

Nurses' contributions to good practices in child care: an integrative literature review

Contribuições do enfermeiro para boas práticas na puericultura: revisão integrativa da literatura
Contribuciones de los enfermeros para buenas prácticas en la puericultura: revisión integrativa de la literatura

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ABSTRACT

Objective: to identify scientific evidence on the contribution of nurses' work to good practices in child care in the Brazilian literature. **Method:** integrative review of the literature, carried out in Latin American and Caribbean in Health Sciences Literature (LILACS), Medical Literature Analysis and Retrieval System Online (MEDLINE), Brazilian Nursing Database (BDENF), Cumulative Index to Nursing and Allied Health Literature (CINAHL) and Scientific Electronic Library Online (SCIELO) database, from 2008 to 2018. **Results:** 14 complete studies were selected for interpretative analysis. Two categories allowed responding to the initial questioning of the study, namely: Nurses' contributions in child care; and Limits for the nurse's role in child care. **Conclusion:** evidences show the importance of nurses in child care for the promotion of comprehensive care for children and their families. However, there are socioeconomic, cultural, institutional and technical factors that hinder the nurses' performance in this setting. **Descriptors:** Child Health; Nursing; Pediatric Nursing; Child Care; Family.

RESUMO

Objetivo: identificar na literatura brasileira as evidências científicas sobre a contribuição do trabalho do enfermeiro para boas práticas na puericultura. **Método:** revisão integrativa da literatura, realizada nas bases de dados Literatura Latino-Americana e do Caribe em Ciências da Saúde (LILACS), Literatura Internacional em Ciências da Saúde (MEDLINE), Base de Dados de Enfermagem (BDENF), *Cumulative Index to Nursing and Allied Health Literature* (CINAHL) e *Scientific Eletronic Library Online* (SCIELO), no período de 2008 a 2018. **Resultados:** foram selecionados 14 estudos completos para análise interpretativa. Duas categorias permitiram responder ao questionamento inicial do estudo, a saber: Contribuições do enfermeiro na puericultura; e Limites para a atuação do enfermeiro na puericultura. **Conclusão:** as evidências apontam a importância do enfermeiro na puericultura para a promoção de um cuidado integral às crianças e suas famílias. Contudo, existem fatores socioeconômicos, culturais, institucionais e técnicos que dificultam a atuação do enfermeiro nesse cenário. **Descritores:** Saúde da Criança; Enfermagem; Enfermagem Pediátrica; Cuidado da Criança; Família.

RESUMEN

Objetivo: identificar en la literatura brasileña las evidencias científicas sobre la contribución del trabajo del enfermero a buenas prácticas en la puericultura. **Método:** revisión integrativa de la literatura, realizada en las bases de datos *Literatura Latino-Americana e do Caribe em Ciências da Saúde* (LILACS), *Medical Literature Analysis and Retrieval System Online* (MEDLINE), *Base de Dados de Enfermagem* (BDENF), *Cumulative Index to Nursing and Allied*, en la base de datos bibliográfica de *Literatura Latino-Americana e do Caribe em Ciências da Saúde* (LILACS) (CINAHL) y *Scientific Eletronic Library Online* (SCIELO), en el período de 2008 a 2018. **Resultados:** se seleccionaron 14 estudios completos para análisis interpretativo. Dos categorías permitieron responder al cuestionamiento inicial del estudio, a saber: Contribuciones del enfermero en la puericultura y Límites para la actuación del enfermero en la puericultura. **Conclusión:** las evidencias apuntan la importancia del enfermero en la

puericultura para la promoción de un cuidado integral a los niños y sus familias. Sin embargo, existen factores socioeconómicos, culturales, institucionales y técnicos que dificultan la actuación del enfermero en ese escenario.

Descritores: Salud del Niño; Enfermería; Enfermería Pediátrica; Cuidado del Niño; Familia.

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INTRODUCTION

Considering the Brazilian legal frameworks that emphasize comprehensive protection of children, such as the Brazilian Federal Constitution of 1988, and the Child and Adolescent Statute of 1990, the National Policy for Comprehensive Child Health Care (PNAISC- *Política Nacional de Atenção Integral à Saúde da Criança*) was established in 2015 under the Unified Health System (SUS- *Sistema Único de Saúde*). This document aims to promote and protect the health of infants, with special care to early childhood, through care and comprehensive care, aiming at reducing the morbidity and mortality of this population group, as well as its full development⁽¹⁾.

