

Fundamental elements for the care in cuban private nurseries: a nursing perspective*

Elementos fundamentales para el cuidado en guarderías privadas cubanas: perspectiva desde la enfermería

Elementos fundamentais para o cuidado em creches privadas cubanas: perspectivas da enfermagem

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Abstract: Objective: to explore experiences related to fundamental elements for the care in private nurseries, carried out by nurses who work in public nurseries. **Method:** an exploratory qualitative study was carried out in October 2020, with 15 nurses who work in public nurseries from Santa Clara municipality, Villa Clara province, Cuba. The information was obtained using two focal groups; narratives were processed by means of content analysis. **Results:** five categories came up: child feeding, training for care, health control of carers, healthy environment for care and life schedule. **Conclusion:** food preparation and diet are highlighted, as well as the carers who should receive some kind of certificate and technologies for training. Cleaning, ventilation, illumination, observation of accident risks; life schedule related to physical, psychomotor, social and emotional development of children are recommended.

Descriptors: Child Care; Schools, Nursery; Child; Nursing; Community Health Nursing

Resumen: Objetivo: explorar experiencias, relacionadas con elementos fundamentales en el ejercicio de los cuidados en guarderías privadas por parte de las enfermeras trabajadoras en guarderías estatales. **Método:** estudio cualitativo de tipo exploratorio realizado en octubre de 2020, con 15 enfermeras que laboran en guarderías estatales del municipio Santa Clara, provincia Villa Clara, Cuba.

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* Extracted from research of the doctoral thesis "Intervention of nursing for the promotion of child health in institutions in the state of health care for infants. Saint Clara. 2019-2022". Postgraduate Doctorate Program in Nursing, Universidad de Ciencias Médicas de La Habana, year 2021.

Los datos se obtuvieron mediante dos grupos focales; las narrativas fueron procesadas mediante análisis de contenido. **Resultados:** emergieron cinco categorías: alimentación del niño, preparación para el cuidado, control de la salud de las cuidadoras, ambientes saludables para el cuidado y horarios de vida. **Conclusiones:** se destaca la preparación de alimentos y dieta, así como de cuidadoras que deberían recibir algún tipo de certificación y tecnologías para la capacitación; se recomienda la limpieza, ventilación, iluminación, observación de riesgos de accidentes; los horarios de vida y su vínculo con el desarrollo físico, psicomotor, social y afectivo de los infantes.

Descriptores: Cuidado del Niño; Guarderías; Niño; Enfermería; Enfermería en Salud Comunitaria

Resumo: Objetivo: explorar experiências relacionadas com elementos fundamentais no exercício dos cuidados desenvolvidos em creches privadas por enfermeiras trabalhadoras em creches estaduais.

Método: estudo qualitativo do tipo exploratório realizado em outubro de 2020, com 15 enfermeiras que trabalham em creches estaduais do município de Santa Clara, província Villa Clara, Cuba. Os dados foram obtidos por meio de grupos focais; as narrativas foram tratadas mediante análise de conteúdo.

Resultados: emergiram cinco categorias: alimentação da criança, preparação para o cuidado, controle da saúde das cuidadoras, ambientes saudáveis para o cuidado e rotina. **Conclusões:** destaca-se a preparação de alimentos e dieta, assim como de cuidadoras que deveriam receber algum tipo de certificação e tecnologia para a capacitação; recomenda-se a limpeza, ventilação, iluminação, observação de riscos para acidentes; a rotina e seu vínculo com o desenvolvimento físico, psicomotor, social e afetivo das crianças.

Descritores: Cuidado da Criança; Creches; Criança; Enfermagem; Enfermagem em Saúde Comunitária

Introduction

Preschool stage is considered one of the most important in human life. The development of this stage in care centers for healthy children, is a way of socialization for childhood, besides, it enables to families, mainly to mothers, to continue working.¹

According to a systematic review about nurseries in a center for under five-years children in countries of low and medium incomes, nurseries care can have a positive effect in cognitive capability in children of that age.² Likewise, another study about the development of children in nurseries, concluded that these nurseries, in smaller children, can be positive because of the association to psychosocial results, as well as for the fine and thick motor functions.³

Nurseries for healthy children have been developed together with women participation in work life. In some countries these institutions are placed in the same

work facilities and others in the community. They are named in different ways, however, the most used in literature is “nursery”.³

