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Mother/father-child bonding from birth to three years of age: mapping nursing evidence - scoping review protocol

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ABSTRACT

Introduction: Mother/father-child bonding, also known as *bonding*, is essential for the child's neurodevelopment and long-term well-being, influencing parental role performance. Various clinical and organizational factors may compromise this emotional bond, making its promotion a priority in nursing care. Although there are multiple nursing interventions associated with bonding, these are dispersed throughout literature, justifying the need to systematically map the existing knowledge.
Objectives: This scoping review aims to identify and map nursing-related knowledge documented in the literature concerning clinical indicators, nursing foci, nursing diagnoses, therapeutic goals, and nursing interventions associated with the assessment and promotion of mother/father-child bonding from birth to three years of age.
Methodology: This scoping review follows the Joanna Briggs Institute methodology. The research question was structured according to the PCC mnemonic and includes studies on mother/father-infant bonding in different healthcare contexts. Quantitative, qualitative, and mixed-methods primary studies will be included, with no language restrictions, from the year 2000 onwards. Data search, selection, and extraction processes will be conducted in accordance with JBI guidelines.
Results: The results will be presented in tables structured according to the categories defined in the research questions and may be accompanied by a narrative synthesis clarifying their relationship to the objective.
Conclusion: This scoping review is expected to clarify and organize the available knowledge on nursing interventions that promote the mother/father-child bonding, enabling the mapping and structuring of clinical indicators, nursing diagnoses, and relevant practices to support evidence-based nursing care.

Contributions: Conceptualization: SO, CS, LL and CT; Data curation: SO, CS, LL and CT; Formal Analysis: SO, CS, LL and CT; Investigation: SO, CS , LL and CT; Methodology: SO, CS, LL and CT; Project administration: SO; Resources: SO, CS, LL and CT; Software; SO, CS, LL and CT; Supervision: CT and LL; Validation: CT and LL; Visualization: SO, CS, PS, LL and CT; Writing – original draft: SO, CS, PL, LL and CT; Writing – review & editing: SO, CS, PS, LL and CT.

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RESUMO

Introdução: A ligação mãe/pai-filho, também designada por *bonding*, é fundamental para o neurodesenvolvimento e bem-estar da criança ao longo da vida. Diversos fatores individuais, clínicos e contextuais podem comprometer esta ligação afetiva, tornando a sua promoção uma prioridade nos cuidados de enfermagem. Embora existam múltiplas intervenções de enfermagem dirigidas à promoção ao *bonding*, estas encontram-se dispersas na literatura, justificando a necessidade de mapear sistematicamente a evidência disponível.
Objetivos: Mapear o conhecimento de enfermagem documentado na literatura sobre indicadores clínicos, focos, diagnósticos de enfermagem, objetivos terapêuticos e intervenções de enfermagem relacionados com a avaliação e promoção da ligação mãe/pai-filho, desde o nascimento até aos três anos de idade.
Metodologia: Esta revisão de escopo segue a metodologia *Joanna Briggs Institute*. A questão de investigação foi estruturada segundo a mnemónica PCC, incluindo estudos sobre a ligação mãe/pai-filho em diferentes contextos de cuidados de saúde. Serão incluídos estudos primários quantitativos, qualitativos e de métodos mistos, sem restrições linguísticas, a partir do ano 2000. A pesquisa, seleção e extração de dados serão conduzidas de acordo com as orientações JBI.
Resultados: Os resultados serão apresentados em tabelas estruturadas de acordo com as categorias definidas nas questões de investigação, podendo ser acompanhados por uma síntese narrativa que clarifica a sua relação com o objetivo.
Conclusões: Espera-se que esta revisão de escopo clarifique e organize o conhecimento disponível sobre intervenções de enfermagem que promovem a ligação mãe/pai-filho, permitindo mapear e estruturar os indicadores clínicos, diagnósticos e práticas relevantes para apoiar cuidados de enfermagem baseados na evidência.

