

Original article

Specialized terminology for nursing practice in adolescent health promotion

Terminologia especializada para a prática de enfermagem na promoção da saúde do adolescente

Terminología especializada para la práctica de la enfermería en la promoción de la salud de los adolescentes

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Abstract

Objective: to develop standardized terminology according to the International Classification for Nursing Practice (ICNP[®]) regarding adolescent health promotion in primary health care. **Method:** quantitative descriptive cross-mapping study between nursing records and the ICNP[®]. Data were collected from nursing records between 2018 and 2021. **Result:** a total of 285 terms were extracted; after standardization, 207 were analyzed – of which, 147 are present and 60 are not present in the Classification. The terms that are not present were submitted to validation, and 56 of them reached the participant agreement index set at ≥ 0.80 . The main axes were “Focus” and “Action”. **Conclusion:** specialized terminology was developed for this group, helping improve and record professional nursing practice. The study found that the ICNP[®] meets most nursing record needs for this population.

Descriptors: Adolescent; Primary Health Care; Nursing Care; Standardized Nursing Terminology; Nursing

Resumo

Objetivo: elaborar uma terminologia padronizada da Classificação Internacional para a Prática da Enfermagem (CIPE[®]) utilizada para o exercício da enfermagem na promoção da saúde do adolescente na Atenção Primária de Saúde. **Método:** estudo descritivo, quantitativo, com uso da técnica de mapeamento cruzado entre registros de enfermagem e a CIPE[®]. Os dados foram coletados de registros de atendimento feitos por enfermeiros, realizados entre 2018 e 2021. **Resultado:** extraiu-se 285, sendo que após normalização, 207 foram analisados. Destes, 147 são

constantes na Classificação e 60 não constantes. Na validação dos termos não constantes, 56 alcançaram o índice de concordância $\geq 0,80$ entre os participantes. Os principais eixos foram Foco e Ação. **Conclusão:** elaborou-se uma terminologia especializada para esse grupo, o que contribui no aperfeiçoamento e registro da prática profissional do enfermeiro. Identificou-se, que a CIPE® atende, majoritariamente, as necessidades de registro de atendimento a esta população. **Descritores:** Adolescente; Atenção Primária à Saúde; Cuidados de enfermagem; Terminologia Padronizada em Enfermagem; Enfermagem

Resumen

Objetivo: desarrollar una terminología estandarizada de la Clasificación Internacional para la Práctica de la Enfermería (CIPE®) utilizada para la práctica de la enfermería en la promoción de la salud de los adolescentes en la Atención Primaria de Salud. **Método:** estudio descriptivo, cuantitativo, con uso de la técnica de mapeo cruzado entre registros de enfermería y el CIPE®. Los datos se recogieron de los registros en la asistencia realizados por las enfermeras, realizados entre 2018 y 2021. **Resultados:** se extrajeron 285 y, tras la normalización, se analizaron 207. De ellos, 147 son constantes en la Clasificación y 60 no son constantes. En la validación de los términos no constantes, 56 alcanzaron un índice de acuerdo $\geq 0,80$ entre los participantes. Los ejes principales eran el enfoque y la acción. **Conclusión:** se elaboró una terminología especializada para este grupo, que contribuyó a la apertura y registro de la práctica profesional del enfermero. Se identificó que el CIPE® atiende, mayoritariamente, las necesidades de registro de atención a esta población.

Descriptorios: Adolescente; Atención Primaria de Salud; Cuidados de enfermería; Terminología Normalizada de Enfermería; Enfermería

Introduction

Adolescence, encompassing 10 to 19 years old, is a special and intense phase in people's lives. It includes a significant portion of the Brazilian population – according to the 2010 census (the most recent one), 10-to-24-year-old adolescents and youth represent more than 51 million people, which is 36.89% of the population of Brazil.¹

In this period, the particularities of the age and circumstances require specific healthcare, as biopsychosocial changes are intensified. Such changes are both anatomophysiological (e.g., finishing development and beginning and ending puberty) and psychological (as the child gives way to a young adult, with all necessary responsibilities). Hence, adolescents are led to make choices and decisions that will have consequences on their life projects, facing various new situations, behaviors, and risks – including health-related ones.²⁻³ Besides these transitions, the diversity of experiences and socioeconomic, political, and cultural contexts to which they belong must be considered.

