

Lexical analysis of the terms “child growth and development”

Análise léxica dos termos “crescimento e desenvolvimento” infantil

Análisis léxico de los términos “crecimiento y desarrollo” infantil

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Descriptores

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Abstract

Objective: To analyze the lexicon related to the use of terms “child growth and development”, according to nursing literature.

Methods: This is an integrative review developed in the LILACS, SciELO, MEDLINE®, Web of Science, PsycInfo and *Banco de Dados em Enfermagem*: Brazilian Bibliography databases. The search was operationalized using the descriptors “growth and development”, “children” and “health”. The sample consisted of 22 documents. The content related to child growth and development was analyzed using the IRAMUTEQ software, using descending hierarchical classification and factorial correspondence analysis. The terms were analyzed according to children’s essential needs theoretical framework.

Results: Five classes were determined, which had lexical and semantic relationships, represented by: Growth; Development; Nursing Consultation; Recording activities and Influential factors for child growth and development.

Conclusion: Lexical vocabulary was identified, and the phenomenon “growth and development” was carefully and deeply unraveled, which can facilitate nurses’ clinical and critical reasoning at the time of the Nursing Consultation, mainly when listing Nursing Diagnoses and prescribing Nursing Interventions.

Resumo

Objetivo: Analisar o léxico relacionado ao uso dos termos “crescimento e desenvolvimento” infantil, de acordo com a literatura da enfermagem.

Métodos: Trata-se de revisão integrativa desenvolvida nas bases de dados Lilacs, SciELO, Medline®, *Web of Science*, PsycInfo e Banco de Dados em Enfermagem: Bibliografia Brasileira. A busca foi operacionalizada usando-se os descritores “crescimento e desenvolvimento”, “criança” e “saúde”. Compuseram a amostra 22 documentos. O conteúdo referente ao crescimento e ao desenvolvimento da criança foi analisado no software IRAMUTEQ, por meio da classificação hierárquica descendente e de análise fatorial de correspondência. Os termos foram analisados de acordo com o referencial teórico das necessidades essenciais da criança.

Resultados: Foram determinadas cinco classes, que tinham relações léxicas e semânticas, representadas por: Crescimento; Desenvolvimento; Consulta de Enfermagem; Atividades de registro e Fatores influentes ao crescimento e ao desenvolvimento infantil.

Conclusão: Foi identificado o vocabulário léxico, sendo destrinchado, de forma minuciosa e profunda, o fenômeno “crescimento e desenvolvimento”, o que pode facilitar o processo do raciocínio clínico e crítico do enfermeiro no momento da Consulta de Enfermagem, principalmente ao listar os Diagnósticos de Enfermagem e prescrever as Intervenções de Enfermagem.

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Conflicts of interest: nothing to declare.

Resumen

Objetivo: Analizar el léxico relacionados al uso de los términos “crecimiento y desarrollo” infantil, de acuerdo con la literatura de enfermería.

Métodos: Se trata de una revisión integradora realizada en las bases de datos Lilacs, SciELO, Medline®, *Web of Science*, PsycInfo y Banco de Datos en Enfermería: Bibliografía Brasileña. La búsqueda fue llevada a cabo utilizando los descriptores “crecimiento y desarrollo”, “niño” y “salud”. La muestra estuvo compuesta por 22 documentos. El contenido referente al crecimiento y al desarrollo del niño se analizó en el software IRAMUTEQ, mediante la clasificación jerárquica descendiente y del análisis factorial de correspondencia. Los términos fueron analizados de acuerdo con el marco referencial teórico de las necesidades esenciales de los niños.

Resultados: Se determinaron cinco clases, que tenían relaciones léxicas y semánticas, representadas por: Crecimiento; Desarrollo; Consulta de enfermería; Actividades de registro y Factores influyentes al crecimiento y al desarrollo infantil.

Conclusión: Se identificó el vocabulario léxico y se desenmarañó, de forma minuciosa y profunda, el fenómeno “crecimiento y desarrollo”, lo que puede facilitar el proceso de razonamiento clínico y crítico de los enfermeros en el momento de la consulta de enfermería, principalmente al enumerar los diagnósticos de enfermería y prescribir las intervenciones de enfermería.

Introduction

Child growth is assessed by all anthropometric data contained in the Children’s Handbook, and their development takes place through the assessment of neurocerebral maturation and biological, relational, affective, symbolic, contextual and environmental factors. Child growth and development are followed up in the Nursing Consultation, with nurses being the professionals that promotes the systematization of care for children and their families, seeking the comprehensiveness of actions.^(1s2) This practice still presents challenges, such as the lack of lexical understanding of the terms “growth” and “development”.