Introduction

The development of parent-child bonding is an important foundation of the early parent-child relationship and is associated with several aspects of infant development.[1] Bonding is a dynamic and evolving process that may begin during pregnancy and continue to develop after birth through parental feelings, cognitions, behaviors, proximity, and interaction with the child.[2] Its assessment and promotion are therefore relevant to healthcare professionals involved in maternal, neonatal, and pediatric care.[2,3]

A preliminary review of the literature showed that parent-child bonding is frequently confused with attachment.[3-5] Although closely related, these concepts describe different dimensions of the parent-child relationship. Bonding primarily refers to the parent's emotional, cognitive, and behavioral tie toward the child,[2,3,5] whereas attachment primarily concerns the child's relationship with the caregiver and the caregiver's role as a source of safety and security.[4,5] Thus, bonding and attachment describe related but conceptually distinct processes within the parent-child relationship.[2-5] This conceptual overlap has contributed to the terms being used interchangeably in the literature despite representing distinct phenomena.[3-5] To account for this terminological overlap and improve the identification of relevant studies, both terms were incorporated into the search strategy. Study eligibility is determined according to how each study defines the direction and nature of the parent-child relationship.

Although this review addresses both maternal and paternal bonding, much of the available literature has focused on the mother-child dyad, whereas paternal bonding remains comparatively less studied.[6] Consequently, the term mother-child may appear more frequently when discussing theoretical models or evidence derived from maternal samples. This does not imply the exclusion of fathers, who will be considered whenever the available studies allow.

The concept of bonding gained prominence in the 1970s, when researchers proposed the existence of a sensitive period after birth during which early contact between the mother and newborn could facilitate the development of this emotional bond.[7] Subsequent research challenged the idea that bonding depends on a single critical period and supported a more flexible, evolving process.[8,9] Contemporary conceptual work emphasizes that bonding develops over time and is shaped by parent-child proximity, interaction, and relational and contextual factors.[2,3] This evolving understanding has also supported neonatal practices that promote parental proximity, participation in care, and family-centered approaches.[10]

Bonding is currently understood as a dynamic, ongoing process that develops over time and is influenced by individual, relational, and contextual factors.[2,3] For the purposes of this review, only the postnatal period, from birth to 3 years of age, will be considered. The process involves emotional, cognitive, behavioral, social, and interactional dimensions and may be shaped by characteristics of both the parent and child and by the context in which their relationship develops.[2]

Research on father-child bonding suggests that paternal bonding has received less attention than maternal bonding and may be shaped by parent-specific experiences and determinants.[6] Studies examining both parents also indicate that predictors of bonding and parenting satisfaction may differ between mothers and fathers, highlighting the complexity of adaptation to parenthood.[11]

Research has also highlighted a clinical perspective on parent-child bonding. Parental psychological difficulties, negative feelings toward the infant, rejection, or pathological anger may be associated with disturbances in the parent-infant relationship.[11,12] Because bonding difficulties represent a relational phenomenon that may require assessment in their own right, there has been increasing interest in interventions designed specifically to support and strengthen the parent-infant bond.[12,13]

This topic is particularly relevant to nursing because assessment of the parent-infant relationship and support for bonding are clinically relevant within maternal, neonatal, and pediatric care.[3,10] Evidence from reviews of postpartum bonding interventions indicates that targeted educational, behavioral, psychosocial, and interaction-focused strategies can improve bonding-related outcomes, although intervention approaches and outcome measures remain heterogeneous.[13]

Across nursing practice settings, a range of nursing foci, diagnoses, therapeutic goals, and interventions may be used to support and promote parent-child bonding. A preliminary search, however, showed that these elements are scattered across the literature. Systematically identifying, organizing, and structuring this knowledge may therefore improve conceptual clarity and contribute to greater consistency in nursing care aimed at strengthening parent-child bonding. Accordingly, this review aims to identify and systematically map nursing-related knowledge documented in the literature, including clinical indicators, nursing foci, nursing diagnoses, therapeutic goals, and nursing interventions associated with the assessment and promotion of mother-child and father-child bonding.

The protocol for this scoping review was registered with the Open Science Framework (OSF) before study selection began, with the aim of promoting methodological transparency and prospectively documenting the planned review methods. The registration is available at: https://doi.org/10.17605/OSF.IO/C7WZF.

Methodology

Review question

The objective of this scoping review is to identify and systematically map nursing-related knowledge documented in the literature concerning clinical indicators, nursing foci, nursing diagnoses, therapeutic goals, and nursing interventions associated with the assessment and promotion of mother–child and father–child bonding from birth to three years of age. The review will address the following question: What clinical indicators, nursing foci, nursing diagnoses, therapeutic goals, and nursing interventions related to mother–child and father–child bonding from birth to three years of age are documented in the literature relevant to nursing care?