To this end, the PNAISC is structured in strategic axes, with the purpose of guiding and qualifying actions and health services aimed at the Brazilian childhood, taking into account determinants and social determinants, being: humanized and qualified care to gestation, labor, birth and newborn; breastfeeding and healthy complementary feeding; promoting and monitoring growth and comprehensive development; comprehensive care for children in situations of violence, prevention of accidents and promotion of culture of peace; care for the health of children with disabilities or in specific situations and vulnerability; and surveillance and prevention of infant, fetal and maternal death⁽¹⁾.

The PNAISC, among other aspects, envisions reducing damages that can affect early childhood, a period of great biological, psychological and social vulnerability. This phase of life needs to be comprehensively protected, given its importance for cognitive, socioemotional and physical development of the human being, since it is during the early ages of life that the brain develops more rapidly and, therefore, be more sensitive to protective or risk influences⁽²⁾.

According to this logic, monitoring of health conditions in early childhood, which covers the period from zero to five years, eleven months and twenty nine days of age, is fundamental for adequate growth and development of these small ones, so that better health, learning and autonomy benefits. However, comprehensive health care for children is considered a challenge in services, requiring technical and scientific knowledge to support the increased apprehension of their needs by health professionals⁽³⁾.

Under SUS, this monitoring is mainly focused on Primary Care, especially in child care appointments. This term refers to a set of scientific basis actions that guide the health professional regarding comprehensive care with the child, thus involving assessment of growth and development, verification of immunizations, promotion of breastfeeding, guidance for weaning, healthy eating, hygiene and accident prevention, as well as the identification of health risk factors and abnormalities and their due referrals⁽⁴⁾.

In this context, nurses' work is significant, since this professional needs to make effective health actions feasible to ensure a better quality of life for children, including by promoting healthy

and harmonious development⁽⁵⁾. In the perspective of child care, the nursing professional, through nursing appointment, should provide adequate assistance to real needs of each child and his/her family, considering that each individual has their family, social and cultural context⁽³⁾.

It is noteworthy that the approach of the nurses' work with child care has been highlighted by the expansion of the Family Health Strategy (FHS) teams, as part of the consolidation of the National Primary Care Policy (PNAB- *Política Nacional de Atenção Básica*)⁽⁶⁾ in the context of SUS.

Child care is currently considered a multiprofessional area of work; however, the nurse's contribution to this practice is recognized for its dedication to health promotion actions, obtaining, at times, greater user satisfaction. Therefore, the work of this professional in child care needs to be better utilized⁽⁷⁾ and (re)known. However, research on effective contributions of Brazilian nursing in the child care appointment is scattered, which necessitates the need for a synthesis of the available evidence on the subject.

OBJECTIVE

To identify in the Brazilian literature the scientific evidence on the contribution of nurses' work to good practices in child care.

METHOD

This is an integrative review of the literature that included identification and analysis of scientific productions about the contribution of nurses in child care, with the purpose of gathering and synthesizing knowledge about the proposed theme, pointing out knowledge gaps to be filled in future research, as well as providing subsidies for health care based on scientific knowledge⁽⁸⁾.

Thus, the systematization and analysis of research results are sought, aiming at the understanding of a certain topic from other independent studies. It should be noted that all stages of this research modality were fulfilled⁽⁸⁾. Therefore, the following research question was formulated after topic identification: How does the contribution of nurses' work in child care addressed in the Brazilian literature?

The appointments were held in the first half of 2018, using the Advanced Search Form in the databases: Latin American and Caribbean Literature in Health Sciences (LILACS); Medical Literature Analysis and Retrieval System Online (MEDLINE); Brazilian Nursing Database (BDENF); Cumulative Index to Nursing and Allied Health Literature (CINAHL); and, Scientific Electronic Library Online (SCIELO).

For the appointment in the databases, the descriptors were selected in the terminology in health consulted in the Descriptors in Health Sciences created by the Latin American and Caribbean Center on Health Sciences Information (DeCS/BIREME), respecting the specificities of each base at the time of search. They

are: "Nursing", "Pediatric Nursing", "Child Care" and its synonym in Portuguese "Puericultura".

The criteria established for the inclusion of the studies were: publications with research results; publications available in full; publications in Portuguese, English and Spanish; publications about the Brazilian reality; and publications produced from January 2008 to April 2018. The exclusion criteria were: duplicate publications; experience reports; reflection articles; literature reviews; letters; editorials; and productions unrelated to the scope of the study.

At the beginning of the research, the search in the databases was performed with only one descriptor, individually, to obtain the universe dimension of works linked to each descriptor in each database. Then, a new search with the same descriptors was performed, being associated in double in all possible combinations with the Boolean operator "AND", aiming to acquire publications that were closer to the central theme of the research, due to the large amount in the individual search. From the associations in peers, reading of abstracts was started for previous selection of publications and application of inclusion and exclusion criteria.