It appears that there is a gap in the understanding of the definitions attributed to the growth and development phenomena, because, in the consultations carried out, the records of these phenomena are not effectively covered. This aspect is corroborated by research carried out by nurses in a health district in Pernambuco, which showed fragility in distinguishing the essence of the phenomena that must be assessed and in identifying signs of risk and delays in growth and development.⁽³⁾

This difficulty may be related to the fact that the terms “growth” and “development” are researched infrequently simultaneously, making it difficult to understand their interdependence and their particularities.⁽⁴⁾ Language can be interpreted through the lexicon of related terms in its textual body, to write themes of symbolic content, beliefs, opinions and thoughts, and may present a comparative and relational purpose of different products.⁽⁵⁾

Lexicography is the science of language dictionary, which seeks to indicate and determine lexical symbols, which, in turn, refer to the concepts elaborated and solidified in a given culture. The analysis of meanings of words is the purpose of this science.⁽⁶⁾

Nursing emerges as an area of study that aims to understand phenomena under the pretext of multiple paradigms and methods of research. Lexical analysis is one of these fields that can be exploited and understood. Thus, it is essential for nurses to understand the phenomena and the definition of “growth” and “development”, because, in this way, they can contribute to the Nursing Consultation, making the comprehensiveness proposed by the Ministry of Health guidelines for following up child growth and development congruent with the actions.

Thus, the question is: how is the phenomenon of child growth and development described in nursing literature?

Thus, the objective was to analyze the lexicon related to the use of the terms “child growth and development”, according to nursing literature.

Methods

This is an integrative literature review, structured in six stages.⁽⁷⁾ To elaborate the guiding question, the PCC Strategy,⁽⁸⁾ represented by the acronym Patient, Concept and Context, was used. For this study, P corresponded to children, C, to “growth and development” and C, to nursing. From that point, the question was elaborated: What words are

linked to the terms children's "growth and development" in nursing literature?

The search for articles was carried out in the Latin American and Caribbean Literature in Health Sciences (LILACS), Scientific Electronic Library Online (SciELO), Medical Literature Analysis and Retrieval System Online (MEDLINE), Web of Science, PsycInfo and *Banco de Dados em Enfermagem*: Brazilian Bibliography databases. The literature was surveyed between April and July 2020.

The descriptors used in the SciELO and LILACS databases were "children", "growth and development" and "health". In crossing the descriptors, the Boolean operators AND were used, combining in the following format: "growth and development" AND "children" AND "healthy". In all databases, including SciELO and LILACS, the MeSH descriptors were adopted, such as "growth and development" and "child" and "health".

We included articles related to nursing, published from 2010 to 2020, with full text, regardless of study design, in English, Portuguese or Spanish and answering the guiding question of this study. We exclude duplicate articles, editorials, preprints, articles without abstract and those classified as thesis, dissertation or monograph.

The articles found in the initial search were imported into Endnote Web, in order to be filtered, according to the inclusion and exclusion criteria. For the selection of publications, we followed the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) recommendations.⁽⁹⁾ The initial search was performed, and the levels of evidence were established: level 1, for evidence resulting from the meta-analysis of multiple randomized controlled clinical trials; level 2, for evidence obtained in individual studies with an experimental design; level 3, for evidence from quasi-experimental studies; level 4, for evidence of descriptive studies (non-experimental) or with a qualitative approach; level 5, for evidence from case reports or experience; level 6, for evidence based on expert opinion.⁽¹⁰⁾

After selecting the articles, the process of lexical analysis continued. First, the textual corpus was built with existing data in the abstract, results and

conclusion/final consideration. It is noteworthy that paragraphs with references were not extracted, and only the excerpts with considerations by the authors of the articles were included.

This corpus was formed by the fragments of texts extracted and grouped in Word 2013 in a single text, following the rules and guidelines of the tutorial of *Interface of R pour les Analyses Multinellldimensiones de Textes et de Questionnaires* (IRAMUTEQ).⁽⁵⁾ With the help of IRAMUTEQ for lexical analysis of words in the textual corpus, descending hierarchical classification and factorial correspondence analysis were used.⁽⁵⁾

The terms were analyzed in light of children's essential needs theoretical framework, composed of six needs: ongoing sustaining relationships; physical protection, security and rules; experiences that respect individual differences; developmentally appropriate experiences; setting limits, organization and expectations; stable, supportive communities and cultural continuity.⁽¹¹⁾

It was found that essential needs are correlated with growth and development phenomena, justifying the choice of this theoretical framework.

This research was not submitted to the Research Ethics Committee because it is not a research with human beings.

