



A Qualitative Assessment and Experiences of Swedish Child Health Care Nurses

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ABOUT THE STUDY

Previous research has shown that responsive engagement between a parent and a child enhances secure connection and, as a result, children's health and development. Early in life, the foundations for a positive parent-child bond and healthy attachment are built. According to recent study, the quality of mother-child connection is substantially associated to social and cognitive development throughout the first year of life. Although there is limited access to methods for assessing and promoting parent-child interaction during the first year of a child's life, and previous research shows that child health care nurses assess the interaction between parent and child very differently, child health care nurses play an important role in supporting parents of young children. As a result, the focus of this study is on the experiences of child health care nurses in analyzing and promoting responsive engagement.

The first year of life is crucial for the establishment of positive parent-child contact, according to Bowlby's attachment theory (1982). Children develop either a secure or insecure attachment to their parents depending on their inner, unconscious, experience-based ideas of how social relationships work. This suggests that the parent's ability to care for the child is critical for the child's socio-emotional and psychological development. They highlight four aspects of a parent's responsiveness that are critical for a child's ability to form a stable bond.

The first dimension is a responsive parent responding to a social invitation with a social response, responding to a play invitation with a playful reaction, and detecting when the child wants to be nearby. The second dimension is a responsive parent who reads a child's signals and responds properly. The third dimension is a responsive parent who values the child's integrity, autonomy, and desires. The fourth dimension refers to the parent's urge to be physically and intellectually present with the child. Similarly, explain how responsiveness might be thought of as a three-step process involving observation, interpretation, and action.

As a result, evaluating a parent-child relationship entails evaluating how a parent observes the child's signals (e.g.,

movements and vocalization), interprets these signals (e.g., if the child is hungry, fatigued, or displaying an illness), and responds to these signals (e.g., touching and talking). Such assessments are presumably performed in the family's natural setting (i.e., at home), but they are frequently performed during visits to a child health care center.

Parental stress, for example, can have a negative impact on parental attentiveness and parent-child interactions. Previous research has also demonstrated that socioeconomic position and work-related factors can have a negative impact on parenting abilities. Furthermore, both maternal and paternal depression has been shown to have a negative impact on parent-child contact and, as a result, children's mental health and development. As a result, efforts to reinforce parents' responsiveness and interactions with their children are beneficial for boosting children's mental health and should be addressed towards all families. Because the majority of families with young children have ongoing and consistent contact with primary child health care, this is an ideal setting for measuring and promoting parent-child relations. The UN Convention on the Rights of the Child is representative of the work done in Swedish child health care: all planning and actions should be done with a child perspective, with the child's best interests in mind. The Swedish Child Health Care Mission involves a national programme for families with children aged 0 to 6 years old that encourages regular visits to a child health care nurse.

The initiative invites all Swedish families to attend 12 scheduled encounters. The programme is entirely voluntary, and the vast majority of Swedish families participate. Furthermore, further visits or interactions with the child health care nurse are offered to individuals who may require additional assistance, and parents can call a child health care nurse as needed. The purposes is to promote health and development, avoid health problems, and identify problems as early as possible in order to contribute to the best possible physical, mental, and social health for children. The child health care programme involves, in addition to immunizations and routine health measures, developing responsive engagement and a secure relationship between children and parents.

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Child health care nurses, in particular, regularly inquire about and monitor how the interaction between parent and child functions in all homes, and they provide personalized help to parents who are experiencing difficulties with their responsiveness.

To summarize, it has already been proven that early parent-child interaction is vital for child development, that child health care

nurses are in a unique position to support parents of small children, and that developing responsive interaction is a difficult undertaking. As a result, the purpose of this research is to investigate Swedish child health care nurses' experiences measuring and supporting responsive engagement between parents and children.