In order to analyze the data, an analytical framework was created to gather and synthesize the key information of the studies, followed by the interpretation and comparison between productions and elements that compose each one, finding relevant information and evidence on the contribution of the nurses' work for good practices in child care, by categorizing the findings.

RESULTS

Different double-crosses generated a universe of 847 abstracts that were read in the different databases, 246 in LILACS, 196 in BDENF, 184 in SCIELO, 116 in CINAHL and 105 in MEDLINE. After reading these abstracts, 81 publications were previously selected in the different databases by approaching the study focus. However, 36 were removed by duplication. Subsequently, 45 articles became potentially eligible; however, considering the criterion of relevance and consistency of contents, 24 studies were read in full. Among these complete articles, few answered the initial questioning of the study. Therefore, there remained 14 for interpretative analysis (Figure 1). Thus, Chart 1 presents the variables, year, title, author, journal and purpose of the publications.

Among the 14 articles (100%) found in this production, 03 (21.4%) were published in 2015, 02 (14.2%) in each year

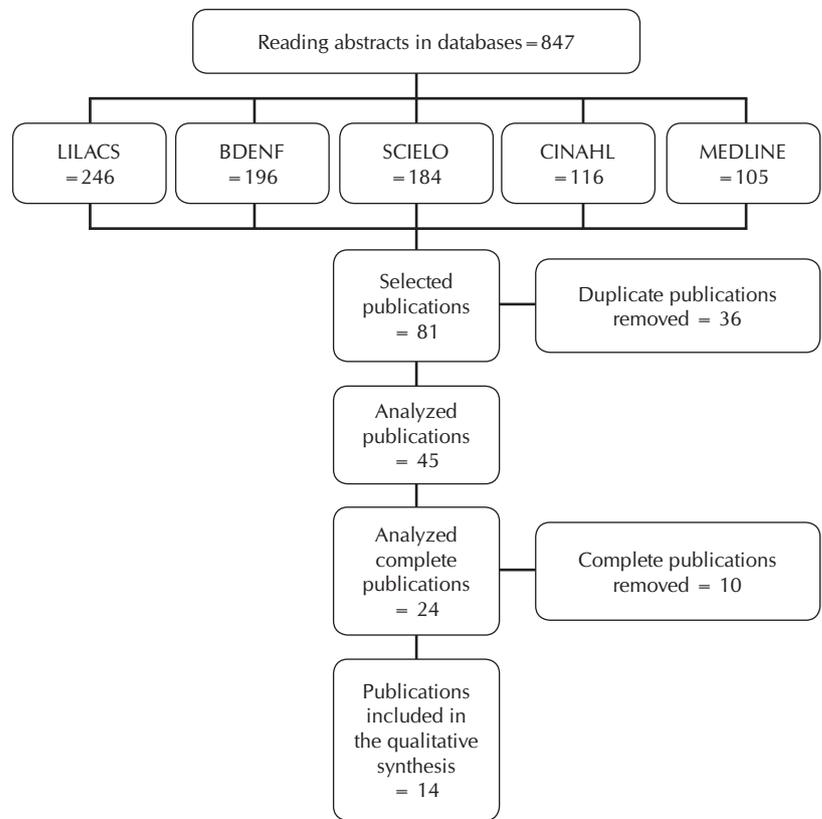


Figure 1 – Flowchart of article search in databases, 2018

of 2017, 2013, 2012 and 2011, with one (7.1%) publication/year in 2018, 2016 and 2010. In the chosen time frame, no publications were found in the years 2008, 2009 and 2014.

It was identified that most of these, in case 13 (92.9%), was published in scientific journals in Nursing, and only 01 (7.1%) in a multidisciplinary journal, namely *Ciência & Saúde Coletiva*. A journal, *Revista de Enfermagem UFPE* on line, published three articles (21.4%) on the topic under analysis, and two journals, namely *Revista de Pesquisa: Cuidado é Fundamental Online* and *Revista Gaúcha de Enfermagem*, published 02 (14,2%) articles each. While six journals published one (7.1%) article.

As for the method, there is a predominance of 11 (78.6%) studies with a qualitative approach; while 03 (21.4%) performed quantitative surveys with statistical analyses.

As far as the study participants were concerned, 09 publications (64.3%) used nurses to study the theme, while 04 articles (28.6%) researched the topic with relatives of children and 01 (7.1%) with professionals of health.

Chart 1 – Characterization of articles selected for analysis, according to order, year, title, author, journal and objective, Brazil, 2018

Order	Year	Title	Author	Journal	Objective
A1	2018	Nurses' actions and articulations in child care in primary health care	Furtado MCC, Mello DF, Pina JC, Vicente JB, Lima PR, Rezende VD ⁽⁹⁾	<i>Texto & Contexto - Enfermagem</i>	To understand how nursing care is configured for children under five in family health units, focusing on comprehensive care.

