



ORIGINALES

Conceptions and practices of adolescent self-care: qualitative recordings in personal diaries

Concepções e práticas de autocuidado de adolescentes: registros qualitativos em diários pessoais

Concepciones y prácticas de autocuidado de adolescentes: registros cualitativos en diarios personales

Adelita Cabrera Costa¹
Marta Angélica Iossi Silva²
Manoel Antônio dos Santos²
Livia Neves Masson²
Diene Monique Carlos³
Wanderlei Abadio de Oliveira¹

¹ Pontifical Catholic University of Campinas. Campinas, SP, Brazil. adelitacosta76@gmail.com

² University of São Paulo. Ribeirão Preto, SP, Brazil.

³ Federal University of São Carlos. Sao Carlos, SP, Brazil.

<https://doi.org/10.6018/eglobal.551381>

Received: 14/12/2022

Accepted: 16/05/2023

ABSTRACT:

Objective: To know the concept and practices of self-care among school-aged adolescents in the context of the COVID-19 pandemic.

Method: This qualitative study used COREQ guidelines to construct the report. Seventeen adolescents participated, and data collection occurred through the personal diary technique. The data were submitted to thematic analysis.

Results: The participants described the self-care phenomenon according to antecedents, attributes, and consequences of the pandemic. Conceptions of self-care and health often went beyond care needs for survival. Self-care behaviors among adolescents were noted to be multidimensional, with influences from individual, relational, and systemic levels and mediated by existential contexts. Experiences of self-care deficits were also recorded.

Final considerations: The results may offer subsidies for support models for health professionals to stimulate adolescent self-care.

Keywords: Health Behavior; Self Care; Adolescent Health; Diary; Qualitative Research.

RESUMO:

Objetivo: Conhecer o conceito e as práticas de autocuidado entre adolescentes em idade escolar no contexto da pandemia da COVID-19.

Método: Trata-se de um estudo qualitativo, que utilizou as diretrizes do COREQ para a construção do relato. Participaram da pesquisa 17 adolescentes e a coleta de dados ocorreu por meio da técnica do diário pessoal. Os dados foram submetidos à análise temática.

Resultados: O fenômeno autocuidado foi descrito pelos participantes de acordo com antecedentes, atributos e consequências da pandemia. Concepções de autocuidado e saúde ultrapassaram, muitas vezes, necessidades de cuidado para sobreviver. Notou-se que os comportamentos de autocuidado entre os adolescentes eram multidimensionais e com influências de níveis individual, relacional e sistêmico, sendo mediados pelos contextos existenciais. Vivências de déficits de autocuidado também foram registradas.

Considerações finais: Os resultados contidos nesse estudo podem oferecer subsídios para modelos de apoio a profissionais de saúde para estimularem o autocuidado na adolescência.

Palavras-chave: Pessoas com em Enfermagem.

RESUMEN:

Objetivo: Conocer el concepto y las prácticas de autocuidado entre adolescentes en edad escolar en el contexto de la pandemia de COVID-19.

Método: Se trata de un estudio cualitativo, que utilizó las directrices del COREQ para la construcción del relato. Participaron en la investigación 17 adolescentes y la recopilación de datos se realizó mediante la técnica del diario personal. Los datos se sometieron a un análisis temático.

Resultados: Los participantes describieron el fenómeno del autocuidado en función de los antecedentes, los atributos y las consecuencias de la pandemia. Los conceptos de autocuidado y salud a menudo superaban las necesidades de cuidados para la supervivencia. Se observó que las conductas de autocuidado entre los adolescentes eran multidimensionales y con influencias de los niveles individual, relacional y sistémico, siendo mediadas por contextos existenciales. También se registraron las experiencias de déficit de autocuidado.

Consideraciones finales: Los resultados de este estudio pueden proporcionar subsidios para modelos de apoyo a los profesionales de la salud para fomentar el autocuidado en la adolescencia.

Palabras clave: Conductas Relacionadas con la Salud; Autocuidado; Salud del Adolescente; Diario Investigación Cualitativa.