To guide the synthesis of the evidence, six specific questions were defined. In these questions, the term *parent-child bonding* is used as an overarching expression encompassing both mother-child and father-child bonding. These questions will also inform the review's inclusion criteria: 1. *Which clinical indicators can be used to characterize parent-child bonding?*; 2. *Which nursing foci are clinically relevant to parent-child bonding?*; 3. *Which nursing diagnoses identify needs related to promoting and strengthening parent-child bonding?*; 4. *Which therapeutic goals are described for the promotion of parent-child bonding?*; 5. *Which nursing interventions promote parent-child bonding?*; 6. *How are clinical indicators, nursing diagnoses, and nursing interventions related to one another?*

Eligibility criteria

The review question was developed using the PCC mnemonic - Population, Concept, and Context - and the following eligibility criteria.

Population (P)

Studies involving mothers, fathers, and children from birth to three years of age in the context of mother-child and father-child bonding will be included. The review focuses on bonding as a normative relational process, encompassing its development, assessment, promotion, and potential difficulties. Studies focused exclusively on prenatal bonding will be excluded. Studies specifically investigating bonding in relation to child illnesses or developmental disorders will also be excluded when the findings are primarily associated with condition-specific clinical circumstances or interventions. Prematurity will not constitute an exclusion criterion. Studies involving preterm infants will be eligible when they address mother-child or father-child bonding within the scope of the review. This delimitation is intended to focus the review on bonding as a normative relational process, rather than on bonding-related phenomena arising specifically from child illnesses or developmental disorders. Such conditions may introduce additional clinical factors and care needs that influence the expression of bonding and the interventions used to promote it.

Concept (C)

The concept of interest is mother–child and father–child bonding, understood as the emotional, cognitive, and behavioral bond directed from the mother or father toward the child. The review will focus on nursing-related aspects of this phenomenon documented in the literature, specifically clinical indicators, nursing foci, nursing diagnoses, therapeutic goals, and nursing interventions associated with its assessment, promotion, and strengthening. Although bonding and attachment are conceptually distinct, these terms are sometimes used interchangeably in the literature. Therefore, eligibility will be determined by the phenomenon investigated rather than solely by the terminology used by the study authors. Studies using either term will be considered when they address the emotional bond directed from the mother or father toward the child. Studies exclusively addressing the child's attachment to the mother, father, or another caregiver will be excluded unless findings specifically

concerning mother-child or father-child bonding can be separately identified.

Context (C)

This review will consider studies conducted in healthcare institutions and/or home settings involving children up to three years of age, regardless of country or sociocultural background. Settings may include residential care facilities, primary healthcare centers, public and private hospitals, and hospital-at-home services. No geographic, linguistic, or sociocultural restrictions will be applied to the context.

Types of sources

This scoping review will consider experimental and quasi-experimental study designs, including randomized and non-randomized controlled trials, before-and-after studies, and interrupted time-series studies. Analytical observational studies, such as prospective and retrospective cohort studies, case-control studies, and analytical cross-sectional studies, will also be eligible. Descriptive observational designs, including case series, individual case reports, and descriptive cross-sectional studies, will also be considered. Qualitative studies, including phenomenological, grounded theory, ethnographic, and qualitative descriptive designs, among others, will also be considered. Only primary studies will be included. Systematic reviews, scoping reviews, and other review types will be excluded from data extraction and analysis, although they may be used to contextualize the topic and identify potentially eligible primary studies through reference-list screening. Opinion papers, protocols, conference communications, posters, and abstracts will also be excluded because the review aims to map elements reported directly in primary studies.

Search strategy

The search strategy follows the three-step approach recommended by JBI. On 28 May 2026, an initial limited search was undertaken to identify articles relevant to the review topic. Keywords identified in the titles and abstracts of relevant articles, together with the index terms used to describe them, informed the development of the full search strategy for MEDLINE via PubMed (Appendix I).

The search strategy combines controlled vocabulary, including MeSH descriptors and CINAHL Headings, as appropriate, with free-text terms related to mother–child and father–child bonding (bonding, attachment), nursing (Nurs*, nursing care, nursing diagnosis), child age, and healthcare settings. The strategy is adapted to the indexing and search syntax of each database: MEDLINE via PubMed, CINAHL via EBSCOhost, Scopus, and Web of Science (Table 1).

