Family's childbearing challenges during the transition to preschool: a qualitative study

Desafios das famílias com a educação durante a transição para a pré-escola: um estudo qualitativo

Rafaela Rosário
School of Nursing
University of Minho

Abstract

Background: Time spent with children positively influences their behaviour and cognitive development, benefiting families as well. However, not all families, especially those in developmental transitions, can interact with their children equally. Objective: This study aimed to explore and describe the families' childbearing challenges during the children´s transition to preschool. Method: Education and health professionals, paired with families with three-year-old children, participated in two focus groups. Semi-structured interviews were conducted, and content analysis followed Bardin's assumptions. Findings: Three categories emerged: "time to be a child," "time to be a family" (with subcategory "time for routine and roles"), and "time for external engagement" (e.g., childcare and health systems). Increased time commitments and managing children's demands were cited as primary challenges. Consistent information from external sources was deemed essential for family well-being. Conclusion: Childbearing during transition to preschool presents families time-related challenges, calling for family support tailored to address them.

Keywords: Family, early childcare education, focus group

_____

Resumo

Contexto: O tempo passado com as crianças influencia positivamente o seu comportamento e desenvolvimento cognitivo, beneficiando também as famílias. No entanto, nem todas as famílias, especialmente as que se encontram em transições de desenvolvimento, podem interagir com os seus filhos da mesma forma. Objetivo: Este estudo teve como objetivo explorar e descrever os desafios das famílias com filhos pequenos durante a transição das crianças para o jardim de infância. Método: Os profissionais da educação e da saúde, juntamente com famílias de crianças de três anos,

participaram em grupos de discussão. Foram realizadas entrevistas semiestruturadas e a análise de conteúdo seguiu os pressupostos de Bardin. Resultados: Identificaram-se três categorias: "tempo para ser criança", "tempo para ser família" (com a subcategoria "tempo para rotinas e papéis") e "tempo para envolvimento externo" (por exemplo, sistemas de cuidados infantis e de saúde). O aumento dos compromissos de tempo e a gestão das exigências das crianças foram citados como os principais desafios. A informação consistente proveniente de fontes externas foi considerada essencial para o bem-estar da família. Conclusões: As famílias de crianças em idade pré-escolar enfrentam desafios relacionados com a gestão do tempo na transição para a pré-escola, necessitando de apoios adequados para lidar com eles.

Palavras-chave: Família, educação para a primeira infância, grupo focal

_____

Introduction

The concept of family is a crucial and evolving topic in nursing. The traditional definition is currently being challenged, particularly in light of modern changes (Schor, 2003; Weiss-Laxer et al., 2020; Wright & Leahey, 2013). Family is central to a child's development, not only because it is the primary environment shaping lifestyles (Shloim et al., 2015; van der Horst & Sleddens, 2017), and impacting children's well-being (Ho et al., 2022; Kohler et al., 2017), but also because parenting behaviour contributes to the development of brain structure (Yap et al., 2008), even early in life (Frye et al., 2010; Luby et al., 2012).

During the development of a family, there are both uncontrolled events and deliberate events such as marriage, childbirth, and preschool entry. Family triggers transitions, a widespread concept in theories of development, stress, and adaptation, by framing human life events in terms of continuities and discontinuities (Meleis et al., 2000). These transitions are invariably related to change and development, involving a complex interaction between the person/family and the environment (Lago, 2017; Schumacher & Meleis, 2010). However, not all changes imply a transition, as transitions often require the reconstruction of self-identity (Meleis et al., 2010). Throughout a family's lifespan, there are several stages (Carter & McGoldrick, 1999; Duvall, 1977; McGoldrick et al., 2011): beginning family, childbearing family, family with pre-schoolers, family with school-aged children, family with teenagers, launching, empty nest and ageing family (Duvall, 1977). Each stage comes with its own set of tasks and challenges, as well as transitions between stages (Wright & Leahey, 2013). In addition,each transition comprehends a change for children and families in different domains, such as physical, social, cognitive and relational (Dockett et al., 2014). There are other specific events such as the first day of education and care setting or organizational changes (e.g., change of physical sites) that can impact dramatically change. However, despite these changes, daily life may remain consistent, with children living in the same families, receiving support, and maintaining the same interests as before (Dockett & Perry, 2021). In

addition, childbearing families' demands, particularly those related to professional work and child care, can often conflict. Balancing these demands is a daily and arduous effort, where nurses can play a crucial role as facilitators in resolving these issues (Gedaly-Duff et al., 2010). Childbearing families face challenges that affect adults' ability to become effective caregivers and educators of the next generation. Factors such as previous experiences, career involvement, and sleep deprivation are significant predictors of parental well-being (Medina et al., 2009). For example, nurses can assist by anticipating needs, providing information about various community services, discussing the pros and cons of different options, and helping families cope with unexpected (and non-normative) changes (Limbo et al., 2003).