The nurses of Primary Assistance in children institutions know there are multiple benefits about health children, not only the inclusion of basic needs of children health, but also the promotion of their growing and development. Knowledge, skills and values of their own profession in function of the children assistance, family and other professionals that work in these centers have a great impact.⁴

A whole review of literature, where 14 complete studies selected for the interpretative analysis, concluded that the nurses’ work is relevant to make effective health actions to improve children’s quality of life, to promote their health and harmonious development in Primary Assistance. Eventhough child care is currently considered a multi-professional area of work, it is recognized nurses’ contribution to this practice for their dedication to promote health actions, which is sometimes in favor of patients’ greater satisfaction.⁵

In Cuba, these institutions are named day-care centers or kindergarten, which were spread all over the country since 1960 including permanently nursing staff. This is trained for health vigilance, child care and assessment. Nurses’ work stability is a habitual practice in these institutions, as they have good references in their work.¹

Because of the implementation in this century of a new economical model in this country, a new kind of nurseries was created, in this case “private nurseries”. Together with them, the “activity for child education and care” appears as a new type of employment, carried out by the owners of these nurseries or others who are employed by them, and must be previously checked up as requirement. From the

professional point of view, there are not requirements, so, they can be housewives, technicians or professionals from different branches.⁶

These institutions belong to the first level of medical attention and correspond to one of the main top programs of National Health System, in this case the National Program of Mother-child Health Attention, which has successful results regarding the indicators, above all in under six year-old group.⁷ Changes and context of this program, based on the social and historical realities, have been one of the strenghts for this success, among others. In that sense, an article published about the achievements and challenges of mother-child health attention in Cuba states: “The strategies, rules and programs stated in favor of mother-child health require a constant updating of knowledge and technologies, based on scientific evidences; thus, research and implementation of the results are important”.⁸

Therefore, the existence of private nurseries constitutes a challenge to keep and improve health indicators achieved by the National Program of Mother-child Health Attention. Nevertheless, the great experience of Nursing staff regarding the care in public nurseries, can contribute significantly to the program organization in the new living conditions, leading to the quality of care in private nurseries. Hence, the research problem is: What are the required elements for the care in Cuban private nurseries, taking into consideration nurses’ experiences in public nurseries? Likewise, the objective of this article is to explore experiencies, related to fundamental elements for the care in private nurseries, carried out by nurses who work in public nurseries. The result in this paper belongs to a doctoral thesis research project entitled “Nursing intervention for the promotion of child health in non-public institutions for healthy children. Santa Clara. 2019-2022.”

Method

It is a qualitative study with exploratory design, with nurses working in public nurseries as study population, named in the country as day-care centers or kindergarten. At present, in Santa Clara municipality from Villa Clara province, there are 32 institutions of that kind; there is a nurse in each of them.

In public nurseries, boy and girls are organized by age, there are 20 children of both sexes in each room, with one carer and one assistant. In each institution there is a nurse who controls health care of children and workers. Nursing supervisors of the municipality were consulted to select the participant nurses, with the purpose to identify the characteristics of this staff, as well as the criteria of homogeneity. According to the sample, criteria were: To have five or more years of work in public nurseries and satisfactory professional evaluations during that time, because in our country the nurses have the results of their yearly evaluations in their work files. Hence, 15 nurses fulfilled the selection criteria, which was verified particularly; moreover, it was obtained the approval of their participation.

For the study organization, the participating nurses were divided into two groups: one of seven nurses that have from 5 to 10 years of experience; another one of eight, with more than 10 years of experience. For data collection, the focal group technique was selected. Such selection is justified because it allows to hold the group ideas about a topic or social fact that is the object of research.⁹

Two focal groups were made on October the 25th in 2020 of about 45 minutes each one, and they were asked the disturbing question: What are the required elements for care promotion of child health in private nurseries? Such question was made empirically starting from the scientific problem of the study.

Each focal group was individually carried out in postgraduate classroom of the Nursing building in the University of Medical Sciences from Villa Clara. Each session was recorded using two mobile phones and the debate was guided by a moderator as alternative researcher; the main researcher was the observer and the other two as research assistants.

Beforehand, it was made a diagram for the circle position of seats. The two sessions of the focal groups went continuously; in each case, the moderator explained the characteristics of the activity to be done, as well as the importance of communication and respect to opinions. These elements together with the question, were visible in a banner during the whole session. The conversation was developed spontaneously, respectfully to the individual criteria and deep interchanges of the moderator to close the emerging different topics; this opportunity was taken for the feedback about the results.