To be continued

Chart 1 (concluded)

Order	Year	Title	Author	Journal	Objective
A2	2017	Approach of the child's life context in the nursing appointment	Moreira MDS, Gaiva MAM ⁽¹⁰⁾	<i>Revista de Pesquisa: Cuidado é Fundamental Online</i>	To analyze the actions developed by the nurses during the appointment and related to the context of the child's family life and environment in order to promote their health.
A3	2017	Family and community orientation in children's primary healthcare	Reichert APS, Leônico ABA, Toso BRG, Santos NCCB, Vaz EMC, Collet N ⁽¹¹⁾	<i>Ciência & Saúde Coletiva</i>	To identify the principle of family and community orientation in family health units, related to the health care of children under ten years of age.
A4	2016	The nursing consultation in monitoring child growth and development in the family health strategy	Carvalho EB de, Sarinho SW ⁽¹²⁾	<i>Revista de Enfermagem UFPE on line</i>	To evaluate actions of the work process and infrastructure in the nursing appointment to children under one year of age, in the monitoring of growth and development in the Family Health Strategy.
A5	2015	Surveillance of child development: practices of nurses after training	Reichert APS, Nóbrega VM, Damasceno SS, Collet N, Eickmann SH, Lima MC ⁽¹³⁾	<i>Revista Eletrônica de Enfermagem</i>	To evaluate the perception of nurses in relation to their practice in the health care of the child, after training in child development surveillance, in the context of Integrated Management of Childhood Illness.
A6	2015	Baby follow-up in primary care: interface with the third stage of the kangaroo method	Aires LCP, Santos EKA, Costa R, Borck M, Custódio ZAO ⁽¹⁴⁾	<i>Revista Gaúcha de Enfermagem</i>	To know the perceptions of health professionals of Primary Care about the follow-up of the preterm and/or low weight baby and their family, and the interface with the third stage of the Kangaroo Method.
A7	2015	Perceptions of the family members of children regarding well-child check-ups in the family healthcare strategy	Malaquias TSM, Gaíva MAM, Higarashi IH ⁽¹⁵⁾	<i>Revista Gaúcha de Enfermagem</i>	To know the perceptions of relatives of children on the appointment of child care in the context of care for children's health.
A8	2013	Childcare and nursing care: perceptions of nurses of family health strategy	Lima SCD, Jesus ACP, Gubert FA, Araújo TS, Pinheiro PNC, Vieira NFC ⁽¹⁶⁾	<i>Revista de Pesquisa: Cuidado é Fundamental Online</i>	To understand the nurses' perception of the Family Health Strategy about child care, describing the actions implemented during the nursing appointment.
A9	2013	Pediatric health care: practice of nurses in the family health program	Soares SG, Viana IRMN, Ferreira ALC, Veríssimo RCSS, Lisboa CB ⁽¹⁷⁾	<i>Revista de Enfermagem UFPE on line</i>	To characterize the health care of the child performed by the nurse in the Family Health Strategy.
A10	2012	Childcare in Primary Healthcare: the nurse's role	Vieira VCL, Fernandes CA, Demitto MO, Bercini LO, Scocchi MJ, Marcon SS ⁽¹⁸⁾	<i>Cogitare Enfermagem</i>	To know the aspects related to nurses' performance in Child Care.
A11	2012	Child care in nursing and health education: mother's perception in family health strategy	Vasconcelos VM, Frota MA, Martins MC, Machado MM ⁽¹⁹⁾	<i>Escola Anna Nery Revista de Enfermagem</i>	To describe the experience of mothers about the care given to their children, as well as their perception regarding child care appointment.
A12	2011	Work process of the nurse who works in child care in family health units	Assis WD, Reichert AP, Sá LD ⁽²⁰⁾	<i>Revista Brasileira de Enfermagem</i>	To analyze the work process of the nurse in the actions of child care in family health units
A13	2011	Nursing consultation in child care: the experience of nurses in the Family Health Strategy	Campos RMC, Ribeiro CA, Silva CV, Saporoli ECL ⁽⁴⁾	<i>Revista da Escola de Enfermagem da USP</i>	To understand the meaning attributed to the nursing appointment in child care, by the nurse who acts in the Family Health Strategy.
A14	2010	Puericulture: perception of mothers cared in the Basic Health Unit of Sobral, Ceará, Brazil	Vasconcelos LM, Albuquerque IMN, Lopes RE, Oliveira CV, Viera NFC, Gubert FA ⁽²¹⁾	<i>Revista de Enfermagem UFPE on line</i>	To know the perception of the mothers of children who carry out child care appointments in a rural health unit in Sobral/ Ceará.

