

Nurses' Perspective on Adolescent Parenting: From Overprotection to Neglect

* Excerpt from the master's thesis entitled "Adolescent mental health as viewed by primary care nurses and the path to care," submitted to the Universidade Federal de Alfenas. <https://repositorio.unifal-mg.edu.br/handle/123456789/3195>

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Theme: Care processes and practices

Contribution to the field: This study contributes to the advancement of academic knowledge by providing a broader understanding of adolescent parenting from a nursing perspective, integrating the emotional, relational, and social aspects that permeate family care. In light of Jean Watson's Transpersonal Care Theory, the study proposes reflections on the importance of empathetic and humanized care as a tool for strengthening the bonds between parents and adolescent children, reinforcing the role of nurses as mediators of healthy relationships and promoters of mental health in family and community contexts.

Abstract

Introduction: Adolescence is characterized by intense biopsychosocial changes, in which the balance between a sense of belonging and autonomy is essential. Parenting practices, which range from overprotection to neglect, can directly influence adolescents' mental health and emotional development. **Objective:** To understand the perspectives of nurses on adolescent parenting. **Materials and Methods:** This is a descriptive cross-sectional study with a qualitative approach, grounded in Jean Watson's Transpersonal Human Care Theory, conducted in two municipalities in southern Minas Gerais, Brazil. Twenty-six primary care nurses participated in the study. Data were collected through on-site focus groups, including a pilot test, with a mean duration of 60 to 90 minutes. The transcripts were analyzed using Bardin's content analysis method, with data categorization and interpretation in light of the Theory of Transpersonal Human Care. **Discussion:** Nurses identified adolescents who were often unprepared to face daily challenges, in contexts of inadequate or absent parental care. An analysis based on Watson's Theory highlighted the importance of empathetic care, active listening, and the establishment of emotional bonds, which are essential for strengthening parenting and reducing emotional vulnerabilities. **Conclusions:** The study underscores that understanding the nursing perspective on adolescent parenting contributes to humanized practices, holistic health promotion, autonomy, and healthy family bonds.

Keywords (Source: DeCS)

Adolescent; parent-child relations; nursing; primary health care; family relations.

4 La mirada del enfermero sobre la paternidad de adolescentes: de la sobreprotección a la negligencia

* Extracto de la tesis de maestría “Salud mental de adolescentes desde la mirada de los enfermeros de la Atención Primaria de Salud y el camino para el cuidado”, presentada a la Universidade Federal de Alfenas, Brasil. <https://repositorio.unifal-mg.edu.br/handle/123456789/3195>

Resumen

Introducción: la adolescencia se caracteriza por intensos cambios biopsicosociales, en los que el equilibrio entre pertenencia y autonomía resulta fundamental. Las prácticas parentales, que oscilan entre la sobreprotección y la negligencia, pueden influir directamente en la salud mental y el desarrollo emocional de los adolescentes. **Objetivo:** comprender la mirada del enfermero sobre la paternidad de adolescentes. **Materiales y método:** estudio transversal descriptivo con enfoque cualitativo, fundamentado en la Teoría del Cuidado Humano Transpersonal de Jean Watson, realizado en dos municipios del sur de Minas Gerais, Brasil. Participaron 26 enfermeros de la Atención Primaria a la Salud. La recolección de datos se realizó mediante grupos focales presenciales, incluida una prueba piloto, con una duración promedio de 60 a 90 minutos. Las transcripciones fueron analizadas mediante el análisis de contenido de Bardin, con categorización de los datos e interpretación a la luz de la Teoría del Cuidado Humano Transpersonal. **Discusión:** los enfermeros identificaron adolescentes frecuentemente no preparados para afrontar los desafíos cotidianos, en contextos de cuidado parental inadecuado o ausente. El análisis a la luz de la Teoría de Watson evidenció la importancia del cuidado empático, la escucha activa y el establecimiento de vínculos afectivos, esenciales para fortalecer la paternidad y reducir las vulnerabilidades emocionales. **Conclusiones:** el estudio refuerza que comprender la mirada de la enfermería sobre la paternidad de adolescentes contribuye a prácticas humanizadas, promoviendo salud integral, autonomía y vínculos familiares saludables.