Results

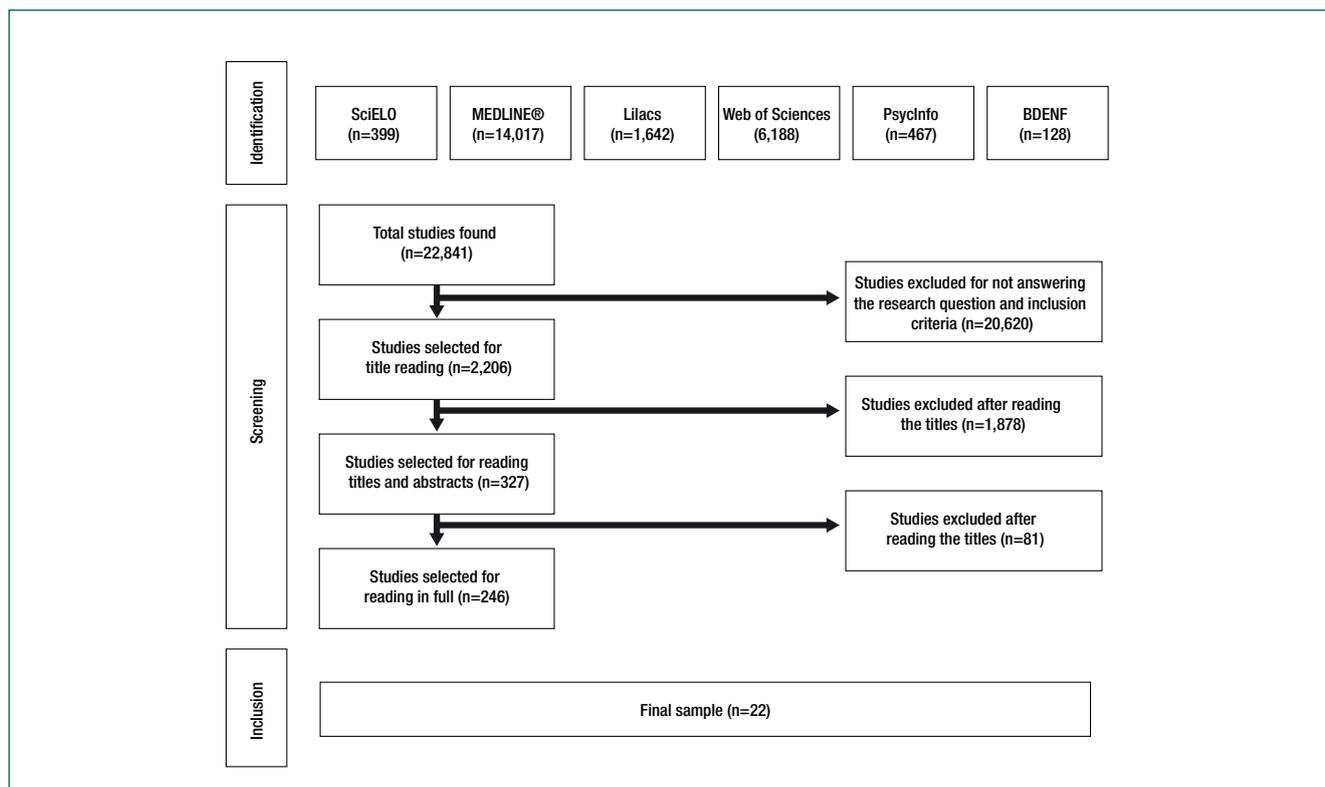
The textual corpus consisted of 22 texts, presented in Chart 1, separated by 545 text segments, with use of 545 text segments and retention of 477, equivalent to 82.02% retention. 19,768 words emerged, of which 3,393 were distinct terms and 1,775 had 177 (with a single occurrence). Content was classified into five classes as expressed in Figure 1, distributed in Class 1, with 102 text segments (22.8%); Class 2, with 89 text segments (19.9%); Class 3, with 105 text segments (23.5%); Class 4, with 78 text segments (17.4%); and Class 5, with 73 text segments (16.3%), presented in Figure 2.

Chart 1. Distribution of selected studies

Authors	Study design/level of evidence
Oliveira et al. ⁽¹²⁾	Cross-sectional study/IV
Santos et al. ⁽¹³⁾	Cross-sectional study/IV
Oliveira et al. ⁽¹⁴⁾	Cross-sectional study/IV
Gaiva et al. ⁽¹⁵⁾	Cross-sectional study/IV
Souza et al. ⁽¹⁶⁾	Methodological study/IV
Palombo et al. ⁽¹⁷⁾	Cross-sectional study/IV
Pedraza et al. ⁽¹⁸⁾	Cross-sectional study/IV
Dantas et al. ⁽¹⁹⁾	Cross-sectional study/IV
Monteiro et al. ⁽²⁰⁾	Concept analysis/IV
Pedraza et al. ⁽²¹⁾	Cross-sectional study/IV
Abud et al. ⁽²²⁾	Cross-sectional study/IV
Almeida et al. ⁽²³⁾	Systematic review/I
Gonçalves et al. ⁽²⁴⁾	Cohort study/IV
Souza et al. ⁽²⁵⁾	Concept analysis/IV
Gurgel et al. ⁽²⁶⁾	Reflective study/IV
Monteiro et al. ⁽²⁷⁾	Integrative review/IV
Simplicio et al. ⁽²⁸⁾	Cohort study/IV
Rocha et al. ⁽²⁹⁾	Cross-sectional study/IV
Moreira et al. ⁽³⁰⁾	Retrospective study/IV
Chaves et al. ⁽³¹⁾	Cross-sectional study/IV
Monteiro et al. ⁽³²⁾	Action research/II
Sassa et al. ⁽³³⁾	Cohort study/IV