The inclusion of nursing-related and healthcare-setting terms reflects the specific scope of this review, which aims to identify and systematically map nursing-related aspects of mother-child and father-child bonding documented in the literature. Rather than comprehensively examining bonding across all disciplinary perspectives, the review focuses on clinical indicators, nursing foci, nursing diagnoses, therapeutic goals, and nursing interventions documented in relation to nursing care. These search terms were therefore deliberately selected to prioritize literature addressing bonding within nursing and relevant healthcare contexts. Although this approach may reduce search sensitivity by excluding studies that do not explicitly refer to nursing or healthcare settings in their searchable information, it was considered consistent with the defined objective and disciplinary focus of the review.

In the third stage, the reference lists of included studies will be screened, and forward citation searching will be undertaken to identify additional relevant studies.

Grey literature will be searched in RCAAP via EBSCO Discovery Service.

Translation tools such as DeepL® will be used when necessary.

Both bonding and attachment terms were included in the search strategy to account for their inconsistent use in the literature. However, Study eligibility will be based on the underlying phenomenon of interest, rather than exclusively on the specific terminology used by the authors. Studies will be considered when they address the emotional bond directed from the mother or father toward the child. Studies exclusively addressing the child's attachment to the mother, father, or caregiver will not be considered evidence of bonding. Although the conceptual foundations of bonding predate the period defined for this review, the aim is not to map the historical development of the concept. Instead, the review will examine how bonding is operationalized in contemporary nursing practice through clinical indicators, nursing foci, nursing diagnoses, therapeutic goals, and nursing interventions. Studies published from 2000 onward will therefore be considered, delimiting the review to evidence produced in a period more closely aligned with current care models, nursing terminologies, and clinical practice.

Study selection

After the search, all identified citations will be imported into Rayyan, where duplicates will be removed.[15] Pilot screening will be conducted by the full review team before formal study selection begins. In the first phase, 5% of all identified records will be screened to achieve approximately 75% agreement among reviewers. In the second phase, 2% of full-text articles will be assessed with the same target level of agreement.

Two reviewers will independently screen titles and abstracts against the predefined eligibility criteria. Disagreements will be resolved through discussion and, when necessary, by a third reviewer.

Reasons for excluding full-text studies that do not meet the eligibility criteria will be recorded and reported in the final scoping review. When the full text of a potentially eligible citation cannot be obtained, the authors will be contacted. Up to three contact attempts will be made if no response is received. These procedures will be documented in accordance with the planned review methods and JBI guidance.[14]

Table 1. Search concepts, free-text terms, MeSH descriptors, and CINAHL subject heading.

	Livres	MeSH	CINAHL
Conceito 1	Attachment OR bonding	"object attachment"	"Parent-Infant Bonding" OR "Attachment Behavior"
		AND	
Conceito 2	Child* OR infant* OR newborn*	"child, preschool" OR infant OR "infant, newborn"	"child, preschool" OR infant OR "infant, newborn"
		AND	
Conceito 3	Nurs*	"Nurse's Role" OR nurses OR nursing OR "nursing care" OR "Nursing Diagnosis"	"nursing role" OR nurses OR "nursing care" OR "nursing interventions" OR "Nursing Diagnosis"
		AND	
Conceito 4	"foster care" OR "foster home" OR "residential care" OR "child* home" OR hospital* OR "health facilit*" OR "primary care" OR "Primary Health Care" OR clinic* OR "medical center*" OR "ambulatory care" OR nurseries OR "group home*"	"Health Facilities" OR "Primary Health Care"	"Foster home care" OR "residential care" OR "Health Facilities+" OR "Primary Health Care"

The results of the search and study selection process will be reported in the final review using the PRISMA-ScR flow diagram.[16]

Data extraction

Data will be extracted independently by two reviewers using a data extraction tool developed in accordance with the review objective and questions. The extraction tables may be revised and refined during the process when necessary. Any changes will be described and justified in the final scoping review.

In line with methodological recommendations, the reviewers will meet after reading and extracting data from 5 to 10 studies to discuss the consistency and sensitivity of the data extraction tool.[17] Disagreements during data extraction will be resolved through discussion or consultation with a third reviewer. Study authors will be contacted when additional information or clarification of findings is required, in accordance with JBI guidance.[14]

No critical appraisal of the methodological quality of the included studies will be undertaken.

Data items

Two reviewers will independently extract the data listed in Table 2, including semantic units - excerpts describing clinical indicators, nursing foci, nursing diagnoses, therapeutic goals, and nursing interventions related to parent-child bonding. The extracted semantic units will provide the basis for the subsequent categorization and mapping of nursing-related knowledge. A complementary analytical matrix will be used to document the source of each identified element and to distinguish relationships explicitly reported in the included studies from conceptual relationships identified through the reviewers' interpretation.