Palabras clave (Fuente: DeCS)

Adolescente; relaciones padre-hijo; enfermería; Atención Primaria a la Salud; relaciones familiares.

Olhar do enfermeiro sobre a paternidade de adolescentes: da superproteção à negligência

* Recorte da dissertação de mestrado “Saúde mental dos adolescentes no olhar dos enfermeiros da Atenção Primária à Saúde e o percurso para o cuidado”, apresentada à Universidade Federal de Alfenas. <https://repositorio.unifal-mg.edu.br/handle/123456789/3195>

Resumo

Introdução: a adolescência é caracterizada por mudanças biopsicossociais intensas, nas quais o equilíbrio entre pertencimento e autonomia é fundamental. As práticas parentais, que oscilam entre superproteção e negligência, podem influenciar diretamente a saúde mental e o desenvolvimento emocional dos adolescentes.

Objetivo: compreender o olhar do enfermeiro sobre a paternidade de adolescentes. **Materiais e método:** estudo transversal descritivo com abordagem qualitativa, fundamentado na Teoria do Cuidado Humano Transpessoal de Jean Watson, conduzido em dois municípios do sul de Minas Gerais, Brasil. Participaram 26 enfermeiros da Atenção Primária à Saúde. A coleta de dados foi realizada por meio de grupos focais presenciais, incluindo teste-piloto, com duração média de 60 a 90 minutos. As transcrições foram analisadas segundo a análise de conteúdo de Bardin, com categorização dos dados e interpretação à luz da Teoria do Cuidado Humano Transpessoal. **Discussão:** Os enfermeiros identificaram adolescentes frequentemente despreparados para enfrentar desafios cotidianos, em contextos de cuidado parental inadequado ou ausente. A análise à luz da Teoria de Watson evidenciou a importância do cuidado empático, da escuta ativa e do estabelecimento de vínculos afetivos, essenciais para fortalecer a paternidade e reduzir vulnerabilidades emocionais. **Conclusões:** O estudo reforça que compreender o olhar da enfermagem sobre a paternidade de adolescentes contribui para práticas humanizadas, promovendo saúde integral, autonomia e vínculos familiares saudáveis.

Palavras-chave (Fonte: DeCS)

Adolescente; relações pais-filho; enfermagem; Atenção Primária à Saúde; relações familiares.

Introduction

The process of adolescence requires a balance between a sense of belonging and individuality. Adolescents need to establish and maintain social bonds, while simultaneously needing space for their own initiatives, discoveries, and the construction of their individual selves (1). From this perspective, adolescence is a continuous process of defining, inventing, and reinventing the path of identity construction (2).

The intense emotional, cognitive, and social changes of adolescence make individuals more sensitive to factors that impact their mental health (MH) (3). The development of social-emotional skills facilitates adaptation to new social dynamics and contributes to the formation of personal values and beliefs, which are essential for identity construction and social integration (4, 5).

The family, in this sense, performs a protective and preventive role by acting as an important mechanism for support and recovery in the face of changes in the nervous system. Thus, it is essential that parents encourage open and healthy communication to ensure positive emotional development during adolescence (6).

The exercise of parenting involves active participation in the children's lives and flexibility in family relationships, favoring healthy bonds and the engagement of adolescents in family routines. This approach broadens the exploration of potential, while the freedom to experiment contributes to the development of authentic identities and the recognition of aspects of the self (7).

Furthermore, parental neglect can hinder the development of emotional intelligence, particularly by impairing affective self-regulation. This can contribute to emotional imbalances, increase vulnerability to mental disorders, encourage risk behaviors, and reduce life satisfaction (8-10).

Therefore, analyzing the perspectives of nurses on parenting practices and family relationships experienced by adolescents allows for an understanding of the perceptions and practices that influence the care provided to families. In light of the Theory of Transpersonal Human Care (11), the present study aims to interpret expressions of parental care, ranging from overprotection to neglect, thereby promoting reflections on empathetic, relational, and humanized nursing practices.

