Doctoral Program in Public Health Nursing at the University of São Paulo - School of Nursing (EEUSP), in 2024. No funding was received from any funding agency.

Received on: 10/03/2023

Accepted on: 09/30/2024

How to cite this article:

Lico FMC, Oliveira LGF, Pina-Oliveira AA, et al. Training actions on positive parenting for Primary Health Care nurses: integrative review. *Revista de Enfermagem do Centro-Oeste Mineiro*. 2025;15:e5217. [Access_____]; Available in:_____. DOI: <http://doi.org/10.19175/recom.v15i0.5217>.



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