Given these many transformations, adolescents need truly effective healthcare services spontaneously aimed at this age group. Thus, their attention can be alternated, sometimes as adults, and sometimes as children.⁴

To improve this population's healthcare, the Pan American Health Organization created in 2005 the Integrated Management of Adolescent Needs (IMAN). This program – which can be used in community health centers and hospital outpatient centers – provides quick and concise information for professionals to give comprehensive healthcare to adolescents of both sexes.¹ There is also the male and female Adolescent Booklet, informing about development, healthy eating, preventing violence, constructing peace culture, promoting oral, sexual, and reproductive health, and presenting the specific vaccination schedule for this population group.⁵ These instruments are used in the Unified Health System (SUS, in Portuguese), especially by primary healthcare and nursing – which is one of the main workforces, particularly in welcoming patients and preparing medical visits.

Given the specificities of such healthcare and the importance of understanding this stage to provide adequate and competent professional care, satisfactory nursing performance needs specific terminology to address such uniqueness.⁶ This idea agrees with the Basic Guideline Booklet for Comprehensive Adolescent Healthcare in Schools and Community Health Centers. It states that the primary healthcare is responsible for surveilling adolescent development; identifying risk and protective factors for diseases and conditions, physiological and behavioral changes, vaccine coverage, and indications of violence or drug use; and referring them when necessary to reference services and/or the social protection system.⁷

The specificities of this healthcare lead nurses to identify adolescents' actual and potential needs. Thus, they can develop a more comprehensive and encompassing healthcare plan, aimed at health priorities, and systematize nurse assistance in agreement with science.⁸⁻⁹

There are various systematization models for this assistance, many of which are based on the Nursing Classifications – i.e., sets of diagnostic, intervention, and outcome terms used in nursing. The International Classification for Nursing Practice (ICNP®) is one of them. It was developed by the International Council of Nurses (ICN) and approved for

inclusion in the Family of International Classifications of the World Health Organization (WHO), along with the International Classification of Diseases (ICD), used in medical practice. Hence, the ICNP[®] is a tool with the standardized language used to adequately describe diagnoses, interventions, and outcomes in overall nurse care. It improves records and assistance and strengthens professional practice by enabling clinical reasoning and critical view and promoting communication and information retrieval among nurses.⁸⁻¹⁰

However, given the complexity and variety of scenarios, the ICN encourages the development of subsets or catalogs aimed at specific groups or health priorities.¹¹ Such subsets of specific diagnostic, intervention, or outcome terms approach certain areas to address specific healthcare needs.⁸

Constructing an ICNP[®] Terminology Subset or Catalog aimed at adolescence would enable the conception of a representative system that may facilitate and guide the clinical decision-making process on the part of nurses who care for adolescents. Such a resource is relevant – as a group's particular needs are obtained, it makes ICNP[®] use easier, optimizing systematized nurse assistance.⁸ Thus, the biomedical model is decentralized, focusing on nurse care for people and their complexity, instead of the disease alone.¹²

The first step toward such structure (i.e., the construction of an ICNP[®] Terminology Subset or Catalog) is surveying the terms (either present or not in the ICNP[®] instrument) most used when caring for this age group. These terms identify and document specific care patterns, as knowledge in the various fields is structured around specific terminology, according to the logical relationships in its concepts.¹³⁻¹⁴ Thus, it is necessary to construct a standardized diagnostic, intervention, and outcome terminology aimed at adolescent nursing practice following ICN guidelines for the future construction of a terminology subset intended for adolescent health promotion. Using standardized specific terminology is both relevant and innovative to practice, as it makes it easier to record nursing assistance. A 10-stage guideline developed by ICN, along with Brazilian methodological subset studies, indicated that the initial stage would be the identification of relevant terms to the target audience and/or health priorities.¹¹

Hence, what terms present in nursing records are used in adolescent primary healthcare? Based on such records and following the extraction, standardization, and validation process, can standardized terminology with special adolescent nursing language be developed?

Given these questions, the objective of this study was to develop standardized ICNP[®] terminology for nursing practice in adolescent health promotion in primary healthcare.

Method

This is a methodological cross-mapping study.¹⁵ The research was conducted at a community health center in the South Zone of São Paulo and developed in two stages: first, the analysis of nurse records, including those of the seven Family Health Strategy teams of the said health center; the second stage was the validation of the terms extracted by nurses.