Materials and Methods

This is a descriptive study with a qualitative approach, grounded in Jean Watson's Transpersonal Human Care Theory. The research followed the Reporting Qualitative Research (COREQ) criteria (12, 13). The study was approved in advance by the Human Research Ethics Committee, under Opinion No. 7.150.480.

The research was conducted on-site in two municipalities in southern Minas Gerais (A and B), with primary health care (PHC) nurses affiliated with the Family Health Strategy and Basic Health Units. These professionals, in their clinical and managerial roles, provided care to adolescents and their families and were considered relevant informants for the study.

Professionals who were actively working during the data collection period were included, while those who were on vacation or leave were excluded. Participants were selected intentionally, with the aim of including all nurses working in primary health care in the municipalities under study.

In total, 38 nurses comprised the PHC services in the participating municipalities. Of these, three were on leave during the data collection period and therefore did not meet the inclusion criteria, resulting in 35 eligible professionals.

Recruitment was conducted with the support of the municipal health departments. In Municipality B, a list containing the names and contact information of the nurses was provided. In Municipality A, all eligible professionals were formally invited by the Municipal Health Department to participate in the study.

Of the 35 eligible nurses, four declined to participate and five did not attend the focus groups due to excessive workloads and personnel shortages in the teams. Thus, the final sample consisted of 26 participants. This number was considered sufficient since it included the available professionals in the municipalities under study, allowing for a broad spectrum of perspectives from primary care nurses regarding the care of adolescents and their families.

For data collection, on-site focus groups were held between February and April 2025, as they allow for interaction among participants and the collective construction of meaning based on their experiences. Given the study's focus on the perceptions of nurses regarding parenting practices in PHC, this technique facilitated deepening discussions, identifying points of agreement and disagreement, and building collective understandings of the phenomenon under study.

The researchers contacted all the nurses in Groups A and B. In Group A, the Municipal Health Department mediated the recruitment of the professionals and facilitated communication with the researchers. In Group B, the nurses were contacted individually and through a WhatsApp group created to organize the focus groups, answer questions, and set the dates and times for the meetings.

The Informed Consent Form was signed in person by all participants before the focus groups were held. To ensure privacy and confidentiality, the nurses were identified by alphanumeric

codes consisting of the letter “N”, followed by a sequential number and the focus group identifier (example: N2FG1).

The transcripts were anonymized by removing any information that could identify participants or health care services. The audio recordings were stored on a password-protected device under the researchers’ supervision and deleted after transcription. Access to the data was restricted to the researchers, ensuring privacy, confidentiality, and anonymity in the disclosure of the results.

Participation in the study carried minimal risks, such as possible discomfort, embarrassment, stress, or shame during the focus group sessions. As a precaution, a cautious approach was adopted, respecting the participants’ values, culture, and beliefs.

As precautionary measures, steps were undertaken to ensure that participants, their workplaces, or any imagery would not be identified, in addition to maintaining the confidentiality of their statements, which were used exclusively for scientific purposes. Participants were informed that they could withdraw from the study at any time without having to provide a reason.

One highlight was the implementation of a pilot study with the participation of 13 nurses from Municipality A. Since the participants demonstrated a full understanding of the guiding questions, there was no need to rephrase them. Thus, the reports from this focus group were incorporated into the results of the present study.

In total, four focus groups were held, including the pilot study, led by two nurse researchers, one who is a master’s student and the other a postdoctoral researcher, both of whom have experience conducting this type of research.

Regarding the focus group sessions, each meeting was held in a room previously reserved by the researchers on the campus of the institution of higher education with which they are affiliated. Only the focus group held as a pilot study took place in a room previously reserved by the Municipal Health Department of the municipality in question.

The focus group was held using guiding questions. The interviews were recorded, with the permission of the participants, to ensure the accuracy of the transcription. In addition, a field notebook was used to record remarks, reactions, pauses, and expressions that were not clearly captured in the audio recordings.