Regarding the country region, the largest portion (09.03%) was in the Northeast region, 03 (21.4%) in the South region, 02 (14.2%) in the Southeast region, 01 (7.1 %) in the Midwest region, while no studies of the North region were found.

From the interpretative analysis of scientific articles, two thematic categories were created that allowed a synthesis on the contribution of the work of the nurse in child care and its limitations, being:

Nurses' contributions in child care; and Limits for the nurse's role in child care.

Nurses' contributions in child care

Articles A1⁽⁹⁾ and A2⁽¹⁰⁾ state that nurses contribute to child care insofar as the particularities, and family, environmental, social, cultural, economic and community context of each child are

covered in nursing appointments. So, their actions are able to favor comprehensive care for children, including those in early infancy, in addition to technical assistance, thus enhancing health care for this population group, especially for health promotion.

The importance of the role of the nurse in child care regarding to the comprehensiveness of care is also highlighted in publications A8⁽¹⁶⁾, A10⁽¹⁸⁾, A11⁽¹⁹⁾ and A13⁽⁴⁾. Such studies bring to the fore that these professionals understand child care as a practice that involves actions to promote, prevent and rehabilitate the health of children, their families and the community. In this way, child care is recognized as an comprehensive follow-up of the child, transcending merely procedural and curative care.

A1⁽⁹⁾, A4⁽¹²⁾, A9⁽¹⁷⁾, A10⁽¹⁸⁾, A11⁽¹⁹⁾ and A14⁽²¹⁾ surveys, on the other hand, address health actions directly related to the nurse's child care, which include: physical examination, monitoring of growth and development, immunization, neonatal screening, identification of risk factors, collection of test material, and appointment scheduling.

However, these same articles^(9,12,17-19,21) emphasize that the nurses' performance cannot be limited to making technical, but include orientations with the family about issues related to the child's health, given the importance of sharing of knowledge to make care of this clientele. These guidelines refer, for example, to general child care, breastfeeding, child feeding, hygiene, vaccination, accident prevention, family behavior and the importance of constant assessment of child growth and development. Studies A1⁽⁹⁾ and A14⁽²¹⁾ emphasize that this educational practice needs to be permeated by bond, trust and effective communication between the nurse and the family.

The investigations A1⁽⁹⁾, A2⁽¹⁰⁾ and A5⁽¹³⁾ point out the importance of nurses within a family health unit, since this professional has very close contact with the community and, therefore, tends to know with the context of each family, its difficulties and limitations, and can establish partnerships with these people. Therefore, it is more likely to strengthen the bonding and trust relationships necessary for the conduct and guidance to address the real needs of the child and his/her family, thus favoring a humanized, individualized and qualified care.

In addition, publications A⁽⁹⁾ and A6⁽¹⁴⁾ emphasize that nurses need to work together with other professionals in order to share knowledge and practices in order to improve the child's health care, making him/her a qualified and of reference for the family. Article A6⁽¹⁴⁾ further states that interspersing nursing appointments and medical appointments was considered an excellent strategy by the health team, as each professional has a look under the care of the child that is complemented in a team work, attending, thus, to the different demands of the community.

Articles A5⁽¹³⁾ and A9⁽¹⁷⁾ emphasize the importance of qualification of health professionals, including nurses, in adopting good practices in child care through training, updating and improvement. The results of study A5⁽¹³⁾ pointed out that training in child development surveillance had a direct impact on the nurse-child-family relationship, motivating professionals to adequately perform this practice, with effective family participation in this process, with a consequent improvement in the relationship among those involved in care.

Regarding training, article A9⁽¹⁷⁾ points out certain courses carried out by study nurses that provide important subsidies for

child care, contributing to the quality of this practice, such as Integrated Management of Childhood Illnesses, Monitoring of Acute Respiratory Infections, Care of the Newborn, Breastfeeding, Immunization, Iron and Vitamin A Supplementation, among others.

Limits for the nurse's role in child care

Regarding the limits for the nurse's role in child care, in article A2⁽¹⁰⁾, nurses, when conducting the child care appointment, considered in a timely manner some elements of the child's life and family environment context, not addressing aspects of the family's culture and economic situation. However, research A13⁽⁴⁾ refers precisely to the difficulties related to the beliefs, values and social conditions of the assisted population that directly interfere with the care of the children, which is also described as a limiting factor, because sometimes it does not allow professional interventions promote the expected resolution of the problems detected. As an example, in article A8⁽¹⁶⁾, nurses reported difficulty in the low adherence of mothers to child care appointments.