Physical and electronic nurse records made between 2018 and 2021 regarding adolescent health promotion and encompassing both follow-up and self-initiative nursing care were selected.

The inclusion criteria encompassed nurse records of adolescent nursing care made between 2018 and 2021. The exclusion criterion was incomplete nurse records. Thus, 40 nurse records were found, which was the total of adolescent health promotion visits in the period. Data were collected from the physical and electronic records by the researcher in May and June 2021 in a closed, limited-access room to ensure the confidentiality of information. Then, the terms were recorded and organized.

The recommended steps for developing specialized terminology were taken, namely: extraction of terms from the nurse records and exclusion of repeated ones; normalization of the terms; cross-mapping between extracted terms and those present in the 2019 ICNP[®]; refinement of the terms.¹⁵

In the term extraction process, a Microsoft Office Excel[®] spreadsheet was developed. One of its columns contained precisely copied records, while another column had the terms selected from those paragraphs.

The terms were analyzed, excluding the repeated ones and constructing a list in alphabetical order encompassing all extracted terms. Then, they were normalized – i.e., their verb tenses and grammatical number and gender were adjusted and standardized; non-adequate terms were excluded.

Afterward, the normalized terms were cross-mapped with the 2019 ICNP®. The process was made swifter and easier by using the online ICNP® available on the ICN website, which has a word search system to find the terms used in the Classification. This is the most recent version of the Terminology Classification, developed according to the ISO 12300 recommendation, which states that all mapping must be kept up to date. Hence, the normalized terms were searched in it, dividing them into those present and not present in the ICNP® and recording the result in Microsoft Office Word® spreadsheets. The terms present in the Classification were also organized by the axes to which they belonged.¹⁵ These terms were not submitted to validation because they are already in the Classification.

As for the terms not present in the Classification, definitions were constructed based on Portuguese dictionaries, scientific articles, and nursing practice. Before the validation by experts, a data collection instrument was developed and submitted to a pilot test for refinement. This online pilot form contained the terms and their axes and definitions, with three answer options: “I agree with both the term and its definition”, “I partly agree”, and “I do not agree with either one”. They were analyzed by nurses to verify the necessary adjustments, improve the form, and determine how long it would take to answer it. This analysis was made by three nurses from two Brazilian states (São Paulo and Paraná).

Following the adjustments, the form was sent to expert nurses – i.e., professionals involved in adolescent health promotion. Due to the difficulty of recruiting nurses willing to participate in research, non-probabilistic convenience sampling was used¹⁶, based on the following recruitment strategies: search in the researcher platform of the National Council for Scientific and Technological Development (CNPq, in Portuguese), personal and e-mail invitations to community health center nurses, and snowball sampling – a non-probabilistic sampling method based on the initial indication of people who belong to the target audience, who in turn indicate peers, and so forth.¹⁷ All participating nurses signed an informed consent form, agreeing to answer the questionnaire.

Altogether, 14 responses were sent, although only 10 of them were valid. The exclusion criterion was for professionals who claimed to be unfamiliar with the nursing process. All experts were females, aged 27 to 58 years, whose experience ranged from 4 to 21 years. They were from three Brazilian states (São Paulo, Minas Gerais, and Rio de Janeiro), and most of them had a specialization (70.0%), worked in assistance (80.0%), especially in community health centers (60.0%), and used the ICNP® (50.0%).

Lastly, the terms that achieved the index of agreement with a simple percentage ≥ 0.80 , considering expert answers that checked "I agree with both the term and the definition", were validated in a single round.

The research was approved by the Research Ethics Committee of the Federal University of São Paulo under, CAAE 43022620.7.0000.5505, and by the Research Ethics Committee of the Municipal Department of Health of São Paulo, under CAAE 43022620.7.3001.0086

Results

A total of 40 nurse records were analyzed, and 285 terms were extracted regarding adolescent nursing care; after normalization, 207 terms were selected. Cross-mapping resulted in 147 terms present (Chart 1) and 60 not present in the ICNP®. After analyzing all non-present terms, 56 were validated by the expert nurses (index of agreement ≥ 0.80) for inclusion in the terminology, whereas four terms were not validated. The expert nurses did not suggest any changes. (Chart 2).