Each group session lasted an average of 60 to 90 minutes. The number of participants per group ranged from 3 to 13, in line with the flexibility recommended in the literature (14, 15), the availability of the professionals, and the logistical organization of data collection. The groups were organized by municipality, given the need for the researchers to travel to Municipality A, which rendered it impractical to combine participants from different locations in the same session.

In Municipality B, the groups included nurses from different regions covered by the primary health care system, thereby ensuring a variety of experiences related to the vulnerabilities and social determinants present in those territories. Data collection was concluded once all eligible and available professionals had been included, which ensured the diversity of the participants' contexts and experiences.

The transcription and organization of the participants' statements were performed utilizing the NVivo®11 software, supplemented by notes from the field diary. Spelling corrections, in compliance with Portuguese language standards, were made when necessary. The transcripts were returned to the participants for comments or corrections; however, no comments were received, nor were any changes requested.

Data analysis followed Bardin's (16) content analysis method, consisting of three stages: Pre-analysis, exploration of the material, and interpretation of the results. During the pre-analysis stage, the empirical material was organized by transcribing the interviews in full, cross-checking the accuracy of the audio against the text, and conducting a skimming and line-by-line reading, which enabled an understanding of the general meaning of the statements and the identification of initial impressions. In the exploration of the material, the recording units, consisting of significant excerpts from the statements, were coded; these were constantly identified and compared, allowing for refinement and grouping into emerging categories constructed inductively. In the analysis of the results, the categories were examined and interpreted in light of the Theory of Transpersonal Human Care (11), which enabled the construction of an interpretive synthesis of the phenomenon under research. The coding process was conducted independently by two researchers, followed by comparison and consensus, with the aim of ensuring the rigor and reliability of the analysis.

Results and Discussion

A total of 26 nurses, predominantly female, with varying levels of education and experience in PHC, participated in the study (Table 1).

The data analysis yielded five categories and nine subcategories, as shown in Figure 1.

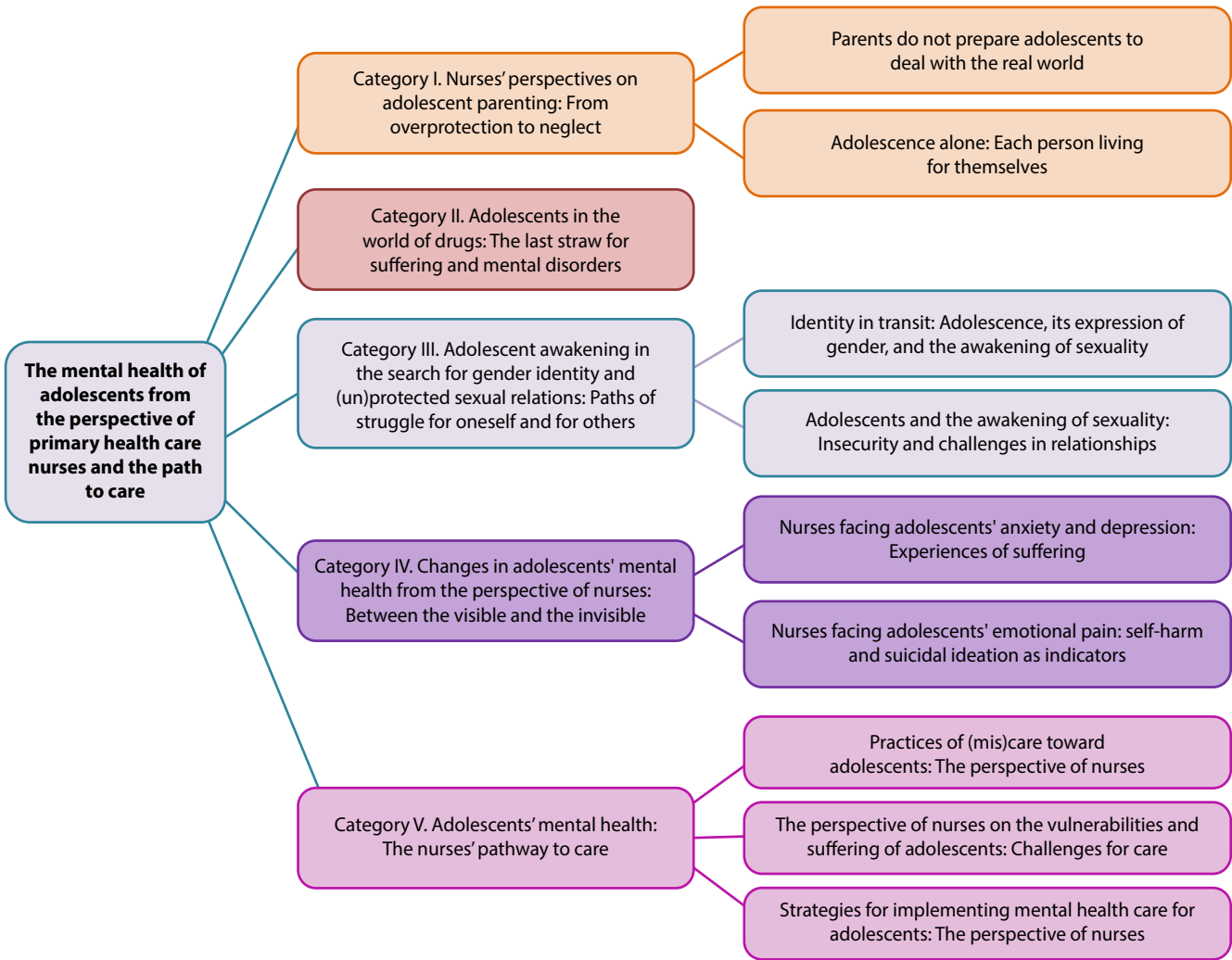
Given the wide range of the results, this article presents and discusses the category entitled "The perspective of nurses on parenting practices during adolescence: From overprotection to neglect". From the perspective of nurses, adolescents experience risk situations caused by parental overprotection or neglect, from which the following subcategories emerged: *Parents do not prepare adolescents to deal with the real world* and *Adolescence alone: Each person living for themselves*.