In studies A12⁽²⁰⁾ and A14⁽²¹⁾, limitations on guidelines during child care appointments were presented, since sometimes there is only one information pass-through, with guidelines previously defined by nurses, and therefore, found gaps and doubts on the part of the mothers, to the extent that they understand the teachings, but have doubts on how to carry them out.

Attitudes inherent to Primary Health Care (PHC) were analyzed in the A3 survey⁽¹¹⁾, through questioning mothers if the professionals asked them about their opinions about treatment and care for the child. The results indicated that 33.7% (n = 116) of the mothers answered that they were sure that the nurses did not question this aspect and 24.1% (n = 83) stated that the doctors did not either. Regarding the identification of problems through community surveys, 23.8% (n = 82) of the interviewees did not remember whether the nurse performs these researches and 13.4% (n = 46) reported not remembering the doctor performing them. These data also indicate weaknesses in the nurse's care practice in child care.

In addition, A7⁽¹⁵⁾ identified the preference of the family members by the pediatrician in the child care appointment. The nurses' participation is acknowledged in a secondary way, so the study points out the need for valorization by relatives of this professional, seeking effective multiprofessional participation in this type of care. Nevertheless, in study A12⁽²⁰⁾, the nurse care work process in child care has turned out to be centered on diseases and procedures, with no follow-up and actions that fully meet the child's growth and development needs. Therefore, the care followed the traditional model with a curative approach, as also indicates the article A6⁽¹⁴⁾ regarding the monitoring of the child in the third stage of the Kangaroo Method.

Another aspect that limits the performance of child care appointments is the lack of preparation of some nurses. Study A4⁽¹²⁾ found limitations in the practice of nurses regarding physical examination, growth and development evaluation, and recording of data in the medical records. The research A9⁽¹⁷⁾ indicated deficiencies in the training of nurses to work in the FHS, since most of the professionals felt unprepared to perform care for children, restricting it to the monitoring of child growth and development in the age group of 0 to 2 years.

Regarding the limits to the nurses' performance in child care, article A9⁽¹⁷⁾ points out that 35% (n = 14) of the nurses reported partial preparation to perform activities related to the child's health, with 52.7% (n = 8) of this total, due to the scarcity and superficiality of courses and training, and 7.1% (n = 1) due to lack of affinity for this area.

In studies A13⁽⁴⁾ and A4⁽¹²⁾, there are also structural difficulties faced by nurses to perform child care nursing appointments, such as lack of appropriate space, consumables such as charts and development factsheet, and of permanent materials such as anthropometric ruler.

In articles A4⁽¹²⁾, A8⁽¹⁶⁾ and A12⁽²⁰⁾, numerous factors contribute negatively to the practice of child care, especially those related to work organization, since nurses are responsible for managerial activities and Thus, there is an overlapping of bureaucratic activities to those of care, with an overload of tasks in the team. In addition, there is disarticulation between the actions of the health team, lack of human resources, overload of care by the nurse due to the constant lack of doctors and difficulty in referral and counter-referral services.

In addition, study A12⁽²⁰⁾ showed that child care appointments occur without prior scheduling; return values are not marked; the immunization is only in charge of the nursing assistant; and the recording of anthropometric data are delegated to the community health agent. It also revealed that key instruments, such as scale and anthropometric rule were not used by nurses in their appointments, although they were available in the units.

DISCUSSION

Child care is an essential tool for the promotion of children's health in order to ensure adequate growth and development in their physical, emotional and social aspects, thus contributing to the reduction of child morbidity and mortality⁽²²⁾, which makes it fundamental to highlight some findings of the studies regarding the contribution of nurses in this practice.

Precisely in this area, studies found in the integrative review have rescued the importance of nurses in child care for the promotion of health through comprehensive care for children, considering that this professional, a priori, is closer to families in the community, including home visits; which favors the valorization of the life context in the established interactions between nurses, children and families, thus extrapolating the purely technical and curative care. These findings corroborate a study⁽²²⁾ that indicates the centrality of nursing in this process, considering the comprehensive care and the establishment of bonds between family, service and health team that this professional is able to promote in their activities in the community.

The selected articles also presented nurse assistance actions in the child care appointment that cover the constituent elements of this practice. It should be emphasized that in Brazil, the PNAB⁽⁶⁾ points out, among other specific attributions of this professional, the nursing appointment with the different population groups; which supports the performance and autonomy of this professional in Primary Care, including child care in child care.

It is worth recalling that nurses are able to monitor, evaluate and intervene in the health/illness process of children and

their families, based on the interaction and educational components⁽²³⁾. Therefore, the care of this professional needs to systematically include the evaluation of the infant's growth and development according to their age, based on physical examination, seeking to understand their real needs, thus promoting individualized and comprehensive care⁽²⁴⁾.