Chart 1 – Terms present in the 2019 International Classification for Nursing Practice®, and their corresponding codes and axes

ICNP® Axes	Terms present in the 2019 ICNP®
Focus	(n = 79) acne (10029553); adherence (10030298); aggressive behavior (10002026); allergy (10041119); medication allergy (10011878); self-feeding (10017730); cardiac status (10003927); anxiety (10002429); contraceptive (10025428); sexual intercourse (10017965); self-esteem (10017724); self-destructive behavior (10017707); self-care (10017661); self-mutilation (10017795);

	exercising (10007315); crying (10005415); behavior (10003217); trust (10025934); control (10005135); attitude toward medication management (control) (10002953); blood pressure (10003335); body image (10003405); family crisis (10007577); depressive mood (10005784); adolescent development (10023343); child development (10004324); diarrhea (10005933); menstrual cramp (10011953); prophylactic contraceptive medication or device (10015838); pain (10013950); abdominal pain (10043948); diversion (or entertainment) role (10006141); psychological status (10015988); immunization regime (10031537); stress (10018888); suffocation (10019064); fever (10007916); menstrual discharge (or flow) (10011969); gestation (pregnancy) (10015421); blood glucose (10030832); hypertension (10009394); hydration (10042342); hygiene (10017769); oral hygiene pattern (10032204); mood (10036241); drinking (10006276); eating (10006517); insomnia (10010330); withdrawn behavior (10040754); infection (10010104); secretory substance (10017635); drug dependence (10041811); death (10005560); organism (10013783); weight (10021034); prenatal care regime (10032412); test result (10019616); prevention role (10015715); itching (10010934); fall (10007512); anger (10002320); achievement (10000364); relationship (10016684); routine (10017384); bleeding (10003303); oral status (10044225); symptom (10019368); overweight (10013899); suffering (10019055); loneliness (10011417); sleep (10041399); suicide (10019072); attempted suicide (10002907); cough (10005249); sadness (10017418); sexual behavior (10017949); bonding (10003548); vomiting (10020864); alertness (10002144)
Action	(n = 20) accompanying (10042609); scheduling (10017528); applying (10002464); attending (10002911); increasing (10009961); collecting (10004574); putting on or in (10016201); consulting (10005017); contacting (10005038); referring (10016576); explaining (10007370); hygiene (10009285); inserting (10010324); teaching (10019502); participation (10014099); prescribing (10015510); reinforcing (10016650); regulating (10016613); triaging (10020179); vaccinating (10020552)
Client	(n = 08) adolescent (10001862); child (10004266); group (10008544); sister (10021653); sibling (10018097); mother (10027257); father (10027261); parent (10014023);
Location	(n = 13) anal sphincter (10002280); arm (10002504); left (10011267); hair (10008626); residential building (10016887); uterus (10020547); body (10003388); scalp (10017494); vagina (10020575); breast (10003650); penis (10014243); vaginal route (10020581); vulvar region (10020872)

Time	(n = 07) follow-up appointment (10038739); event or episode (10007239); examination (10007241); frequency (10008234); today (10019778); adulthood (10001891); home visit (10009082)
Means	(n = 12) care plan (10003970); nurse (10013333); knife (10011019); food (10008089); cream (10005352); medication (10011866); physician (10014522); nutritionist (10040426); health promotion service (10008776); protocol (10015926); mattress (10011799); vaccine (10020568)
Judgment	(n = 08) large (10011116); improved (10026692); partial (10014081); small (10018315); potentiality (10015151); impaired (10012938); presence (10046624); risk (10015007)

Chart 2 - Terms not present in the 2019 International Classification for Nursing Practice

ICNP® Axes	Validated terms not present in the 2019 ICNP®
Focus	(n = 23) follow-up; balanced diet; physical aggression; relief; anemia; fight; bronchitis; cancer; cervical cytology; conflict; talk; social interaction; desire; diet; phimosis; hyperemia; importance; wholesome; intelligent; drug poisoning; patience; pediculosis; complaint
Action	(n = 14) having lunch; attenuating; comparing; forgetting; encouraging; dating; denying; seeking; receiving; refusing; repeating; returning; asking; verbalizing
Client	(n = 03) friend; boyfriend/girlfriend; partner
Location	(n = 01) tonsil
Time	(n = 01)

	annual
Means	(n = 04) self-examination; physically; psychologist; childcare
Judgment	(n = 10) shaken; good; common; sporadic; exacerbation; feminine; unsatisfactory; intense; irregular; little