Table 1. Profile of the Participating Nurses

Variable	Category	n	%
Sex	Female	25	96.15
	Male	1	3.85
Age (years)	Range	22-64	-
Level of academic education	From 0 to 5 years	2	7.69
	From 6 to 10 years	6	23.08
	From 11 to 15 years	6	23.08
	From 16 to 20 years	7	26.92
	21 years or more	5	19.23
Length of service in PHC	From 0 to 5 years	7	26.92
	From 6 to 10 years	9	34.61
	From 11 to 15 years	6	23.08
	From 16 to 20 years	3	11.54
	21 years or more	1	3.85

Source: Prepared by the authors.

Figure 1. Flowchart Representing the Categories and Subcategories of the Study



Source: Prepared by the authors.

Parents Do not Prepare Adolescents to Deal with the Real World

The statements presented reveal, according to the nurses, that adolescents are unmotivated and lack a sense of purpose in life, often as a result of parenting practices that range from parental overprotection to neglect. This is reflected in a lack of preparedness and autonomy, and a disconnect from their feelings, dreams, and future prospects, also impacting their MH.

the adolescents themselves feel they lead a disordered life [...] they have no boundaries, no motivation, no routine, no sense of direction [...] they don't think about the future. They aren't people [...] who have feelings...who have dreams (N17FG2)

Challenging situations are a huge barrier for them because [...] they can't figure out how to get by in the real world [...] (N19FG3)

the adolescents are very unprepared for life [...] they can't figure anything out on their own [...] It's their mothers who lead the entire consultation [...] the adolescents have no autonomy whatsoever in their lives [...] (N20FG3)

It is worth noting that the environment designated for adolescents should be suited to address the specific characteristics of this life stage; therefore, actions that infantilize or devalue their stage of development should be avoided. Instead, a relationship based on trust, respect, and mutual support should be promoted (17).