In Portugal, early childcare education for children aged 0 to 3 years falls under the Ministry of Work, Solidarity, and Social Security. For children aged 3 to 5 years, it is overseen by the Ministry of Education. According to national statistics, 88% of children aged 0 to 3 years currently spend more than six hours a day in these childcare settings (GEP - Gabinete de Estratégia e Planeamento, 2021). During the first three years of age, various factors such as nutrition and social interactions, can significantly shape a child's development (Clark et al., 2020; Shonkoff et al., 2012). Also, the experiences and conditions during these early years can influence cognitive development, emotional stability, and physical health (Black et al., 2017). The transition from childbearing families to families with preschool children is of great interest to nursing as a discipline, focusing on facilitating this process to achieve a sense of well-being (Schumacher & Meleis, 2010). This transition allows for the development of various research areas, including the nature of transitions, responses and consequences, and strategies that nurses can adopt to promote healthy transitions (Meleis, 2012). Moreover, it is central to advocate for policies that support children's health during this critical period (Dreyer, 2023). Despite the literature focused on the transition of children and families to schools (Dockett & Perry, 2021), more research is needed on the earlier transition to preschool. Most studies focus only on parenting styles (Shloim et al., 2015; van der Horst & Sleddens, 2017). This current study addresses this gap by exploring and describing the challenges faced by childbearing families during the transition to families with preschool children. Describing these transition experiences is crucial for identifying the factors that facilitate or hinder a successful family transition. In line with this objective, the following question was addressed: What are the family's childbearing experiences during the transition to preschool?

Methods

Participants

We conducted qualitative research using a focus group approach. The participants were diverse in both focus group. The first one comprised five participants (a mother, two nurses, a medical doctor, a kindergarten teacher) and the second six (a mother, a father, two nurses, one medical doctor and one researcher), please see table 1. Following the study's objectives, the sample was selected by convenience, and the childbearing family (mother and father) had the oldest child aged between 2 and 3 years (Duvall, 1977). Both

the father and the mother held a higher degree and had only one child. The medical doctor and both nurses were from the same health unit. The kindergarten teacher, with 20 years of experience, had extensive expertise working with children aged 3 months to 3 years. The principal investigator contacted all participants by telephone, reinforcing the information provided via email. The focus group integrated the professionals from the community-based services present in the families' daily lives.

Table 1.
Participants in the focus group

Participants of the Focus group 1	Participants of the Focus Group 2
-Mother with a child with 2 years old (C1); -Nurses (#2), one female (EC1) and one male (R1), -Medical doctor (#1) specialized in Family Health (CM1); -Kindergarten teacher (more than 10years of experience) (X1)	-Mother (L1) and a Father (R2) with a child with 3 years old; -Nurses (#2) (MJS2 and CL2) -Medical doctor (M2) -Researcher from the field of education (S2)

Data collection

We developed the focus groups in June 2016 in a place convenient to the participants, both of the sessions were carried out in a health unit. According to internationally accepted procedures, the sessions lasted between 60 and 90 minutes (Kitzinger, 1995; Krueger & Casey, 2015) and were audio recorded. The facilitator was the primary researcher (first author, female, PhD), assisted by a second researcher who kept field notes during and after the sessions (second author, female, PhD). Both of the researchers have a comprehensive experience in leading focus group. Field notes included non-verbal communication information and a summary of participants' discussions. The researchers did not have a previous relationship established with the participants in the focus group; the researchers presented the goals of the study and the interests in the research topic. Besides the participants and researchers anyone else participated in the sessions. The group's interaction was emphasised, recognising the active role of the researcher in the dynamics of the discussion (Krueger & Casey, 2015). Participants were placed in a circle to see each other; this facilitated the interaction and registration of verbal and non-verbal communication. Water and coffee were offered early in the session to allow informal contact. Some important rules were listed before each session, such as not having several conversations simultaneously and the confidentiality terms.

A semi-structured interview guide was developed with central questions, focusing on experiences of having worked (or being a parent) of a child in the transition to preschool. This interview guide was developed based on the procedures suggested by Anderson (Anderson & Arsenault, 2002); questions were open-ended and sequenced in a natural flow. It comprised the following main topics: family's challenges with childbearing in transition to preschool; everyday tasks; tasks related to education and health. The facilitator made sure that all group members contributed to the conversation

without influencing the discussion. Although participants individually answered the questions, they were also encouraged to interact with the rest of the group (Krueger & Casey, 2015).