The narratives of the sessions were recorded, transcribed and grouped in a text. The field study were made by observers during the sessions; however, for the analysis that is presented in this article, only the recorded and transcribed narratives were used. With the purpose to guarantee the anonymity of participating nurses, they were assigned a code for the record (E) and (Ea) of the second group; besides, they were numbered in order of appearance. With respect to the information processing, the technique of content analysis was used according to Bardin criteria,¹⁰ in which a thematic analysis was applied to obtain empirical categories. Such process was organized in three phases: 1) pre-analysis, 2) exploration of the material and 3) treatment of results, inference and interpretation. This was made handwritten by two of the independent authors and subsequently the final result was reached jointly.

In pre-analysis phase it was organized a text and was made a fluctuating reading in order to appropriate ideas from the beginning. It was decided to use the colormetric method to select units of record. In exploration phase it was made a deep reading of the text; ordinary data were changed, organized and gathered together in units that allowed to describe the pertinent characteristics of the content; emerging units of record were identified with different color, and the nucleus of sense that led to categories were searched. Categorical analysis was carried out in the phase of treatment of results, inference and interpretation; that is, the adjusted frequency was applied to the categories emerging from the analysis, which allowed to prove the weight of frequency of each category.

The study was evaluated and approved by the following agreements of the Faculty of Nursing and Health Technology belonging to the University of Medical Sciences of Villa Clara: 85/ 2019 of Scientific Board; 13/ 2020 of the Ethics Committee of Scientific Research and 9/2020 of the Board of Directors. During the research it was observed the agreement by World Medical Association stated in Helsinki declaration.¹¹ The informed consent of the participants was registered in a document signed by them, where they express their will to participate in the research. Transcripts were given back to the participants for comments and corrections once that phase was concluded.

Results

Participants were Bachelor of Nursing, age averaged 46 years, more than 20 years as professional and more than five in public nurseries; all of them have been trained for that work and two have Master's degrees. During the information process of the focal groups, five categories came out: child feeding, training for care, health control of carers, healthy environments for care and life schedules.

From the participating nurses' experiences, these categories are essential for care in private nurseries, as they are new alternatives, where the childminders could have different professions with licenses given by education or hired by the owners; in some cases, childminders are the owners themselves. Afterward, the categories are described according to the weight obtained by the adjusted frequency.

Category 1: child feeding. This category comes out from the professional ideas of nurses, the results are approached basically in the way how to produce food in private nurseries to guarantee hygiene regulations, control, and diet for a balanced nutrition. In this case, the vital experience of participants is essential to understand the importance of doing the cooking; this leads to hygiene guarantee, which, undoubtedly, avoids food poisoning. This category gives a special importance to a balanced nutrition, the treatment of gastrointestinal disorders and pathologies that require the ingestion of therapeutic diets. The discourses that justify this category are as follows:

it is very important food production. (E6)

you should do the cooking together for all the persons. (E5)

it is better to do the cooking for children in the nursery and to collect food sample. (E1)

to observe food hygiene and food preserving regulations. (E8)

making of diet. (E7)

always take into consideration snack hours, food groups, to avoid overweight and malnutrition. (E7)

take into account the children who are intolerant to lactose. (E2a)

they might feel different from others when being fed, according to the pathologies. (E5a)

Category 2: training for care. This category is for training childminders and the needs of mechanisms to achieve it. It refers mainly to the formative and educational phenomenon to turn those persons into nurseries carers. This points out the necessity

of a previous educational technology to help nurseries carers' training and updating.

Afterwards, the discourses that allowed to the emerging category:

nurseries carers must be trained. (E1)

a training course, with a book, a notebook; it can be a brochure being updated from time to time, they must have training, education, appropriate language. (E3)

the promoter of the program "Educa a tu hijo" can help for playing roles, [...] for example there are courses for only one month for pedagogical assistants, in this case can be like that. (E6a)

a manual, a basic text about how to look after children at home. (E6)

make an updating manual. (E4a)

the educative part of childminders is crucial. (E6a)

to recognize between the healthy child and the one with pathologies. (E3a)

they must be evaluated and their licenses can be taken away if they are not qualified. (E8)

Category 3: health control of childminders. In this category there are two main aspects, directed to the importance of childminders' health and their involvement in protecting children health. The supporting discourses of this category are as follows.

childminders must have their health card updated. It is also necessary to take care of their health. (E1)

you need to know who these persons are, their record. (E7)

and be supervised from time to time by the health area. (E6a)

they should be evaluated by an authority once a month at least. (E7a)