The integrative review also pointed to the importance of the guidelines in the child care appointment on general and specific care with the child for the promotion of their health, which reinforces that the demand for the health service should not be only in cases of illness, that Primary Care advocates preventive actions and health promoters. On the other hand, studies have pointed out that, sometimes, nurses assume a vertical position, through the transfer of information to families, according to the professional's own logic. Thus, it should be emphasized that health education cannot be reduced only to the transmission of ready and finished content, but as a set of dialogic, participatory and emancipatory pedagogical practices, with a view to facilitating voluntary health actions⁽²⁵⁾.

Thus, investigations found that the educational practice in child care needs to be marked by bonding, trust and effective communication between the nurse and the family. To this end, nurses must promote a care that goes beyond the biological scope, involving themselves in the biological, psychological and social triad, combining scientific knowledge with popular knowledge with the proper appreciation of the culture of each child and family⁽¹⁹⁾.

Thus, we note the importance of nurses in child care, through the establishment of the bond with children and families, through a dialogical appointment, in which experiences are exchanged and not a vertically transferred knowledge transfer of the professional.

In addition, in the research, the teamwork emerged with a key element so that the work of the nurse happens in a profitable way. In this perspective, the family health strategy requires learning to interact with others through a process of developing skills and abilities, ranging from emotional intelligence to the knowledge and experiences of interpersonal and intergroup dynamics. Thus, the comprehensiveness of care is presupposed through the construction of a common care project to meet the needs of the users with quality⁽²⁶⁾, which is fundamental in child care.

With regard to the qualification of nurses to perform child care appointments, the findings of the integrative review indicated that these professionals constantly require training in order to update them and thus improve care. Such training can occur, for example, through Lifelong Education, with the aim of improving care and promoting the child's health. Through the professional qualification of nurses, children and their families can feel more confident and confident in the work that this professional will perform and, thus, strengthen ties to ensure continuity and comprehensive care⁽²⁷⁾.

In order for good practices in child care to be effectively assumed by nurses, it is necessary to critically reflect on aspects that limit their implementation, so that possibilities for overcoming can be built by the nurses in the different Primary Care services.

Regarding the limitations that nurses face, the articles selected indicate that this professional sometimes does not take into account the cultural and socioeconomic context of the child and his family, despite the acknowledged influence of these factors on child

care and child compliance itself care, which corroborates with another study⁽²⁸⁾ that revealed that one of the greatest difficulties to perform the nursing appointment is the influence of family culture and beliefs, preventing family guidelines from being adhered to. Therefore, should be reinforced that bonding, dialogue and trust between nurses and families are essential for the continuity of care practices, insofar as health actions will be appropriate to the reality of the child/family and their socioeconomic conditions.

The punctual approach of aspects related to the life context, family environment, cultural and economic situation of the child's family by the nurse in the appointment of child care, is in fact a limitation for a comprehensive care that privileges the health promotion. However, the home visit, a practice inherent in the work of the FHS, represents a good ally to overcome this problem by the concrete possibility of knowing the living and health conditions of the children and their families under the responsibility of the nurse, so that the care process is based on their actual health needs.

The nursing appointment can also be performed at home, through a planned action and with a record of their findings. Thus, the information collected favors the practices developed by nurses and staff, facilitating the adaptation of the guidelines to the reality of the families and allowing a care that contemplates the differences and particularities of each one, even if this represents another obstacle to be overcome⁽²⁸⁾.

The findings of the articles point out that the biomedical model is still very present in child care, is the preference of the population for medical care or the demand of the health service an offender by only or if decided in a nurse's performance with a focus on diseases and procedures. These results corroborate a study⁽²⁹⁾, which aimed to compare the presence and attributes extension of primary health care of children between traditional FHS Units and Basic Units in a city in southern Brazil, which revealed that health traditional public, based on techno-science and the biomedical model is still strongly present in health care practices in both models, which is a reflection of a hospital-training, medicalized, biologicist and fragmented health professionals.

We believe that the preference of relatives for pediatric appointment over that provided by nurses in child care, as well as lack of adhesion of mothers this type of care are difficulties which can be overcome with progressive construction of bond with the community⁽²⁸⁾.

Therefore, the establishment of linkage and incorporation of the data related to the family and cultural context, from the home visits, facilitate the change from a practice of care focused on the disease and the technical procedures, to another based on the mode of living and getting sick of the people, desirable for affirming the assistance model proposed by SUS. In addition, the constant realization of educational activities as a means of making the population aware of the prevention and promotion of health, besides the work done by the nurse practitioner, are also strategies for coping with the limitations.