Data analysis

The interviews were transcribed verbatim, and the theoretical framework of content analysis was performed according to Bardin (2015), following pre-analysis, end coding and categorisation. The transcripts were returned to participants for corrections. The primary researcher undertook the content analysis and identified the categories. The analytical process involved the end coding, transforming the raw data from the corpus, and using records into recording units (word/s). The corpus' organisation and classification were done on a set of a significant number of units of record (categories and subcategories). The categories emerged from the data, following an inductive perspective. The information was securely stored in electronic files. The participants provide feedback on the findings.

Ethical Considerations

Written informed consent was obtained from all participants, with the objectives clearly explained in accordance with the Declaration of Helsinki and the Oviedo Convention. Confidentiality was emphasised during a preliminary telephone meeting before the study commenced. Participants were informed of their right to withdraw from the study at any time. It was explained that their identities would remain anonymous, with codes used in descriptions to ensure privacy, and all data would be kept confidential. The study was approved by the ethics committee of the Portuguese regional health administration under the reference number 90/2016.

Results

The experiences of childbearing in families with pre-schoolers encompass numerous tasks, challenges, and needs. Through analysis, three main categories and one subcategory emerged: i) time to be a child: emphasising the importance of allowing children the freedom and opportunities to explore, play, and develop at their own pace; ii) time to be a family: highlighting the significance of quality family time to strengthen bonds and support the child's development, with the subcategory, time for routine and roles. This subcategory underlines the necessity of establishing consistent routines and clearly defined roles within the family to provide stability and predictability; iv) time for external engagements: including interactions with external entities such as childcare centres and the health system, which play a crucial role in supporting the family and the child's development.

The concept of time, viewed as a multidimensional construct, was a recurring theme mentioned by all participants during the sessions. This underscores the importance of

balancing various temporal demands to meet the diverse needs of children and families during this critical transition period.

Time to be a child

The first three years of a child's life are crucial for their emotional and cognitive development. Also, it is an essential foundation for health, well-being, learning, and productivity throughout an individual's entire life (Shonkoff et al., 2012). During this period, children express their emotions profoundly and engage in relentless exploration of their surroundings. As one participant noted, "(…) the child explores the world with all the senses. It's important because nobody knows what comes next" (R2). This exploration is fundamental to their growth, as the external world, including family and other systems, plays a significant role in their development.

Tantrums present a significant challenge for families, creating tension between understanding what is "normal" for a child's behaviour and what requires correction. A mother emphasise d this struggle, saying, "For me, the most difficult thing to manage is when he makes tantrums and help him (the son) understand he's wrong" (L1). This highlights the ongoing challenge for parents to navigate their child's emotional outbursts while providing guidance and discipline.

Time to be a family

Time presents a formidable challenge to effective parenting, often constrained by the demands of professional obligations that limit opportunities for parental engagement such as playing and reading with children. This dilemma is exacerbated in times of crisis, where societal priorities may overlook the rights and needs of both workers and families. The prevailing sentiment suggests a necessary shift towards integrating children into childcare centres, offering a potential solution to this dilemma. This was emphasise d by one participant saying "Our country, like others in crisis, tend to usurp the rights of workers and families" (S2). Parents need to integrate their children into childcare centres."

The discourse among stakeholders underscores the significance of addressing the balance between workplace hours and family life. Rather than expecting childcare centres to conform to business hours, there's a growing call for companies to adjust their schedules to accommodate the needs of families. For example, "We hear that childcare centre should adapt to business hours, but no… it should be precisely the opposite. The companies should adapt their hours to childcare centres" (L1). This perspective emphasises the need for a more family-centric approach in societal structures.

Central to this discourse is the longing for more time within families. The desire to spend even a few moments with children after a long workday speaks volumes about the importance of quality parental interaction. "I need to be a little bit with him (the child) after my workday. Rather than going to bed at 9 p.m., 9:15 p.m., he goes a little later, so that I can play with him or (just) be with him" (L1). However, it's also apparent that the utilization of this time isn't always optimized, as evidenced by instances where

technology distracts parents from meaningful engagement with their children. "A few days ago, I was passing in the playground area of a commercial centre, and I saw parents with cell phones in hand with their backs for children playing. It is a metaphor; it is very elucidative of how people can use time "(S2).

Moreover, the scarcity of time can inflict broader wounds on familial dynamics. The essence of family quality extends beyond mere presence to encompass genuine interaction and effective communication among all members. Recognizing each individual's autonomy within the family unit is paramount, emphasising the need for open dialogue and mutual respect. "For me, communication is vital. Family time is family communication. We are parents, but we also do not stop being people" (MJS2).

In essence, the challenge of time in parenting transcends mere quantity; it delves into the quality and purposefulness of interactions within the family unit. Addressing this challenge requires a holistic approach that prioritizes the needs of both parents and children, fostering an environment where meaningful engagement and communication thrive.