Category 4: healthy environment for care. In this category it is shown the value given to the space, ventilation, illumination, hygiene and reduction of danger in nurseries. The supporting speeches of this result are as follows:

houses must have good hygienic conditions and be comfortable, there must not be danger. (E3)

wide, airy, well illuminated and with much hygiene. (E4)

hygiene of these houses must be three times a day. (E6a)

Category 5: schedule life. This aspect is also important for the participating nurses in the study, as it highlights the value of sleeping, diet and playing hours, as it is shown in the following discourses:

child life hours must be observed, above all sleeping hours. (E1)

it is crucial to keep in mind sleeping hours. (E7)

to observe diet, playing and sleep hours. (E4a)

Discussion

In the results of this study the child diet comes out as an essential human necessity and it is considered one of the central theme of the practice from the point of view of most of theoretical schools and nursing educational programs. The authors of the study, from their professional experience, have verified the assignment of functions to the nursing staff in the welfare practice in kindergarten. Therefore, this staff supervises the process of making food, controls the hygiene regulations, as well as the hygienic conditions of cooking utensils; besides, assesses the staff involved (cooks and kitchen assistants) and verifies if the food sample collection is done according to the rules. In this case if any food poisoning comes out, this staff is in charge of reporting immediately this event to the health authorities of the clinic.

With respect to the category “child food”, related to do the cooking, it is understandable the interest for procedure and handling, which must be done totally in the nurseries, as element to guarantee the hygiene avoiding food poisoning, as well as intestinal parasitism. This last cause is common in institutions of socialization of small children. Some studies show the high prevalence of giardia lamblia and entoameba coli in children of both sexes, in nurseries.¹²⁻¹³ Likewise, the association

between weight gain and height in children of both sexes in nurseries, influenced in their hospitalization because of parasitism.¹⁴

Food quality is another fundamental factor for child health, according to nurses' opinions. In that sense, the persons who handle with food are the main responsible for prevention and control of food contamination. Published studies show research results carried out in nurseries that reveal the requirement of personal hygiene: to wear appropriate clothes, means of protection such as masks, chef's hat and hand washing according to the rules.¹⁵

With respect to diet supplying, it is based on nutrition and dietetic knowledge, which is part of the educational background of nursing staff; this allows them to turn into a nutritional health promoter of population and correct misbehaviors leading to malnutrition, as well as the vital experience in their workplaces, where they participate together with the administration in making the menu and controlling children diets. This way it is guaranteed the caloric value of food, taking into consideration the special diets and children intolerant to different kinds of food.¹⁴

In this sense, it can be mentioned the results of two studies carried out in 25 nurseries where malnutrition problems were found in children.¹⁶⁻¹⁷ For that reason, to maintain a vigilance in this aspect is essential, because of the relationship between malnutrition and academic achievement. Malnutrition is one of the problems that most affects children in developing countries. The word "malnutrition" includes nutritional states, such as undernourishment and obesity. An optimum state of nutrition in children guarantees lesser health problems and more possibilities for learning.¹⁸

In this topic it was also identified a systematic review that includes 303 studies, identifying four lines of action for the promotion of hygiene conditions and food innocuousness as fundamental affairs for health care in nurseries; the most

relevant aspects of these lines are directed to: washing hands, ventilation, handling of liquid residuals and food.¹⁵ All this makes coherent the result of the category of child food, as the most important in this study.

According to the results of this article it was recognized, as interesting as well, a study in which planning and organization of nutrition in public and private nurseries were evaluated. As a result, it is registered that, in spite of the highest nutritional rates in non-public nurseries, there were observed some mistakes in nutrition planning. The biggest quantity average of money assigned by day to feed a child in non-public nurseries, it did not provide an appropriate nutrition. It is suggested that is necessary to publish standardized recommendations, understandable and practical about children nutrition in nurseries. The adoption of these recommendations in daily life in all public and private nurseries should improve children nutrition.¹⁹

This category, seemingly, has originally individual, social and professional values of the participating nurses. From the point of view of the modern nursing founder, the environment was essential for persons health²⁰ and this conception has been transmitted through generations of nurses, becoming part of the values and practice; at the same time it has evolved with the new scientific knowledge and with the assumption of other theories related to environment. In accordance with, the professional practice itself contributes to these ideas, because of the functions of this staff as in charge of checking the places related to the food processing kitchen, pantries, food stores and dining halls. It occurs also in internal areas living rooms, toilets for students and workers, as well as in external areas cisterns (with enough daily water), and potential danger with accident risks.