Table 2. Data Extraction Instrument.

Title:	Article title
Year of publication:	Year of publication
Author(s):	First and last name of each study author
Country of origin:	Country where the study was conducted
Study participants:	Characteristics of the study participants
Study design:	Methodological design of the study
Objective(s):	Main study objective(s)
Concept definition	Whether the authors use bonding, attachment, or both, and how the concept is defined
Assessment instruments	Description of the instrument, who administers it (nurse or other professional), timing, and duration
Extracted semantic units	Concepts, interventions, diagnoses, outcomes, and other elements of the nursing process related to parent-child bonding

Analysis and coding

The semantic units will be analyzed using directed (deductive) content analysis, with the International Classification for Nursing Practice (ICNP) terminology and the categorical model of ISO 18104:2023 serving as reference frameworks.[18,20] Each unit will be coded into one of five elements (Table 3). Nursing diagnoses and interventions will also be decomposed according to their relevant axes (focus and judgment; action and target). Units that do not fit the predefined categories will be grouped inductively and discussed by the review team. Two reviewers will code the data independently, with a third reviewer resolving disagreements.

During the coding process, the original terminology and meaning of the extracted semantic units will be preserved to ensure fidelity to the included studies. These units will subsequently be organized according to the predefined analytical categories, using ICNP terminology and ISO 18104:2023 as reference frameworks.

Elements explicitly identified as nursing-related by the original authors will be distinguished from those subsequently categorized by the reviewers within the nursing conceptual framework. This distinction will ensure transparency between the knowledge originally documented in the literature and its analytical organization within the nursing domain.

Table 3. Elements to be mapped.

	Extracted semantic units	Studies
Clinical findings/ indicators	Observable or measurable data resulting from clinical assessment, including findings that characterize the state or expression of parent-child bonding at a given point in time. In this review, these data will be operationalized in line with the ISO 18104:2023 concept of clinical finding.[20]	
Nursing focus areas	Areas of nursing practice attention that are relevant to parent-child bonding.[18]	
Nursing diagnoses	Clinical judgments about human responses associated with parent-child bonding.[18,20]	
Therapeutic goals	Expected outcomes resulting from nursing interventions.[19]	
Nursing interventions	Actions implemented by nurses to promote parent-child bonding.[18,20]	

Mapping relationships

To address review question 6, a structured matrix will be developed to cross-reference clinical indicators, nursing diagnoses, and nursing interventions identified in the included studies. The mapping process will distinguish between relationships explicitly reported in the original studies and conceptual relationships identified through the reviewers' interpretation of the extracted evidence.

Relationships will be classified into three categories: (1) relationships explicitly reported or supported by findings in the included studies; (2) elements reported within the same study without an explicitly established relationship; and (3) conceptual relationships proposed by the reviewers through the analytical interpretation of the extracted data.

Co-reported elements will not be interpreted as evidence of an association. Similarly, reviewer-derived conceptual relationships will be clearly distinguished from relationships reported by the original study authors.

The matrix will document the corresponding study, relevant semantic units, analytical categories, and nature of each identified relationship, ensuring transparency and traceability.

A relationship diagram will complement the matrix, visually distinguishing reported relationships from reviewer-derived conceptual interpretations. Findings will be presented descriptively, without inferring causal relationships that are not supported by the included studies.

Data presentation

The extracted data will be presented in tables organized according to the categories defined by the review questions. Information in the tables will be concise and may be supplemented by brief explanatory descriptions.

A narrative summary will accompany the tabulated findings and explain how they relate to the review objective and questions.

The presentation of findings will distinguish evidence directly reported in the included studies from classifications and conceptual relationships derived through the reviewers' analysis. Tables will summarize the identified nursing-related elements according to the five predefined categories, while the relationship matrix and diagram will provide a structured representation of the connections between clinical indicators, nursing diagnoses, and nursing interventions.

During analysis, the tables and analytical categories may be refined when necessary to ensure that extracted data are represented clearly and appropriately.

Discussion

Promoting parent-child bonding is an important component of child and pediatric nursing practice because of its relevance to healthy child development and well-being.[1,3] Despite the clinical importance of bonding, nursing-related evidence remains dispersed and insufficiently systematized.