Time for routine and roles

Routines are particularly important for providing a sense of security. One participant highlighted this, stating, "What gives them security at these ages? The routines" (X1). However, children in this age range are also described as being manipulative and prone to more intense tantrums. As a nurse observed, "I like (in these age groups) the game of power; they are great manipulators, players" (EC1). Another participant noted, "... the tantrums always come, but now are more serious, more felt, the beating with their hands on the ground, shouting ... because they begin to perceive right and wrong" (CM1).

One of the most formidable challenges parents face is establishing boundaries and setting limits within the family dynamic, a task complicated by the perceived lack of sufficient family time. "And I add the parents' lack of time. If they had more time, the rules would be spontaneous," remarks C1, encapsulating the struggle many parents encounter in finding the time and energy to enforce boundaries naturally.

Participants emphasise the long-term implications of parental roles during these formative years. "At the moment of setting boundaries, the child is not the happiest in the world, but will be a better adult," reflects X1, highlighting the importance of instilling discipline and structure for the child's future well-being. The evolving role of the mother, often portrayed as a "super mom," adds another layer of complexity. "The parental figure of authority itself is changing," observes C1, reflecting on how traditional notions of authority within the family unit are shifting. It's not uncommon, as noted by C1, to hear fathers defer disciplinary matters to mothers, indicating a collaborative approach to parenting that differs from previous generations. Despite these changes, parents endeavour to share family tasks to maintain balance within their daily lives. "We share everything as a couple, so we try to have time," shares L1, highlighting the importance of teamwork in navigating familial responsibilities.

However, the most pressing challenge within the daily routine appears to be the "eating moment," where mealtimes become stressful occasions. "(Food) is the greatest problem of the present," laments X1, reflecting on the struggles parents face in managing their children's dietary habits. Reports of parents facilitating their child's meal preferences at home underscore the challenges of maintaining healthy eating habits. "Meals and food? Yes... They are moments of stress," acknowledges C1, echoing the sentiments of many parents grappling with mealtime difficulties.

Some children skip breakfast due to either time constraints or adverse reactions after eating. "Many children arrive at the childcare centre without breakfast," notes X1, shedding light on the prevalence of this issue. Reasons for skipping breakfast range from the child taking an hour to eat, as observed by C1, to experiencing sickness after eating, as expressed by EC1, highlighting the multifaceted nature of the problem.

Recognizing the fundamental role of sleep and rest in a child's development, participants stress the importance of establishing consistent bedtime routines. "And we go back to the roles. Go to bed at convenient and regular times," advises C1, emphasising the significance of maintaining a structured sleep schedule for optimal child well-being.

Time for External Engagements

Childcare centres play a pivotal role in addressing the social and occupational demands of families by providing comprehensive care that nurtures children's cognitive, social, and democratic development. "(Childcare centre) is, in the first instance, a locus of the well-being of the child," emphasises S2, highlighting the paramount importance of these centres in fostering children's holistic growth.

However, it's essential to recognize that the environment of a childcare centre differs significantly from that of the family home. "(The environment of the childcare centre) is not similar to home, it does not even have to be. It is a collective context of care, which needs to provide medium to high levels of well-being," explains S2, underscoring the distinct yet complementary roles of both settings in nurturing children's development.

Failure to uphold high standards of interactive quality in childcare centres can have far-reaching consequences on children's well-being and learning. "Poor childcare centres may have harmful effects on children's development and well-being," warns S2, emphasising the critical importance of maintaining excellence in childcare practices.

Effective communication between childcare centres and families is crucial for ensuring continuity, integration, and happiness for the child. However, navigating this dialogue can be challenging, as noted by X1: "It is more and more complicated (the dialogical communication between childcare and family)... sorry, it is straightforward, but from year to year, it is more complicated... parents do not accept other perspectives about routines and boundaries." This highlights the need for open-mindedness and flexibility in fostering productive communication channels between all stakeholders involved in a child's care.

Furthermore, the information provided by health professionals plays a vital role in ensuring the well-being of the family. "My son's assessment performed by the educator was similar to the pediatrician. This triad (educator, nurse, and pediatrician) is essential," emphasizes R2, highlighting the collaborative effort between childcare centres and health professionals in safeguarding children's health.

However, challenges persist in ensuring optimal health literacy within families. "We see more and more people with many doubts regarding education, training, and childcare. It is important to address this in the consultations," notes EC1. Addressing diverse topics ranging from education to healthy lifestyles, nurses play a critical role in bridging the gap between healthcare and childcare.

Recognizing the interconnectedness of the child and their family system, health professionals emphasise the importance of maintaining strong ties with families. "No (I cannot dissociate the child from the family). I even like when the grandparents come to the health centre," affirms EC1. Similarly, families express appreciation for the supportive dialogue with health professionals: "Since we met the family nurse and the pediatrician, we trust a lot in their work," shares L1, underscoring the value of collaborative partnerships in promoting children's well-being.