The second category, training for care, is supported by the nursing staff experience, which has fulfilled the social requirement of education to work

professionally; besides, these professionals identify the stages and actors of their own practice as educators and health promoters. From the nurses' approach, for a particular care with the group care of children, it is necessary that the childminders have access to the development of capabilities to do this activity (the care).

Education must be in charge of developing students' intellectual, emotional, physical and behavioral capabilities. All this, with the purpose to have good citizens be educated, who give answers to a global and complex world based on parameters of respect of human rights and in search of social justice.²¹

There are scarce publications about the topic related to the training of carers in nurseries; however, the authors of this paper paid attention to an article where there are evidences of results of a program in nurseries and day-care centers to support working mothers. The program offered courses, workshops and other training activities for persons interested in setting up and managing a nursery or day-care center.²²

It is significant in this category the nurses' mention of the promoter's program "Educa a tu hijo", who recommends her help for role playing. This program is "Non-institutional model for educational attention to infants". It is aimed to train families, from their own experiences and knowledge, to carry out educational actions with their sons and daughters using home conditions".²³ The idea of working jointly with the program is laudable, as it is strengthened in communities and the promoters are well-educated persons to do these duties.

Another interesting aspect that the participating nurses propose, as an example of training, is that the childminders in private nurseries might receive the courses offered to pedagogical assistants who work in the public sector. This alternative can be accepted by the education managers who organize these trainings, as they are given at the level of municipality.

In this category, it also comes out the proposal of a manual for childminders' training, from the nurses' experience, in their training, they use texts of several formats for their own training as childminders. Moreover, taking into consideration their professional knowledge, the use of manuals and pamphlets for health education constitutes daily technologies in the educational practice with parents and workers in public nurseries. This aspect is of great value for the project where the results of this article are presented, since the design of technologies for childminders in private nurseries are among the objectives.

Educational technologies are conceived in two dimensions, as processes and as products.²⁴ As process they can provide the stated procedures for the design and as product the various alternatives in digital or printed format.²⁴⁻²⁵ All of them, with an appropriate conception contextualized to educational needs, enriched by the practical experience of nursing, can contribute to the reflection and behavioral change in favor of prevention and health promotion.²⁵

The third category about health control of childminders comes out certainly from nurses' practical experience, because they have been given the strongest professional role in the health control demanded to the workers in public nurseries. The objective is to guarantee workers' health, consequently, to protect children health from the ones they are in contact.

Workers in public nurseries in Cuba are subject to systematic health controls, which are not established for the workers in private nurseries, despite the decree-law number 356 about the self-employment, in Chapter II, authorizes to the Minister of Public Health in the bestowal of licenses in relation to the control and health and epidemiological vigilance. In the same way, he has the authority to establish regulations for the care of children, sick, disabled and elder people.⁶ Thus, in the

study, this result is a warning for an intersectorial work allowing to achieve the stated health controls and, with it, to preserve children health in private nurseries.

Previous capacities to be demonstrated by a person who is going to work in nurseries, are not much reflected in literature. Nonetheless, in the above mentioned article about the Program of nurseries and day-care centers to support working mothers, it is mentioned how the persons interested in establishing and managing a nursery and a day-care center in Mexico, were obliged to demonstrate their capability or experience to offer services for child care, feeding and ludic activities.²³

On the other hand, the results of a study aimed to analyze the relation between the competences and abilities required in the work, with the level of burnout experienced by the workers in day-care centers and, besides, it included 58 employees of three private day-care centers, they suggest that the mastery of certain competences or abilities required for an appropriate child care, mainly in establishing affective bonds, constitutes a preventive factor against the burnout syndrome in persons who work in nurseries. On the contrary, the lack of these skills constitutes a vulnerability condition for the development of them.²⁶ Therefore, childminders' health is also an element to be studied to prevent several different affections, which is equally a guarantee of infants' better care.

Likewise, it is important to highlight that the control has some evidence in the same decree-law number 357, in which in chapter I defines contraventions and measures applicable to the self-employment offenders (designation of workers in private sector in the country).⁶ This is an element to be considered in the study that brings about the article, since in another phase the training for childminders in private sector must be explored.

The category related to healthy environment for care is also an essential factor in child development, aspect equally related to nursing with the theoretical basis beginning from Florence Nightingale, up to now.²⁰ The view obtained from these results in light of this article, is the assumption of this line, essential premise for the effective function of nurseries in benefit of child health.