INTRODUCTION

The COVID-19 pandemic, triggered by the SARS-CoV-2 coronavirus, began in Wuhan, China, and spread worldwide⁽¹⁾. Governments recommended non-pharmaceutical measures such as closing schools and services, reducing human mobility, and creating health barriers to contain the spread of the virus, disease processes, tragic disease outcomes, and the collapse of health care systems^(2,3). Moreover, the need for self-care behaviors to prevent contamination and disease spread increased. These behaviors included wearing masks, constant hand hygiene, and maintaining social distancing.

These behaviors can be understood as self-care, since they refer to the individual's ability, willingness, and conduct related to autonomy and management of one's health, as the construct is defined. Historically, self-care can be understood as an alternative to clinical/medical care, although it is currently understood as multidimensional and related to the broad concept of health⁽⁴⁾. Nursing has gained prominence since the Theory of Self-Care Deficit, proposed by Dorothea E. Orem, which attributes a central importance to the human factor in health care⁽⁵⁾. In general, self-care should prevent disease or illness, provide stability and symptom control, preservation of functional status, ability to care for oneself, and direct care based on self-determined choices. For these results to be achieved, individual and systemic issues must be considered^(4,5).

In adolescence, the experiences of the pandemic and self-care can be complex. Adolescents did not suffer the severe outcomes of SARS-CoV-2 infection to any great

extent, although they were significantly impacted by the psychosocial consequences of the pandemic moment. These psychosocial impacts are related to the COVID-19 disease and the non-pharmacological control measures mentioned⁽¹⁾. Nonetheless, evidence has shown that adolescent self-care behaviors are influenced by biological, psychological, economic, and social factors⁽⁶⁾. Because it is a multidimensional process, professionals who deal with adolescents should have sufficient knowledge about the health status of adolescents and also learn about the notions of self-care that they present and how they operationalize actions of this nature in everyday life.

Addressing this issue, a cross-sectional study of 770 adolescents from sexual minority groups found that self-care practices during the pandemic were related to relationships, routines, care of body and mind, rest, and disconnection from reality⁽⁷⁾. Another study focusing on the identification of self-care measurement instruments for adolescents with health needs revealed that a clear and comprehensive definition of self-care for the different health needs of adolescents is lacking because, as a rule, the dominant focus of scales assessing the construct is on behavioral outcomes, neglecting aspects of psychological self-care, for example⁽⁸⁾.

In advancing the concept of self-care itself, based on the theory of Dorothea E. Orem⁽⁵⁾ and concerning an adolescence as a specific population, one can observe that new studies are needed, especially research that does not focus on physical illness or specific health needs, for instance, but that contemplates the entire population. Moreover, the contemporary context can offer learnings to problematize intervention strategies in the health field and aim to increase adolescents' self-care potential in the medium and long term. It also seems relevant to understand the significant healthcare needs of adolescents to propose actions to encourage autonomy based on the principles of health promotion.

Given the above, this study aimed to learn about the concept and practices of self-care among adolescents during the COVID-19 pandemic.

METHODS

Theoretical and methodological framework

The Theory of Self-Care proposed by Dorothea E. Orem was used. This framework was developed from a broad analysis of the self-care deficit and encompasses a range of meanings, especially regarding quality care in Nursing⁽⁵⁾. In addition, the study used the interface with the field of Health Psychology to point out that self-care goes beyond the logic of health illness, being a sensitive result of psychological mechanisms (e.g., self-regulation) and systemic processes (e.g., support network and third-party care)^(9,10).

Type of Study

This is a qualitative and exploratory study. The COnsolidated criteria for REporting Qualitative research (COREQ)⁽¹¹⁾ tool guided the structuring of this report.

Study Scenario

The study was developed in a public school in the countryside of São Paulo State. The school offered students the three grades of high school full-time. The field was selected by convenience, considering the openness and receptivity of the coordination and the previous contact of the responsible researcher (ACC) with the institution. The researcher did not maintain routine contact with the students but only sporadically upon invitation to participate in educational activities promoted by the school.

Participants

Seventeen adolescents participated in the research, 15 of whom were female, aged between 15 and 17 years, enrolled in the three grades of full-time high school. This study included students regularly enrolled and regularly attending school, as well as those who obtained parental consent to participate in the research and signed the consent form. There were 273 students enrolled in the school in 2022. Adolescents with chronic health conditions or declared illnesses were not included.