Discussion

This study demonstrated that the ICNP® encompasses most terms necessary for adolescent health promotion in primary health care. Nursing practice consolidated as science must be based on records that document the care provided and enable the use of structured assistance models.¹⁸ Specialized terminologies, whose purpose is to standardize language, help direct such documentation, minimizing ambiguities and favoring better clinical reasoning.¹⁷

This study used high-quality nursing records, as 147 of the terms are present in the 2019 ICNP®. This indicates that nurses use standardized scientific-based language in their clinical reasoning. Moreover, standardization is made easier by using electronic records in software partly adjusted for the ICNP®.

The Agreed and Integrated Programming Guidelines (PPI, in Portuguese) establish a minimum of one medical visit and two nursing visits per year for adolescents and youth⁷ – which is different from the study findings, given the few 40 adolescent health promotion nursing visits. Most adolescents do not attend the minimum of two nursing follow-up visits per year. Rather, they usually take place on their initiative, due to an occasional complaint, instead of motivated, for instance, by development assessment or health promotion.

This situation, which had already been observed, was worsened by the COVID-19 pandemic. As nursing visits were canceled, remaining only the scheduled medical visits, nursing grew distant from this public's follow-up. Consequently, fewer and less frequent records and terms were collected.

“Focus” was the most frequent axis in the study because it is the most relevant field in nursing. Such presence agrees with another study, demonstrating that nurses identify and describe important scenarios in their records, giving them due attention.^{17,19} Some terms belonging to this axis stand out, particularly those related to psychic and mental health issues (e.g., “self-mutilation” and “attempted suicide”) and sexuality and pregnancy (e.g., “pregnancy” and “sexual intercourse”). These topics deserve a close and critical look, as their outcomes have lifelong consequences.

Life changes intrinsic to adolescence trigger intense emotions that lead to feelings of powerlessness and inability to cope with all personal, family, and social transformations, ruptures, and pressures. One of the pillars of the Family Health Strategy is comprehensive assistance, focusing on each person’s uniqueness – in which the work of nurses is essential. Nevertheless, this study points out that nursing has an important but limited role. Hence, their academic and workplace training is necessary, as mental health should focus not only on the diagnosis but also on promotion and prevention measures in partnership with other settings.²⁰

Early sexual initiation and adolescent pregnancy have been long debated and are still current issues. The mean age for sex initiation is 14 years, usually occurring earlier among male adolescents – which may indicate social values that help perpetuate risk behaviors.²¹ Youth pregnancy is sometimes a consequence of such behaviors, in combination with the lack of knowledge of contraceptive methods and the absence of perspectives for the future. The mother’s role is essential in this transition to adulthood, thus being beneficial to these women.²²

In “Action”, the following terms stood out: “accompanying”, “teaching”, “referring”, and “explaining” (present in the ICNP®) and “attenuating”, “encouraging”, “seeking”, “returning”, and “verbalizing” (not present in the ICNP®). The terms are related to adolescent nursing follow-up. Research data reinforce a study conducted in Pará showing that adolescents follow a curative model, seeking assistance when they have a complaint or disease.²³ Such situations lead to the verbs used in practice to solve symptoms.

Therefore, when adolescents make such occasional visits, nurses take the opportunity to welcome and bond with them, refer for preventive examinations, make overall assessments, and schedule return visits to the health center to either continue

follow-up or include them in the promotion and prevention measures. This procedure is easier in areas that count with the Family Health Strategy, based on the principle of equity.²³

The most frequent terms in “Client” were “adolescent” (present in the Classification) and the relationship-related “friend”, “boyfriend/girlfriend”, and “partner” (not present in the Classification). The keyword used in this study demonstrates that assistance is focused on the person in question and their story and true needs. The terms related to friendship and affection (which naturally require strong bonding) help interiorize structuring values, such as trust and development of emotional skills, as the support of peers sustain such acquisitions and provide a type of invisible yet resistant protection.²⁴

In “Location”, terms related to reproductive organs predominated, whereas only one term referred to spatial location. The presence of such terms as “vagina”, “penis”, “uterus”, and “vulvar region” indicates that complaint-motivated visits to the services are mostly related to intimate aspects. Sexually active women are encouraged to take the Papanicolaou test if they are willing.