In this sense, the Strategical Plan 2018-2021 from United Nations Fund for Infancy (UNICEF) declares the fourth objective “every child lives in a safe and clean environment including water, cleaning and hygiene, as well as the initiatives related to climate, the reduction of risks of disasters and of the urban environment.”²⁷ These elements must be taken into account in any environment in which the child grows up; among them, nurseries must be a top priority, public or private.

Then, there are studies about structural conditions of nurseries and the parasitism as influential factors in the nutritional state of children’s macronutrients. In relation to that, in a study made, hemoglobin concentrations of zinc and retinol were measured in 271 children who attended nurseries. In that study it is remarked that poor-quality nurseries, frequented by higher vulnerability children, might imply institutional difficulties to do their duties of health promotion.¹⁷

The authors of this study highlight the childminders’ responsibilities in identifying socioeconomic conditions of children’s families who attend nurseries, in minimizing as possible the effects on nutrition. Likewise, to observe the organizational and hygienic conditions to avoid the occurrence of non-intentional lesions.

Finally, the category of schedule life, in spite of being the fifth in order it is very important. This must be also based on nurses’ practical experience who work in public nurseries, where education processes and child care come to fruition. In the

conceptualization of pedagogical hygiene to observe the schedule life is essential to reach an optimum psychopedagogical development.

Among the problems related to schedule life, sleeping time is one of the cause of disorders in children. In one of the above mentioned studies, where a comprehensive review was made, there is a reference to the prevalence of sleeping disorders in 38% of children who attended nurseries. It also mentions a study that included 107 preschool children, where there is evidence that by using a guide, it was identified that 75.7 % of children attending to nurseries have sleeping disorders.²⁸ These results alert us of the value of sleeping time in these institutions.

The sleep in childhood is fundamental because while you sleep diverse maturing processes and development of the nervous system occur, as growth hormone release, strengthening of memory, metabolic regulation and energy re-establishment. The appropriate sleeping hours lead to a better performance in learning, capability to focus on attention and strengthening of memory; besides, they improve cognitive strategies and school children's health. If good habits of appropriate sleeping hours are established in early stages, they are more likely to last till grown-up age; thus, it is important to reveal the relevance of sleep in children's development and promote healthy habits with the parents, teachers and health specialists, because several sleep disorders go unnoticed or they are not given importance.²⁹

Another important aspect is the play and the time devoted to it. In relation to this, a study made in 15 nurseries of the Cultural and Recreational Association "Turma da Touca", located in the South of São Paulo municipality and that involved 285 children from 1 to 3 years and 11 months, reveals the integration of play and learning with an effective oral communication.³⁰

The authors identify that the participants' discourses are signed by their personal, professional and formative experiences; it is evidenced their aspiration to achieve a balance between the care in private nurseries and the professional care habitually offered in public nurseries. The experience of such participants is of great value for taking decisions in the study.

Conclusion

The five categories that came out from this study offer a general view of the fundamental elements to be considered for the care in Cuban private nurseries. The vital and professional experience of nursing participants is approached to the following ideas: the importance of children feeding, with emphasis on food elaboration and diet; childminders' training, intend to receive any kind of certificate and the existence of technologies for training; the need to guarantee healthy environments for care wide, airy, well-illuminated and clean rooms, where accident risks are reduced. On the other hand, these ideas insist on observing schedule life closely related to children's physical, psychomotor, social and emotional development. Finally, these nurses express about the control that guarantees appropriate persons for child care, whose welfare must be considered and treated by the health system.

The results of this study provide practical contributions for being the first in stating the need to take advantage of experienced nurses' knowledge, keeping in mind the importance of healthy child care in institutions used for this purpose. In this sense, the results offer, besides, an approach about the areas of attention for care in Cuban private nurseries. Lastly, in accordance with a nursing professional perspective, it is of great interest the infants' protection to maintain child health indicators achieved in the country.

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Chief Scientific Editor: Cristiane Cardoso de Paula

Associated Editor: Aline Cammarano Ribeiro

Funding/Acknowledgment: Nurses participating in the focus groups and the alternate researchers

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How to cite this article

Pérez JMM, Esperón JMT, González CE. Fundamental elements for the care in Cuban private nurseries: a Nursing perspective. Rev. Enferm. UFSM. 2021 [Accessed on: Year Month Day]; vol.11 e57: 1-22. DOI: <https://doi.org/10.5902/2179769265081>