Given this, families should guide adolescents in their decisions regarding the future, broadening their horizons and encouraging new experiences (17). This form of support contributes to the development of emotional regulation and to the reduction of symptoms related to MH. Thus, relationships based on trust, mutual respect, and open communication favor a healthy family environment, which is essential for positive development during adolescence (7, 18).

The absence of a routine, combined with inconsistent rules, boundaries, and responsibilities set by parents or family members, has been a cause for concern among nurses, who view the situation as a risk for the development of changes in the MH of adolescents:

the parents end up [...] wanting to step in [...] and not letting their children do anything or take on any chores [...] these days, adolescents [...] have no sense of responsibility and no routine [...] (N3FG1)

Sometimes I see that the mother works all day, and when she gets home, the adolescent is watching TV [...] then she goes to clean the house, do the laundry [...] there is no commitment from the adolescents to do anything around the house to help out [...] (N15FG2)

The statements reveal a family dynamic characterized by limited time and parental involvement in the development of the autonomy and responsibility of adolescents, which can impact their social skills and emotional maturity. Furthermore, children's limited participation in household routines and family decisions can hinder their development, restricting skills essential for facing daily challenges.

In light of the Theory of Transpersonal Human Care, particularly its seventh postulate, which emphasizes interpersonal teaching and learning (11), these findings highlight the importance of nurses in primary health care as facilitators of educational and reflective processes with adolescents and their families.

Through active listening, dialogue, and the establishment of trusting relationships, nurses can support parents and guardians in developing parenting practices that promote the active participation of adolescents in family life, which helps to strengthen their autonomy, sense of shared responsibility, and healthy development.

Excessive parental zeal and overprotection can deprive adolescents of responsibilities and experiences that are essential to a healthy development. Although the intention is to protect them from risks, overprotection can increase emotional, social, and physical vulnerabilities, undermining autonomy and self-confidence by limiting their ability to perform tasks that are vital for daily life (19, 20).

These data corroborate the statements made by the participants of the present study, which highlight the overprotection of adolescents nowadays.

Some mothers are overprotective [...] sometimes...this will lead them into [...] dangerous, vulnerable situations[...]unfortunately, parents aren't prepared to deal with external influences[...] (N20FG3)

I think parents today [...] overprotect their children. In other words, they give their children everything they want but don't give them attention [...] (N22FG4)

There are situations where a mother is overprotective, and out of fear that her child will start using drugs, she ends up pushing the child towards it, because these mothers are so smothering that it actually happens. (N25FG4)

The family stands out as the foundation for the development of adolescents' independence and autonomy, which can either facilitate or hinder this process (21). In this regard, it is essential that caregivers understand their role in supporting the growth of adolescents by teaching them how to perform tasks, rather than doing these tasks for them. Thus, autonomy and independence are essential aspects of adolescence, the development of which requires gradual maturation (22).

In this context, emotional health emerges as a central factor in the well-being of adolescents. Dealing with daily challenges, developing social skills, and making decisions that help them overcome obsta-

cles are essential to their healthy development and growth as individuals (23). Regarding overcoming barriers and frustrations, the professionals reported:

They don't know how to deal with frustration [...] it's very interesting to grow up learning how to deal with frustration, challenges, and hardships; they have to experience them. (N17FG2)

And sometimes they leave home... and find themselves in a situation that's completely different from what they had imagined. That's where the anxieties come in [...] the difficulty of facing and breaking down barriers. They don't know how to handle these situations. (N19FG3)

would get there with a racing heart due to not being able to deal with frustration [...] They don't know how to take "no" for an answer... So they aren't being prepared to deal with frustration, to deal with "no", to deal with losses. (N23FG4)

The context of overprotective parenting identified by the nurses may limit the opportunities of adolescents for experimentation, decision-making, and coping with daily challenges, which can hinder the development of the emotional resources necessary for adolescence.

From this perspective, the Theory of Transpersonal Human Care (11) supports nurses' practice in PHC by emphasizing person-centered care and the integrality of their experiences. Based on this framework, nurses can identify early signs of emotional distress and develop strategies to help adolescents cope with the frustrations, changes, and adversities of adolescence.