ing class 1 from the other classes. Then, the other subcorpus was divided into two other subcorpora (second iteration) one derives from class 2 and the other to two subcorpus, characterized by the third moment (third iteration). One of these originates class 5. In the other subcorpus, (fourth iteration), classes 3 and 4 originate. The descending hierarchical classification stopped here, as the five classes showed stability, i.e., they were formed by text segments with similar vocabulary to each other. The Descending Hierarchical Classification allowed accomplishing the factorial analysis of correspondence, showing the shape factorial plan shape and the Descending Hierarchical Classification result positions (Figure 3). Correspondence factor analysis was able to match the text between the words, considering the frequency of incidence of words and classes.

The relationship between the classes must be read from left to right. At first, the corpus was divided (first iteration) into two subcorpuses, separat-



MEDLINE®: Medical Literature Analysis and Retrieval System Online; LILACS: Latin American and Caribbean Literature in Health Sciences; SciELO: Scientific Electronic Library Online; BDEF: Banco de Dados em Enfermagem: Brazilian Bibliography

Figure 1. Study selection flowchart based on the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA)

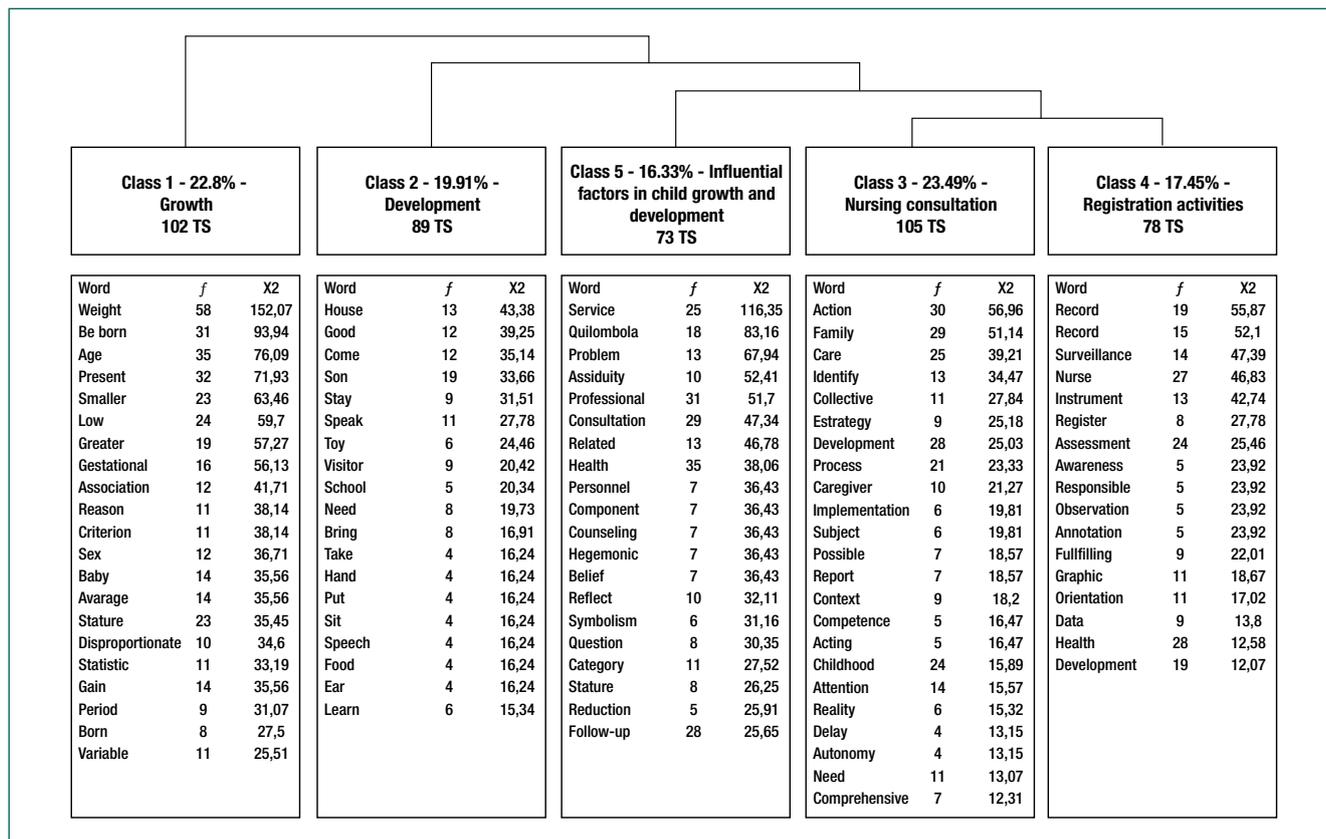


Figure 2. Diagram of classes that make up the textual corpus dendrogram referring to the sample manuscripts