Discussion

The present research identified three overarching categories encapsulating the challenges implied in childbearing families during the transition of the child to preschool: the need for time dedicated to the child's individual experiences, time for familial bonding, and time for external engagements such as childcare and healthcare. Across all dimensions, there exists a conflict, particularly concerning the perceived availability of time for fulfilling parenting roles effectively.

Emphasising child well-being, the research underscores the importance of allowing children sufficiently enough time to express themselves across multiple dimensions. Exploration of the world is deemed crucial during a child's developmental stages (Gallahue, 2002), while shared activities with parents play a pivotal role in fostering close relationships that are central to psychological and behavioural development in young individuals (Crouter et al., 2004). However, the increasing involvement of children in settings beyond the family sphere signifies that they spend less time within the family unit than in previous generations (OECD Family Database, 2016). Despite this trend, the time children spend with parents and family remains indispensable for their holistic development, thus presenting significant challenges in prioritising and managing parent-child time effectively. Although the importance of play was not explicitly mentioned by the participants, it is crucial for human development, particularly during childhood (Siviy, 2016). Time for free play has been decreasing as it competes with formal education and other structured activities. Free play, which is organized, controlled, and directed by children (Wood, 2014), is characterized by spontaneity, voluntariness, and unpredictability, all of which contribute to a state of pleasure and enjoyment (Lester & Russell, 2010).

Defining boundaries within a family can indeed be a challenging task, compounded by the work-family conflict and the time demands of daily routines and familial roles. Research has consistently highlighted time as a primary source of conflict in family dynamics (Greenhaus & Beutell, 1985; Lee et al., 2017). While there has been a notable increase in fathers' involvement in childcare in recent years, cultural norms still often dictate the mother's role as the primary caregiver (Lawrence et al., 2021; Williams, 2001), underscoring her leadership in child and family-related tasks. However, simply spending time together does not guarantee positive interaction experiences, as evidenced by findings from this study. Nonetheless, such interactions can contribute to children's well-being (Li & Guo, 2023), Previous research has indicated that specific activities such as shared meals, discussing homework, or engaging in daily routines can have a positive impact on children (Castro et al., 2015), highlighting the importance of quality interactions within the family unit.

In contemporary society, childcare centres have become indispensable settings not only for children but also for families as a whole. Previous research has consistently emphasised the benefits of early childhood education and care for both children and families (OECD, 2015). However, the transition of a child from a childcare centre to a formal educational setting, such as preschool, can introduce tensions and conflicts within the family. Expectations regarding educational institutions, both from the family's perspective and concerning the child's development, often intersect and may lead to conflicting priorities and stressors for all involved parties. This underscores the complexity of navigating the transition process and highlights the importance of effective communication and collaboration between families and educational institutions to ensure a smooth and supportive transition for the child.

The interconnectedness between children's health and family health is profound and reciprocal. Allocating time for health, particularly through regular meetings with health professionals, provides valuable opportunities to address a range of topics impacting not only children but entire families. Health professionals often adopt the ideology of family-centred care, wherein care planning encompasses the well-being of the entire family unit, not just the child (Shields et al., 2007). However, tensions exist regarding the effectiveness of the family-centered care model, particularly in hospital settings and among families with children facing chronic illnesses (Shields et al., 2006). Furthermore, there are challenges in comprehending and implementing this model effectively (Al-Motlaq et al., 2018).

This study contributes to existing research by exploring the potential applicability of the family-centred care model in families with healthy children within primary care settings. Future studies could delve deeper into this dimension, examining the feasibility and effectiveness of implementing the family-centred care approach in such contexts. By addressing these gaps in understanding, we can further enhance healthcare delivery and promote holistic well-being for both children and their families.

This study presents several limitations. First, we acknowledge the small and heterogeneous sample size; however, we view it as a crucial starting point for future research endeavours focused on this demographic. The diversity within the focus groups

enriched the study's perspectives and outcomes, offering multifaceted insights into the complexities of family life. Moving forward, there is a clear need for more studies that delve into the significance of time and its impact on familial dynamics, particularly concerning interactions with external entities such as childcare centres and healthcare settings. Second, the absence of computer software for content analysis and the reliance on manual coding by a single coder; however, we believe that the researcher's active engagement with the data facilitated a deep exploration of the participants' voices and their underlying meanings. This flexible and dynamic approach allowed for a nuanced understanding of the study's findings. Third, while the focus group and qualitative approach provided rich, in-depth data, it may also introduce certain biases, such as groupthink or the dominance of particular voices, potentially skewing the results. Additionally, qualitative findings are not easily generalisable to larger populations, limiting the extent to which these insights can be applied more broadly.