Overprotective parenting, although motivated by the desire to protect children, can have negative consequences for adolescents, such as difficulties in coping with frustrations and challenges (24). In contrast, an empathetic and supportive parenting style favors self-awareness and acceptance of one's limitations, helping adolescents understand mistakes and frustrations as part of their development.

Adolescence Alone: Each Person Living for Themselves

In this subcategory, the statements show that, according to the nurses, many adolescents live in contexts of loneliness and family breakdown, marked by a lack of support, dialogue, and boundaries. This reality reflects the professionals' concern regarding the MH of these adolescents, as illustrated by the following statements:

it's a lack of family support [...] the adolescent is left without any structure [...] even when it comes to basic personal needs. There are adolescents who are just left lying there. (N5FG1)

abuse, neglect, psychological violence... when parents are addicted to psychoactive substances. As a result, adolescents end up suffering in all kinds of ways. (N8FG1)

the adolescents who arrive at the facility make us extremely concerned about their emotional well-being. Then we try to find out about their mother, father [...] the family structure no longer exists [...] (N25FG4)

The scenario depicted in the statements may indicate a departure from the first postulate of the Theory of Transpersonal Human Care, which emphasizes care, empathy, and respect for the dignity of others, with a focus on kindness and integrality (11). The absence of boundaries and consistent emotional support from parents may increase adolescents' vulnerability (25), highlighting the nurse as a strategic actor in PHC in identifying relational vulnerabilities and promoting healthier family bonds.

Thus, nursing care must be built upon transpersonal encounters, in which active listening, genuine presence, and empathy allow for the recognition of emotional needs beyond biomedical demands.

Regarding the healthy development of adolescents, a stable family environment fulfills an essential role by providing key elements such as social connection, a sense of belonging, positive role models, and safety, all of which directly influence this population's psychosocial adjustment, self-concept, and well-being (8, 9).

From this perspective, family bonds have a direct impact on adolescents' emotional development. Relationships based on trust, mutual respect, and open communication favor a healthy family environment, which is essential for balanced emotional growth. Families that encourage the expression of feelings and opinions, and that address conflicts constructively, strengthen adolescents' emotional resilience (7).

Interactions and communication patterns within the family environment have a continuous impact on the development of its members (26). Rigid communication, such as yelling, aggressive dialogue, and the suppression of emotions, as reported by one of the nurses, can lead to the adolescent's emotional isolation, hindering the expression of feelings and affecting various areas of their life (27).

Another relevant point for the discussion is the parents' lack of preparation in relation to the dialogue with adolescents, as portrayed in the following excerpts:

[The nurse reports what the adolescents say] My mom doesn't understand me; she just fights with me. It's the family cycle. Is there any dialogue? Is it just fighting? Does this mother engage in dialogue? How is she going to provide that?... The cycle will just keep repeating itself. (N16FG2)

actually, they lack openness within the family [...] a lack of dialogue, difficulty in establishing dialogue. (N17FG2)

It's a lack of preparation, the issue of insufficient dialogue, and failing to explain things properly to the adolescent, and unfortunately, that's what's happening. (N24FG4)

The family, once seen as a "safe haven", has, in some contexts, become a source of repression and insecurity. Growing individualism

impacts communication between parents and children, reducing family time and limiting it to superficial interactions. Without connection and consistency in relationships, it becomes difficult to build an environment conducive to the expression of significant feelings, emotions, and ideas (27).

The literature indicates that maintaining open dialogue and supportive communication between parents and adolescents is essential to their well-being (28, 29). Furthermore, adolescents who experience trusting relationships and open dialogue with their parents are more likely to achieve emotional development (30).

The statements of the nurses highlight that the fragility of the dialogue between parents and adolescents can perpetuate conflicts, hinder the expression of feelings, and compromise adolescents' emotional development. In light of the Theory of Transpersonal Human Care, the fifth postulate, which emphasizes the expression of both positive and negative feelings within a relationship of trust (11), supports the practice of nurses in PHC.