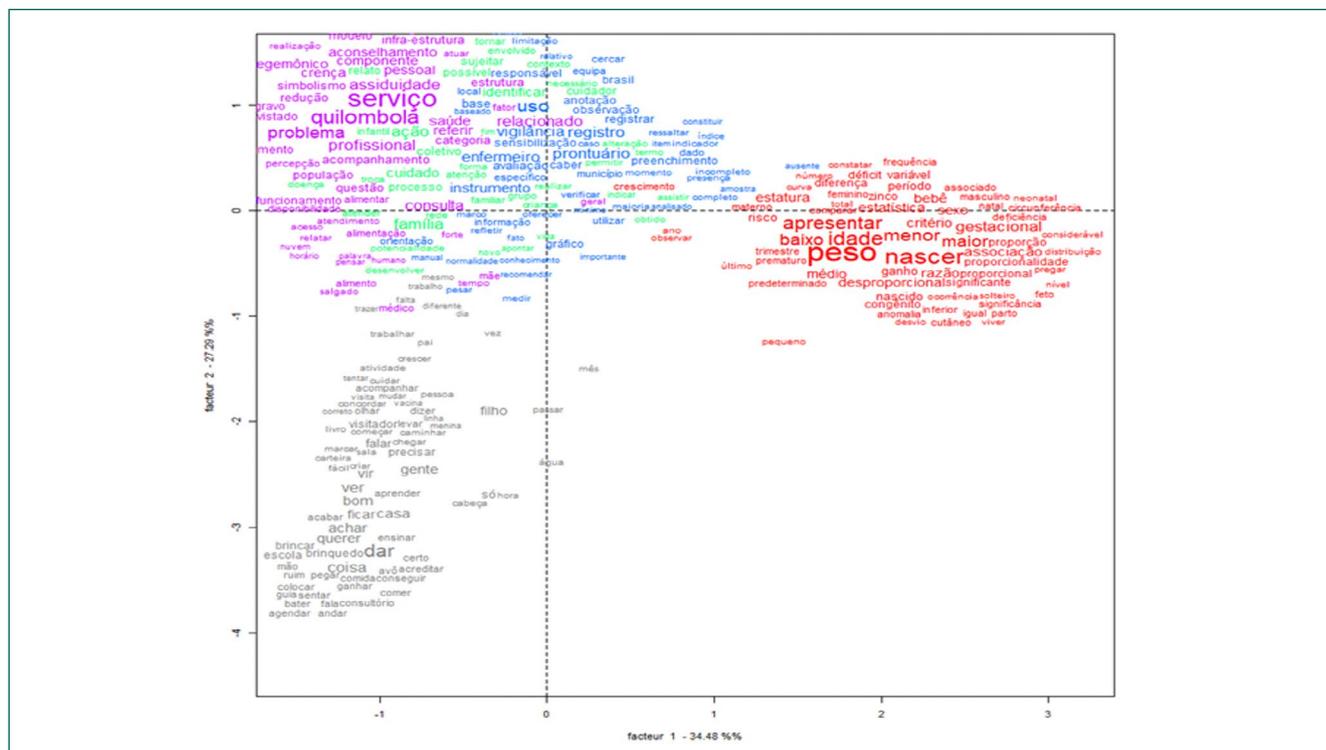


Figure 3. Correspondence factor analysis of the most frequent active words in each lexical class obtained in the Descending Hierarchical Classification