Conversely, several strengths bolster the credibility and depth of this research. First, the inclusion of both parents in the focal discussions provided a comprehensive exploration of their respective roles as individuals, parents, and professionals. This comprehensive approach enabled a rich understanding of the multifaceted dynamics within childbearing families. Second, the use of focus groups facilitated lively interactions among participants, fostering the exploration of diverse viewpoints and personal experiences. Third, the recruitment process continued until data saturation was reached, ensuring that the study captured a comprehensive range of perspectives and insights. This methodological rigor strengthened the validity of the findings by encompassing a diverse array of participant experiences and viewpoints, thereby enhancing the study's credibility and applicability.

In the realm of family nursing, it's imperative to recognize and embrace the holistic and self-organising capacity of families, without overlooking the unique care requirements of childbearing to families with preschool children. These families are confronted with myriad demanding and complex tasks, necessitating active engagement from health professionals, particularly family nurses. In this light, nursing interventions must extend to encompass the family as a cohesive unit, addressing the specific needs of both childbearing families and families with pre-schoolers.

Efforts to understand the time-related challenges faced by childbearing families during this transition period are imperative for designing effective intervention programs tailored to their needs. This study sheds light on the pervasive conflict experienced across various dimensions of time during this transitional phase. Through rigorous focus group data analysis, three distinct categories emerged: the allocation of time for the child, for family bonding, and for external engagements such as childcare and healthcare. These findings underscore the pressing need for nursing professionals to provide adequate interventions tailored to the unique family's needs with the children in transition to preschools. Moreover, these interventions must be sensitive to the time-related challenges faced by these families, ensuring that support is both timely and comprehensive.

Expanding on these findings, future research could delve deeper into the specific factors contributing to the perceived scarcity of parent-child time and explore innovative strategies to optimize the quality of interactions within the limited time available. Additionally, interventions aimed at balancing the demands of external engagements with the need for family time could be developed and evaluated to support childbearing tasks of families during this critical transitional phase.

Conclusion

The transition to preschool rises new challenges to childbearing families that encompass a multitude of tasks that are both diverse and intricate, particularly concerning various temporal dimensions. Families navigate this transition amid the weight of societal expectations associated with parenthood, which often engenders tension surrounding the establishment of family routines and roles.

Central to this experience is the pivotal role of time, which serves as a fundamental element in shaping the family's organization and lived experience. Time operates as a dynamic force, intricately interwoven with the family's interactions and engagements with external systems such as education, childcare, and healthcare. These systems exert significant influence on the family's daily rhythms and routines, further complicating the transition process. Future intervention studies should be sensitive to the intricate interplay between time and family dynamics, ensuring that support is comprehensive and effectively addresses the complexities inherent in this transitional period.

References

Al-Motlaq, M. A., Carter, B., Neill, S., Hallstrom, I. K., Foster, M., Coyne, I., & Shields, L. (2018). Toward developing consensus on family-centred care: An international descriptive study and discussion. Journal of Child Health Care, 1367493518795341. https://doi.org/10.1177/1367493518795341

Anderson, G., & Arsenault, N. (2002). *Fundamentals in Educational research* (2nd ed.). Routledge Falmer.

Bardin, L. (2015). *Análise de conteúdo*. Edições 70.

Black, M., Walker, S., Fernald, L., Andersen, C., DiGirolamo, A., Lu, C., & Grantham-McGregor, S. (2017). Early childhood development coming of age: science through the life course. Lancet (London, England), 389(10064). https://doi.org/10.1016/S0140-6736(16)31389-7

Carter, B., & McGoldrick, M. (1999*). The expanded family life cycle: individual, family and social perspectives*. Allyn & Bacon.

Castro, M., Expósito-Casas, E., López-Martín, E., Lizasoain, L., Navarro-Asencio, E., & Gaviria, J. L. (2015). Parental involvement on student academic achievement: A meta-analysis. *Educational Research Review, 14,* 33-46. https://doi.org/http://dx.doi.org/10.1016/j.edurev.2015.01.002

Clark, H., Coll-Seck, A. M., Banerjee, A., Peterson, S., Dalglish, S. L., Ameratunga, S., & Costello, A. (2020). A future for the world's children? A WHO-UNICEF-Lancet Commission. *Lancet, 395*(10224), 605-658. https://doi.org/10.1016/s0140-6736(19)32540-1

Crouter, A. C., Head, M. R., McHale, S. M., & Tucker, C. J. (2004). Family Time and the Psychosocial Adjustment of Adolescent Siblings and Their Parents. Journal of Marriage and Family, 66(1), 147-162.