Through therapeutic communication and by addressing the emotional needs of adolescents and their families, nurses can create opportunities for listening and reflection that promote dialogue, understanding, and the strengthening of family bonds. These strategies can contribute to promoting adolescents' MH.

The literature indicates that unclear family roles contribute to a reversal of roles among family members. In this dynamic, a child may assume a parental role in an attempt to maintain family stability in the face of the vulnerability of the caregivers. More than just an overload of responsibilities, this is a complex relational dynamic, sustained by bonds of affection and trust between parents and children (31).

When considering the emotional immaturity typical of this stage of development, it becomes clear how parental failures to adequately meet their children's needs can trigger early maturation, often followed by symptoms such as anxiety and depression, as well as difficulties in relationships and communication (32).

The transfer of parental responsibilities was highlighted by the professionals, with an emphasis on parental neglect and on situations in which adolescents assume such responsibilities, often adopting a parental role toward their younger siblings.

The adolescent feels lost, they really do. I've seen cases of teenagers who stay home to take care of their siblings, so the idea of adolescents doing "teenager stuff" is changing a bit. (N22FG4)

Nowadays, the traditional family structure no longer exists. Everyone is living for themselves, and the responsibility of a father and mother has fallen [...] on an adolescent, because mothers aren't prepared to be mothers [...] (N25FG4)

At this point, it is worth highlighting parentification, understood as a pattern of family interaction in which the child assumes responsibilities for caring for and supporting the parents, rather than receiving care from them. These responsibilities may include tasks for which the adolescent is not emotionally or cognitively prepared, which can have negative long-term consequences, affect their development, and impact their well-being (33).

Parentification involves both the individual and the context in which they are inserted, and is influenced by perceptions of fairness in tasks, motivation driven by obligation, and recognition of the care provided. When adolescents assume responsibilities that are incompatible with their level of maturity, they may experience difficulties in developing a resilient identity in challenging relational contexts (34).

In light of the Theory of Transpersonal Human Care, particularly the eighth postulate, which highlights the importance of creating a caring environment capable of promoting holistic well-being and human welfare (11), these findings underscore the importance of nurses' role in PHC in this context.

Through longitudinal follow-up, the identification of vulnerability factors, and collaboration with the family and support network, nurses can help create more welcoming and protective environments, thereby promoting adolescents' emotional development and MH.

Notwithstanding, this study has limitations that should be considered when interpreting the findings. The nature of the sample, which was restricted to PHC nurses in two municipalities in southern Minas Gerais, limits the generalizability of the results to other contexts. Furthermore, the analysis was based exclusively on the perceptions of the professionals, without including the direct experiences of adolescents and their families, which may introduce interpretive biases related to the perspective of the professionals on family dynamics.

The lack of triangulation of data sources and participants constitutes another limitation, as does the use of the Transpersonal Human Care Theory as an interpretive framework, whose influence may have limited the analytical scope of the phenomenon under study.

Conclusions

In the perception of the participating nurses, adolescents may experience emotional vulnerabilities associated with parenting practices that range from overprotection to neglect. Such behaviors can compromise adolescents' autonomy, self-esteem, and emotional development, leading to insecurity, difficulties in coping with frustration, and fragility in interpersonal relationships.

It is evident that overprotection can limit experiences that are important for emotional and social maturation, while parental neglect,

characterized by a lack of dialogue, support, and guidance, can intensify feelings of helplessness and psychological distress. From the perspective of nurses, these family dynamics influence the MH of adolescents and underscore the importance of supporting families in the context of PHC.

The Theory of Transpersonal Human Care has aided in understanding the scope of a nurse's practice, particularly in strengthening the bond, therapeutic communication, and follow-up of adolescents and their families. In this context, the role of nurses in promoting spaces for listening, welcoming, and supporting parenting practices stands out, contributing to the healthy development of adolescents.

The authors recommended to conduct studies that incorporate the perspectives of adolescents and their families, as well as utilizing different methodological strategies to broaden the understanding of family relationships and MH in adolescence.

Conflicts of interest

The authors declare that there are no conflicts of interest.

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