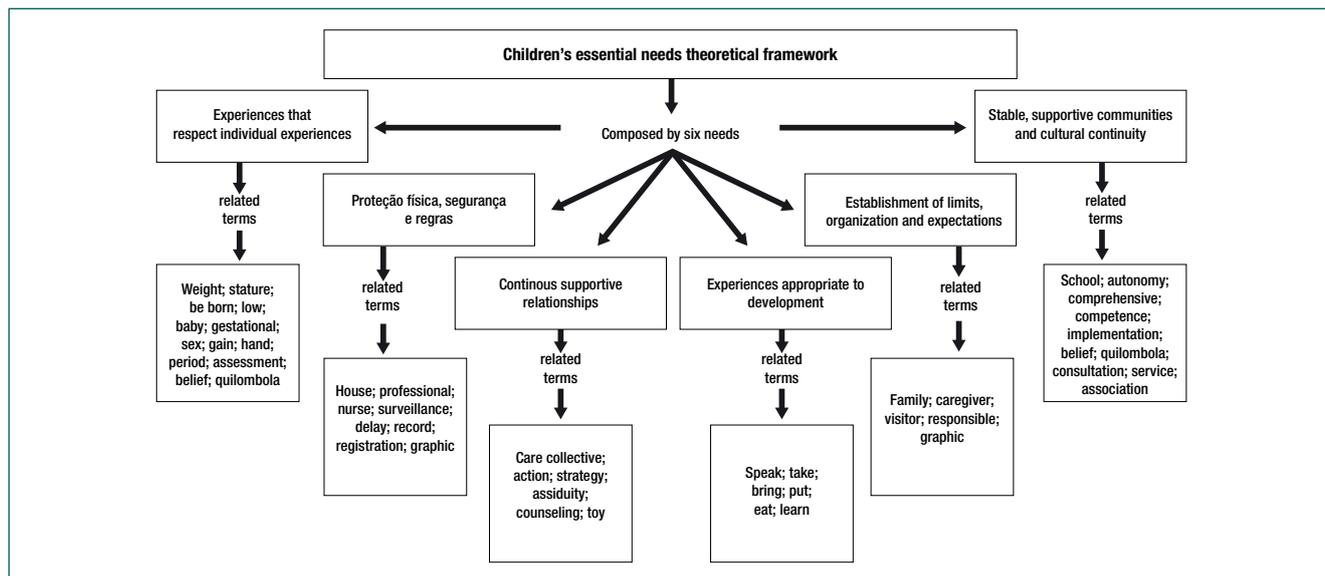


Figure 4. Terms related to growth and development in light of children’s essential needs theoretical framework

According to factor analysis, class 1 (red) has specific characteristics, but also has a closer semantic and lexical relationship with classes 4 (blue) and 3 (green), being further away from classes 2 (grey) and 5 (purple). In Class 2, the terms are more isolated, showing specific semantic and lexical characteristics. It is in a quadrant opposite to that of class 1, and most terms diverge, having only one term “month” that appears in the same quadrant, that is, there is a similarity, but very distant, with Class 1. Classes 5 (most similar), 2, 3 and 4 have some similarity. Classes 3, 4 and 5 have semantic and lexical words that have convergences, appearing in the same quadrant. In Figure 4, the semantic and lexical words of the “growth and development” concept were correlated to children’s essential needs theoretical framework. When relating them, it is observed that a word can be inserted in more than one need, showing that there is an interconnection, directly or indirectly, between the needs. It is noteworthy that the most frequent words were placed, evidenced by the textual corpus dendrogram.

Discussion

Lexical analysis makes it possible to identify the mutual relationship between the terms that char-

acterize the phenomenon, making it clearer. The lexical vocabulary of growth and development were grouped, and interrelated terms were in the same class. It is noteworthy that this interpretation comes from the IRAMUTEQ tool.

Lexical construction is aggregated into five named classes, Growth, Development, Nursing Consultation, Recording Activities and Influential Factors for Child Growth and Development. Nursing develops praxis and knowledge, based on a theoretical framework or nursing theories, and the terms that constitute the lexicon of growth and development were based on children’s essential needs theoretical framework.

This theoretical framework specifically points out the essential needs for the proper functioning of child growth and development, taking into account the characteristics and limits of children, in addition to revealing internal and external influences that can promote their proper health. Therefore, it is considered a relevant theoretical framework for children’s health, as it guides the follow-up of growth and development during the Nursing Consultation, providing an opportunity for comprehensive care, with a perspective of promoting children’s health.⁽³⁴⁾

Therefore, nurses, when understanding and respecting children’s needs, must intervene so that they find a satisfactory balance point or remain at

that point, in order to achieve adequate growth and development.

In the grouped words of the growth class, some relevant terms stand out, such as weight, birth, short and height, interconnected with the activities of measuring child growth and associated with the need for experiences that respect individual differences, since physical influences, early in life, can contribute to child growth.⁽¹¹⁾

Weight is a determining factor of growth status, and is considered a relevant parameter for assessment, from intrauterine growth onwards. This indicator also predicts the risk of morbidity and mortality and infant survival, since children born with low birth weight are more likely to die or become ill in the first year of life, compared to those with adequate weight. Social, economic and cultural impacts directly influence birth weight.⁽³⁵⁾

Height, another term highlighted in this class, is an important evaluator of growth and uses a quantitative perception to describe children's physical increase.⁽³⁶⁾ Despite the significance for growth surveillance, incomplete and/or incorrect filling of height and weight are still observed.⁽³⁷⁾

The term "baby" is understood by the Descending Hierarchical Classification as a word interrelated with the terms contained in Class 1, and this can be interpreted by the fact that this phase is of fundamental importance for children's health, because the increase, body formation and tissue renewal occur. This result corroborates a study that, in the conceptual analysis of growth, showed that the phenomenon of growth is the greatest biological episode of childhood.⁽²⁰⁾

Based on this scientific evidence, the results of this research are confirmed, according to which Class 1 has specific lexical and semantic terms, having a proximity to Class 4, registration activities.