This scoping review will map and organize the available evidence on bonding across care settings. It will identify clinical indicators, nursing foci, nursing diagnoses, therapeutic goals, and nursing interventions relevant to clinical practice, as well as the relationships among these elements. This approach may help clarify how nursing care can support and strengthen parent-child bonding.

The findings are expected to support greater consistency in nursing care, inform clinical decision-making, and contribute to family-centered practice.

The review will also identify gaps in current knowledge and provide direction for future research in this field.

The nursing-specific focus of this review is reflected in the search strategy, which incorporates nursing-related and healthcare-setting terms to prioritize evidence documented in relation to nursing care. This approach was intended to maintain alignment between the search strategy and the review objective. However, as emphasized in methodological guidance for scoping reviews, restrictions affecting search comprehensiveness should be explicitly justified and transparently reported.[14,21] Although the adopted strategy may limit the retrieval of studies containing relevant nursing-related information without explicitly using these terms in their searchable records, it reflects the defined scope of the review. Consequently, the findings should be interpreted as a mapping of nursing-related knowledge identified within the defined search scope, rather than as an exhaustive representation of all evidence on mother–child and father–child bonding.

Final considerations

Once completed, this scoping review is expected to contribute to the development of nursing knowledge by organizing clinical indicators, nursing foci, nursing diagnoses, therapeutic goals, and nursing interventions related to parent-child bonding. In doing so, it may help formalize the knowledge that underpins nursing care planning and clinical decision-making.

No datasets were generated or analyzed for this scoping review protocol

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APPENDIX I. Search strings are reported as executed in each database interface. Output labels reflect the interface language.

Full Search Strategies

MEDLINE via PubMed. 01/06/2026

Pesquisas	Expressão	Resultados
#1	(Attachment[Title/Abstract] OR bonding[Title/Abstract]) OR ("object attachment"[MeSH Terms])	278615
#2	(((Child*[Title/Abstract] OR infant*[Title/Abstract] OR newborn*[Title/Abstract]) OR ("child, preschool"[MeSH Terms])) OR (infant[MeSH Terms])) OR ("infant, newborn"[MeSH Terms])	3191883
#3	(((((Nurs*[Title/Abstract]) OR ("Nurse's Role"[MeSH Terms])) OR (nurses[MeSH Terms])) OR (nursing[MeSH Terms])) OR ("nursing care"[MeSH Terms])) OR ("Nursing Diagnosis"[MeSH Terms])	801387
#4	(("foster care"[Title/Abstract] OR "foster home"[Title/Abstract] OR "residential care"[Title/Abstract] OR "child* home"[Title/Abstract] OR hospital*[Title/Abstract] OR "health facilit*"[Title/Abstract] OR "primary care"[Title/Abstract] OR "Primary Health Care"[Title/Abstract] OR clinic*[Title/Abstract] OR "medical center*"[Title/Abstract] OR "ambulatory care"[Title/Abstract] OR nurseries[Title/Abstract] OR "group home*"[Title/Abstract]) OR ("Health Facilities"[MeSH Terms])) OR ("Primary Health Care"[MeSH Terms])	8467422
#5	((((Attachment[Title/Abstract] OR bonding[Title/Abstract]) OR ("object attachment"[MeSH Terms])) AND ((((Child*[Title/Abstract] OR infant*[Title/Abstract] OR newborn*[Title/Abstract]) OR ("child, preschool"[MeSH Terms])) OR (infant[MeSH Terms])) OR ("infant, newborn"[MeSH Terms]))) AND ((((((Nurs*[Title/Abstract]) OR ("Nurse's Role"[MeSH Terms])) OR (nurses[MeSH Terms])) OR (nursing[MeSH Terms])) OR ("nursing care"[MeSH Terms])) OR ("Nursing Diagnosis"[MeSH Terms]))) AND ((("foster care"[Title/Abstract] OR "foster home"[Title/Abstract] OR "residential care"[Title/Abstract] OR "child* home"[Title/Abstract] OR hospital*[Title/Abstract] OR "health facilit*"[Title/Abstract] OR "primary care"[Title/Abstract] OR "Primary Health Care"[Title/Abstract] OR clinic*[Title/Abstract] OR "medical center*"[Title/Abstract] OR "ambulatory care"[Title/Abstract] OR nurseries[Title/Abstract] OR "group home*"[Title/Abstract]) OR ("Health Facilities"[MeSH Terms])) OR ("Primary Health Care"[MeSH Terms]))	654
#6	#5 - Filters applied: Publication date from 2000/01/01 to 2026/06/01	543