In the analyzed studies, the problems related to the work process of the teams and the technical lack of preparation of the nurses for the accomplishment of the child care present themselves as important limiting factors for the effectiveness of this activity. These are complex problems whose overcoming requires actions of different actors involved, especially those related to management and those responsible for training workers.

In an experience report about the construction of a protocol of nursing in child care in Primary Health Care, we observed the power of Permanent Education to enable the progressive overcoming of such problems. The importance of the collective construction for the elaboration of a protocol that is easy to apply and scientifically grounded, makes possible the advance of the systematization of the nursing work process. During its construction, it was perceived the importance of the agreement of conducts among the pairs, considering the reality of care. Thus, the instrument developed can be used effectively to improve professional practice and the provision of health care for the population⁽³⁰⁾.

However, the nurse also needs to seek training and improvement to carry out child care appointments in an adequate way, in order to know the specific actions aimed at the child's health, promoting health promotion and prevention, avoiding harm and contributing to a healthy and harmonious⁽³¹⁾. It reiterates the relevance of Permanent Education and the restructuring of graduations, in order to bring the health education praxis closer to the social reality, thus adapting to the attributes defined by Primary Health Care; which can improve nurses' performance in child care^(12,29).

It is still important that nurses broaden their knowledge and recognize the meaning of the nursing process in Primary Care, as well as the existence of the legislation that regulates it⁽³²⁾, in this case Resolution 358/2009 of the Federal Nursing Council⁽³³⁾. In addition to this recognition, nurses need to understand this care methodology as a potential contributor to the qualification of nursing care⁽³²⁾, including child care. In the nursing appointment, the nurse passes trust, receives credibility and strengthens bonds during the care provided⁽³⁴⁾.

However, some professionals perceive that the Systematization of Nursing Care is more like a bureaucratic part that needs to be filled, signaling little understanding about the importance of the nursing process⁽³⁵⁾, which reinforces the need for training to use this methodology in the child care.

Study limitations

Although the proposed goal has been achieved through the synthesis of the knowledge already produced on the subject, we considered that studies carried out with differentiated methodologies did not clearly show a base of attributes of what cannot be lacking in a nursing appointment in child care. In addition, few studies gave voice to relatives to discuss the participation of the nurse in this context. Another aspect is the insufficiency of studies on the monitoring of the child in age groups over two years. We hope, therefore, that the identification of these gaps will boost the development of future nursing research on good practices in child care.

Contributions to Nursing, Health or Public Policy

This research sought to gather, through evidence available in the literature, research on the effective contributions of Brazilian nursing in child care appointment, noting that this care process needs to be based on the real health needs of children and their families, in order to promote the comprehensiveness of care. In addition, the present study made it possible to identify limitations that generate weaknesses in the care practice, as well as pointed out possibilities for overcoming it.

Therefore, the study aims to contribute to the nursing area, in what refers to the valuation of the nurse professional in times

where the biomedical assistance model is still hegemonic, evidencing the importance of a humanized, systematized and qualified practice in child care appointments.

To do so, the research fosters the need for nurses to rethink their care and education practices, in order to seek improvement in child care, including more investments in academic training and in continuing education, so that good practices in child care correspond to policies public health and SUS guidelines.

It is also important to identify the gaps in the theoretical production on a topic so relevant to the nurse who conducts child care appointment.

FINAL CONSIDERATIONS

The findings of the study point out the importance of the nurse in child care for the promotion of comprehensive care to children and their families. Often, this professional has broad vision of the health-disease process, combining in the child care appointment the technical knowledge to the life context of the assisted population.

On the other hand, there are socioeconomic, cultural, institutional and technical factors that hinder the nurses' performance

in this setting. Among these factors, there is a predominance of the biomedical care model, both in community practices and by professionals themselves, including nurses. It also adds to the lack of space, inputs and equipment, work overload and fragmentation of health team practices as limiting factors.

In addition, one of the main limitations that nurses face in their work in child care is the lack of preparation for care for children. This reality imposes the need to increase the knowledge and skills of this professional, through academic training and Permanent Education, with a view to qualifying health care for the child and his family.

We also consider essential to raise awareness about the importance of the centrality of the nursing process in the appointments as a methodology capable of promoting a humanized, individualized and qualified assistance that also promotes the valuation of the appointment performed by the nurse.

Finally, through a wide knowledge in the area and the adoption of good practices, nurses can carry out child care actions in health promotion, prevention, treatment and rehabilitation, which will have direct repercussions on improving the quality of life of children and, consequently, a healthy and harmonious development, as well as the reduction of child morbidity and mortality.

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