The needs for developmentally appropriate experiences indicate that as children grow they master different stages of development, and at each stage experiences are needed to reach the appropriate level.⁽¹¹⁾

Some terms in Class 2, Development, relate to the need for developmentally appropriate experiences. The terms "speak", "take", "put", "eat" and "learn" are capacities and aptitudes of children in

the process of neuropsychomotor evolution, fundamental for children to reach new stages of development, through individual experiences.⁽¹¹⁾

Language stimulates psychological mechanisms, enabling progression in involvement with the inserted environment and cognitive skills.⁽³⁸⁾ The term "toy" is a strong ally in this skill, because it is through play that children are able to externalize their emotions, feelings and thoughts,⁽³⁹⁾ strengthening their motricity, affectivity and personality.⁽⁴⁰⁾ These terms are also contemplated in continuous sustainable relationships needs, which concern children's interactive experiences to achieve adequate development of the Central Nervous System,⁽¹¹⁾ which can happen through language or play.

The term "home", found most frequently in this class, is the best environment to stimulate children's development. It is within the family that their identity begins to be structured, and, with day-to-day experiences, routines are established that contribute to improving development. For example, at mealtime, children perceive their autonomy in eating alone, picking up food and sitting down, initiating a mode of imitation of people in the house. This insistence on doing the same awakens learning and motor development, and, consequently, other skills (psychic, moral, social and spiritual) are enhanced.⁽³⁸⁾

In the house, there are both the major obstacles and the facilitators of the process:⁽³⁸⁾ "family", a term found in Class 3. Family is the first socialization contact for children, who experience challenges to train it so that they can develop skills to achieve healthy growth and development.⁽³⁸⁾

Furthermore, the house is linked to physical protection, safety and rule needs. Within the domestic environment, there are threats that go unnoticed and that affect child growth and development, such as screens (television, tablet, cell phone), making children vulnerable to behavioral and intellectual problems, and it is important to promote a safe environment for them. The term "family", on the other hand, is the key piece for the needs of establishing limits, organization and expectations.⁽¹¹⁾

The literature⁽³⁸⁻⁴⁰⁾ presented confirms the findings of this research, in which Class 2 has specific lexical and semantic terms.

Stable, supportive communities and cultural continuity needs enable support for families and children to support child growth and development. ⁽¹¹⁾ In this need, we find some terms present in Class 3, such as autonomy, comprehensive, competence and implementation.

One of the growth and development follow-up strategies is present in Class 3, Nursing Consultation. The relevant terms point out some of its characteristics: “action”, “care”, “strategy”, “development”, “implementation”, “family”, “delay”, “comprehensive”, “collective”, “competence” and “autonomy”.

The term “care” is correlated with the term “nurse”, frequent in class 4, considering that care is the ontological and epistemological support of nursing, ⁽⁴¹⁾ it is through nurses that care actions are put into practice for health promotion and rehabilitation as well as disease prevention. ⁽²⁶⁾

Care provides nurses with a comprehensive look at children, in the assessment of their growth and development, based on empathy, recognition of children’s individuality, effective dialogue with the mother, qualified and attentive listening to children-caregiver and the establishment of a professional-family bond. These are strategies that provide effective data collection, for the elaboration of nursing diagnoses directed to the dyad’s needs, with specific interventions, which allow the achievement of results and an effective assessment in the short, medium and long term.

The term “comprehensive” refers to the care of nurses, covering basic human needs, that is, at a psychobiological, psychosocial and psychospiritual level, avoiding the biomedical model. ⁽⁴²⁾

The literature ^(26,41,42) for this class reinforces the findings of this research, by showing that the terms of class 3 have lexical and semantic similarity with those of Class 4 and Class 5, that is, the term “care” has an affinity with the terms “nurse” and “consultation”.

Class 4, recording activities, has terms that establish a relationship with class 3, such as “record”, “record”, “instrument”, “completion”, “graphic”, “health”, “assessment”, “observation” and “nurse”, and which are based on future protection needs.

Record the observations and measured data in child growth and development follow-up record, with information regarding vaccination, nutrition, child growth charts and motor, social, affective and cognitive development, ^(15,26) assists in following up this growth and development and in the longitudinality of child care, since there are parameters for subsequent assessments. ⁽¹⁵⁾ Furthermore, annotation strengthens the record of nursing practice.

Although the record is essential for the care of children, a study carried out in Paraíba, in northeastern Brazil with 39 children’s records, observed the lack of developmental notes. ⁽⁴³⁾ Research data in Paraná, southern Brazil, showed that 252 childcare notes were recorded for 181 children, which represents less than two consultations for children, i.e., it is far from the seven consultations recommended by the Ministry of Health. ⁽⁴⁴⁾ These data corroborate the results of this research, in which Class 2 terms are further away from Class 4 terms in relation to Class 1.