Dockett, S., & Perry, B. (2021). Invisible transitions: Transitions to school following different paths. *Australasian Journal of Early Childhood, 46*(3), 224-235. https://doi.org/10.1177/18369391211009698

Dockett, S., Petriwskyj, A., & Perry, B. (2014). Theorising Transition: Shifts and Tensions. In B. Perry, S. Dockett, & A. Petriwskyj (Eds.), Transitions to School - *International Research, Policy and Practice* (pp. 1-18). Springer Netherlands. https://doi.org/10.1007/978-94-007-7350-9_1

Dreyer, B. (2023). Achieving Child Health Equity: Policy Solutions. *Pediatric clinics of North America, 70*(4). https://doi.org/10.1016/j.pcl.2023.04.003

Duvall, E. (1977). *Marriage and family development* (5 ed.). Lippincott.

Frye, R. E., Malmberg, B., Swank, P., Smith, K., & Landry, S. (2010). Preterm birth and maternal responsiveness during childhood are associated with brain morphology in adolescence. *Journal of the International Neuropsychological Society, 16*(5), 784-794. https://doi.org/10.1017/s1355617710000585

Gallahue, D. L. (2002). Desenvolvimento motor e aquisição da competência motora na esducação de infância. In B. Spodek (Ed.), *Manual de Investigação em Educação de Infâcia* (pp. 49-83). Fundação Calouste Gulbenkian.

Gedaly-Duff, V., Nielsen, A., Heims, M., & Frances, M. (2010). Family child health nursing. In J. Kaakinen, V. Gedaly-Duff, D. Coehlo, & S. Hanson (Eds.), Family health care nursing: theory, practice and research (4th ed., pp. 332-378). F.A. Davis Company.

GEP - Gabinete de Estratégia e Planeamento. (2021). Carta Social, Rede de Serviços e Equipamentos - Relatório 2020. Ministério do Trabalho, Solidariedade e Segurança Social.

Greenhaus, J. H., & Beutell, N. J. (1985). Sources of Conflict between Work and Family Roles. *The Academy of Management Review, 10*(1), 76-88.

Ho, Y., Mahirah, D., Ho, C., & Thumboo, J. (2022). The role of the family in health promotion: a scoping review of models and mechanisms. *Health Promotion International, 37*(6). https://doi.org/10.1093/heapro/daac119

Kitzinger, J. (1995). Qualitative research. Introducing focus groups. *BMJ, 311*(7000), 299-302.

Kohler, M., Emmelin, M., & Rosvall, M. (2017). Parental health and psychosomatic symptoms in preschool children: A cross-sectional study in Scania, Sweden.

Scandinavian Journal of Public Health, 1403494817705561. https://doi.org/10.1177/1403494817705561

Krueger, R., & Casey, M. (2015). *Focus groups: a practical guide for applied research* (5 ed.). Sage.

Lago, L. (2017). Different Transitions: Timetable Failures in the Transition to School [https://doi.org/10.1111/chso.12176]. *Children & Society, 31*(3), 243-252. https://doi.org/https://doi.org/10.1111/chso.12176

Lawrence, J., Haszard, J., Taylor, B., Galland, B., Gray, A., Sayers, R., & Taylor, R. (2021). A longitudinal study of parental discipline up to 5 years. *Journal of Family Studies, 27*(4), 589-606. https://doi.org/10.1080/13229400.2019.1665570

Lee, S., McHale, S. M., Crouter, A. C., Hammer, L. B., & Almeida, D. M. (2017). Finding Time Over Time: Longitudinal Links Between Employed Mothers' Work-Family Conflict and Time Profiles. Journal of Family Psychology. https://doi.org/10.1037/fam0000303

Lester, S., & Russell, W. (2010). Children's Right to Play: An Examination of the Importance of Play in the Lives of Children Worldwide. *Working Papers in Early Childhood Development, No. 57*. ERIC.

Li, D., & Guo, X. (2023). The effect of the time parents spend with children on children's well-being. *Frontiers in psychology, 14*. https://doi.org/10.3389/fpsyg.2023.1096128

Limbo, R., Petersen, W., & Pridham, K. (2003). Promoting safety of young children with guided participation processes. *Journal of Pediatrics Health Care, 17*(5), 245-251.

Luby, J. L., Barch, D. M., Belden, A., Gaffrey, M. S., Tillman, R., Babb, C., & Botteron, K. N. (2012). Maternal support in early childhood predicts larger hippocampal volumes at school age. Proceedings of the National Academy of Sciences of United States of America, 109(8), 2854-2859. https://doi.org/10.1073/pnas.1118003109

McGoldrick, M., Carter, B., & Garcia-Pedro, N. (2011). *The expanded family life-cycle: individual, family, and social perspectives*. Allyn & Bacon.

Medina, A. M., Lederhos, C. L., & Lillis, T. A. (2009). Sleep disruption and decline in marital satisfaction across the transition to parenthood. *Families, System, & Health, 27*(2), 153-160. https://doi.org/10.1037/a0015762

Meleis, A. (2012). *Theoretical nursing: development and progress* (5th ed.). Wolters Kluwer Health.