Spatial location is represented by “residential building”, where the health structure, subjects, and their closer social circles interact, either positively or negatively.

In this regard, “home visit” (present in ICNP®) stands out in “Time”. This activity is conducted by Family Health Strategy nurses, based on interventions in cases that require familiarity with housing and family conditions. Feeling protected at home helps them dialogue more openly. Moreover, as pointed out in a Brazilian study, the interaction between visiting nurses and pregnant adolescents is positive because they guide future mothers, making them more confident to perform their new roles.²⁵

Another term is “follow-up appointment”. Although the study indicates an imperfect adolescent follow-up, it is cited in the nursing records because it is an integral part of the SUS policies and is always prescribed and recommended. The terms not present in the Classification include “annual”, which is the interval of traditionally recommended examinations and a possible return to the health center. Hence, these two terms are mutually related.

In “Means”, most terms are related to occupations that make up SUS, more specifically the Family Health Support Center (NASF, in Portuguese) – e.g., “nurse”, “physician”, and “nutritionist” (terms present in the Classification) and “psychologist” (not present). The citation of

such professionals reflects the importance of such centers, whose potential for bonding is great when group activities are conducted – despite the lack of coordination between professionals of the Family Health Support Center and the Family Health Strategy.²⁶

The terms in “Judgment” refer to either quantity or assessment. Those present in the Classification include “impaired”, “improved”, and “risk”, which reflect adolescent behavior. An integrative review points out sexual risk behaviors, tobacco use, and aggressive behaviors in this public concerning social, economic, and family factors.²⁷

As for terms not present in the Classification, “intense” and “irregular” refer to women’s menstrual cycle. Topics intrinsic to the beginning of the reproductive life, such as menstrual flow and dysmenorrhea, raise various questions and complaints, making them seek health services. A study conducted in Recife corroborates this conclusion, demonstrating that dysmenorrhea impacts the quality of life and school achievements and indicating a need for strengthening the School Health Program, which can give more visibility to this topic and its consequences.²⁸

Altogether, 93.3% of the terms not present in the Classification were validated. Future studies should review the definitions of the ones that did not reach the index of agreement, as this was the main critique of the judges. They answered “I partly agree” regarding these terms, which calls for a second round for their validation. However, this study considered only the terms with which they totally agreed.

Terms such as “mobile phone” were not approved, despite being a rather common means of communication among young people, particularly their message applications. This is a very useful form of communication with adolescents who have smartphones, and it is an excellent way for health services to interact with this public regarding, for instance, health promotion measures. A study indicates that text messages are both efficient to present health information and discrete to discuss relevant delicate topics, such as sexual health.²⁹

The study aimed to validate terms not present in the ICNP[®], which however communicate the clinical reality faced by nurses and are present in the records related to the study population and their determinant situations and experiences. Furthermore, they show progress in nursing terminology for adolescent health promotion. This advancement is adjusted in classification revisions to meet requirements and not become obsolete.¹⁵

Along with the terms already present in the Classification, they make assistance effective, portraying the specificities of the public and helping in nursing diagnosis, interventions, and outcomes, as they direct the nurses' perceptions.¹⁴

The limitation of the research refers to data collection, which took place during the COVID-19 pandemic. Hence, canceled nursing visits led to fewer data available for collection – which is why records from two years before the pandemic were also included in data collection. Also, no software could be used to extract terms, due to operational issues in the health center.

Standardized terminology banks help improve nursing practices and records, consolidating healthcare and encompassing each population's particularities. Thus, adolescents may receive more effective assistance, with health promotion results in primary health care.

A potentiality of this research is the extraction of terms recorded by nurses, as they reflect the form and specificities of nursing care for this public in primary health care. Moreover, they strengthen and improve the ICNP[®], grounding the assistance to these people on standardized language, facilitating clinical reasoning and the development of the profession as a field of science.

Conclusion

The research developed specialized nursing terminology for adolescent health promotion, in which "Focus" and "Action" were the predominating ICNP[®] axes. The study found that the ICNP[®] meets most nursing record needs for this population. The next stage – i.e., the development of an ICNP[®] terminology subset for adolescent health promotion – is a potential study to be carried out based on these results.

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