The medical record in Primary Health Care is the instrument for following up child growth and development, but the precariousness of the notes has generated insufficiency in the documentation for professional practice, with a lack of evidence and proof, for the defense and legal support of assistance actions. In addition to this, this practice makes it difficult for nurses to assess, directly affecting health care for children, by hampering or even preventing the longitudinality of care.

Finally, the class Influential factors on child growth and development presents as the most frequent terms “service”, “consultation”, “problem”, “professional”, “follow-up”, “reduction” and “attendance”.

The Nursing Consultation corresponds to the Nursing Process when it is carried out in outpatient services, households, schools, Primary Health Care, among others. ⁽¹⁵⁾ It has, among its particularities, the promotion of actions to meet individuals’, families’ and communities’ needs; the planning ⁽²⁾ of measures for comprehensive and individualized care for children’s health, with the implementation of health programs and policies; the possibility of providing a link between the health team and the family, fo-

cusing on the promotion, priority and maintenance of health; and the identification of delays in growth and development as well as health problems.⁽⁴⁵⁾

Although it is an attribute of nurses, research carried out in southern Brazil revealed the difficulties of operationalizing the consultation, predisposing to a fragmented care. Moreover, there was a limitation in the understanding of the terms Systematization of Nursing Care and the Nursing Process or Nursing Consultation,⁽²⁾ i.e., there is no perception that, in the scope of Primary Care, the Nursing Process corresponds to the Nursing Consultation and, also, of the five nurses who participated, only two mentioned the Nursing Diagnoses,⁽²⁾ revealing a shortage of nursing record.

Despite this, autonomy, a term presented in category 3, is an achievement of nursing, since the resolution of the Federal Nursing Council (Cofen) 358/2009 supports the fact that the Nursing Consultation is exclusive to nurses;⁽⁴⁶⁾ i.e., nurses have the competence and independence to perform data collection, list nursing diagnoses, plan and implement nursing interventions, and assess whether the expected results have been achieved. Actions like these contribute satisfactorily to the Nursing Consultation, more specifically following up growth and development, to reach a potential for excellence, but this is still a challenge for nurses.

A survey carried out in southeastern Brazil, in São Paulo, reveals protocol autonomy and the existence of an imposed culture, in which nurses' performance has a disguised autonomy.⁽⁴⁷⁾ In other words, many professionals are indifferent to their own construction of knowledge. It is worth noting that, in this research, there is no mention of Nursing Diagnoses, one of the autonomies of nursing.

Children's attendance, a term found in this class, is a point that can interfere in Nursing Consultations both positively and negatively. Low attendance is correlated with extrinsic factors, such as lack of vacancy offered by the service for appointment scheduling and appointment quality, in which professionals behave inappropriately, without establishing a bond between them and mother-child; it is also related to intrinsic factors, when the mother does not have adequate knowledge of the importance of following up children.⁽¹²⁾

It is also worth noting that attendance is linked to the term "service", especially at this time of the coronavirus disease 2019 (COVID-19) pandemic, in which there were difficulties in health services, mainly in the Family Health Strategy, in which childcare consultations were suspended, others spent time treating only COVID-19 cases and others with scheduled times. Children's attendance was compromised, in view of parents' fear of taking them to the routine consultation.⁽⁴⁸⁾ As a result, follow-up of growth and development also suffers from the effects of the pandemic, since the Nursing Consultation is fragile.

Regarding the study limitations, the terms and text segments related to the lexical analysis of the concept of growth and development were limited to Brazilian Portuguese, although the search for the integrative review included international databases and manuscripts in other languages.

Additionally, the study included only research developed in the field of nursing, indicating perspectives for future studies that aim to explore the topic in other areas and with greater idiomatic coverage.

The development of a lexical vocabulary allows understanding and interpreting phenomena in a given context. Thus, this research contributes significantly to the evolution of these phenomena, minimizing existing gaps with regard to the lack of lexical understanding of growth and development.

For the science of nursing, it provides a used vocabulary of nursing and, for practice, it assists nurses in understanding and providing more accurate conduct during consultation for following up child growth and development.

Conclusion

Lexical analysis related to the use of words "growth" and "development", according to the nursing literature, allowed to know the most frequent lexical vocabulary of the "growth and development" phenomenon. With the help of IRAMUTEQ, a vocabulary of terms that have some degree of relationship with growth and development was evidenced, highlighting: weight, short, height, baby,

talking, picking up, putting, eating, learning, toy, action, care, strategy, implementation, family, delay, comprehensive, collective, competence, autonomy, record, medical record, filling, health, assessment, observation, nurse, service, consultation, problem, follow-up, reduction and attendance. Therefore, the lexical study of the growth and development phenomenon can facilitate the process of clinical and critical reasoning of nurses at the time of the Nursing Consultation, providing more scientific support to list the Nursing Diagnoses and apply the interventions and other stages of the Nursing Process. An analysis of the concept of child growth and development is recommended simultaneously, in order to validate the research results.

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