Meleis, A., Sawyer, L., Im, E., Hilfinger Messias, D., & Schumacher, K. (2000). Experiencing transitions: an emerging middle-range theory. *Advances in Nursing Science, 23*(1), 12-28.

Meleis, A., Sawyer, L., Im, E., Messias, D., & Shumacher, K. (2010). *Experiencing transitions: an emerging middle-range theory. In A. Meleis (Ed.), Transitions Theory: Middle Range and Situation Specific Theories in Nursing Research and Practice* (pp. 52-65). Springer Publishing Company.

OECD Family Database. (2016). PF 3.2 *Enrolment in childcare and pre-school*. Retrieved 24th July from

OECD. (2015). Starting Strong IV: Monitoring quality in early childhood education and care. OECD Publishing.

Schor, E. L. (2003). Family pediatrics: report of the Task Force on the Family. *Pediatrics, 111*(6 Pt 2), 1541-1571.

Schumacher, K., & Meleis, A. (2010). Transitions: a central concept in nursing. In A. Meleis (Ed.), Middle-range and situation-specific theories in nursing research and practice (pp. 38-51). Springer Publishing Company.

Shields, L., Pratt, J., & Hunter, J. (2006). Family centred care: a review of qualitative studies. *Journal of Clinical Nursing, 15*(10), 1317-1323. https://doi.org/10.1111/j.1365-2702.2006.01433.x

Shields, L., Pratt, J., Davis, L. M., & Hunter, J. (2007). Family-centred care for children in hospital. *Cochrane Database of Systematic Reviews*(1), Cd004811. https://doi.org/10.1002/14651858.CD004811.pub2

Shloim, N., Edelson, L. R., Martin, N., & Hetherington, M. M. (2015). Parenting Styles, Feeding Styles, Feeding Practices, and Weight Status in 4-12 Year-Old Children: A Systematic Review of the Literature. *Frontiers in Psychology, 6*, 1849. https://doi.org/10.3389/fpsyg.2015.01849

Shonkoff, J., Garner, A., & Committee on Psychosocial Aspects of Child and Family Health. (2012). The lifelong effects of early childhood adversity and toxic stress. *Pediatrics, 129*(1). https://doi.org/10.1542/peds.2011-2663

Siviy, S. (2016). A Brain Motivated to Play: Insights into the Neurobiology of Playfulness. *Behaviour, 153*(6-7). https://doi.org/10.1163/1568539X-00003349

van der Horst, K., & Sleddens, E. F. C. (2017). Parenting styles, feeding styles and food-related parenting practices in relation to toddlers' eating styles: A cluster-analytic approach. *PLoS One, 12*(5), e0178149. https://doi.org/10.1371/journal.pone.0178149

Weiss-Laxer, N., Crandall, A., Okano, L., & Riley, A. (2020). Building a Foundation for Family Health Measurement in National Surveys: A Modified Delphi Expert Process. *Maternal and child health journal, 24*(3). https://doi.org/10.1007/s10995-019-02870-w

Williams, J. (2001). *Unbending gender: why family and work conflict*. Oxford University Press.

Wood, E. (2014). Free choice and free play in early childhood education: troubling the discourse. *International Journal of Early Years Education, 22*(1), 4-18. https://doi.org/10.1080/09669760.2013.830562

Wright, L., & Leahey, M. (2013). *Nurses and Families: a guide to family assessment and intervention*. FA Davis Company.

Yap, M. B., Whittle, S., Yucel, M., Sheeber, L., Pantelis, C., Simmons, J. G., & Allen, N. B. (2008). Interaction of parenting experiences and brain structure in the prediction of depressive symptoms in adolescents. *Archives of General Psychiatry, 65*(12), 1377-1385. https://doi.org/10.1001/archpsyc.65.12.1377

Bionote

Rafaela Rosário (RR) is an associate professor at the School of Nursing, University of Minho, and a researcher at the Health Sciences Research Unit: Nursing (UICISA: E). She directs the Nursing Research Centre at the University of Minho. Since 2008, RR has advanced effective intervention programs, emphasizing co-development and cluster randomized trials, significantly contributing to obesity prevention and healthy behaviour promotion. Her research also explores the link between (digital) health literacy and health outcomes. RR's research includes health promotion reports and COVID-19 impacts on early childhood education. She is involved in networks like the Schools for Health in Europe (SHE) Network Foundation and the European Public Health Association, and she contributes to global health knowledge. Nationally, she participates in the Academic Network of Health Literacy and co-founded the Network Lusophone of Infodemiology.

Email: rrosario@ese.uminho.pt

Orcid: 0000-0001-6986-0007