Initially, 40 students volunteered to participate, although some did not return the parent/guardian consent form, others did not return the data collection instrument, and one student had the parent/guardian consent withdrawn during data collection, totaling 23 losses.

Methodological Procedures

After initial contact with the research setting, presentation of the proposal objectives to the administration and potential participants, and dissemination among students, data collection occurred in November/December 2021 and February 2022. In the first moment of data collection, students identified as class representatives were invited to join the study. This moment coincided with the return of classroom activities in public schools in São Paulo State, Brazil. Volunteering students received the data collection instrument and possessed the material for 30 days. Afterward, the material was collected, and the researchers evaluated the adequacy of the number of days filled out by the participants. From this preliminary evaluation of the procedure used, we decided to collect data again, with a reduction in the number of days to fill out the instrument. Thus, in the second moment of data collection, all high school students were invited to join the study, and those who agreed to participate were given the data collection instrument for 15 days. During all data collection moments, the responsible researcher (ACC) monitored and stimulated the students through messages sent via the WhatsApp application.

Collecting and organizing data

Data were collected using the Personal Diary Technique. This technique is characterized by using simple, cheap, and easy-to-handle material, making it feasible to apply in populations with different socioeconomic strata and allowing the research participant rich insights into information⁽¹²⁾. It is worth noting that the personal diary technique is different from the field diary technique since, in the latter, the notes used are made by the researcher according to the purpose of the study⁽¹²⁾.

For this study, a diary was built in which the participants reported their daily activities, health care, and information they considered pertinent (emotions, feelings, personal and reflections, among others). The diaries were made up of five blocks, printed on paper, and were filled out individually. The blocks that made up the data collection instrument were: block 1 - single entry - questions about health and self-care; block 2 - daily entry - space to record daily activities performed; block 3 - daily entry - recording of physical self-care activities; block 4 - daily entry - recording of psychological and emotional self-care activities; block 5 - optional entry - spaces for recording personal reflections. The diaries contained either 15 or 30 pages (one page per day). In total, the participants filled 260 pages of the diaries manually, and 60 pages of transcription were totaled (Arial font, size 12, 1.5 line spacing).

Data Analysis

The Iramuteq software (version 0.7, alpha 2) was used to organize the transcribed material and operationalize the thematic analysis⁽¹³⁾. Six phases were operationalized for thematic analysis: 1) familiarization with the data (exhaustive reading of the material, notes, and preliminary ideas were highlighted); 2) generating the initial codes (69 codes related to semantic or latent contents were identified); 3) searching for themes; 4) reviewing the themes; 5) defining and naming of themes; 6) producing of the report that originated this article. The analysis resulted in four categories: Adolescents' conceptions of self-care; Capacity, willingness, and behaviors for self-care; Background of self-care or its absence at the individual level; Self-care deficit and absence of family or community background. Every analysis process was independently operationalized by a researcher (ACC) under the supervision and conference of another researcher (WAO).

Ethical Aspects

The study was conducted according to national and international ethical guidelines and approved by the Pontifical Catholic University of Campinas Research Ethics Committee, whose opinion is attached to this submission. Participants were named by codes of number, age, and declared sex (e.g., Participant 1, 16 years old, female).

RESULTS

Conceptions of self-care

The adolescents understood self-care as a set of actions they should adopt to preserve physical and mental health. In the definitions presented by the participants, the perception of individual responsibility for self-care was evident as the main characteristic. This understanding may have been influenced by the timing of the pandemic of COVID-19, which stimulated, to some extent, individual responsibility for self-care and avoidance of illness. These aspects can be illustrated in the following fragments.

It's when you have the autonomy to care for yourself (Participant 2, 16 years old, female).

You do something for yourself, intending to have a better quality of life (Participant 4, 16 years old, male).

When you do something good for yourself, it "disconnects" you from your problems (Participant 9, 17 years old, female).

For me, self-care is everything related to your well-being, like going to the gym, eating well, staying hydrated, seeking psychological support, etc. (Participant 5, 16 years old, female).

The person should be clean, have a nice bath, and dress well (Participant 14, 16 years old, female).

In theory, self-care is knowing how to take care of yourself and control thoughts and feelings, to know what you really want, what you need, and, most importantly, what you deserve. But, in practice, I don't know how to do that (Participant 15, 17 years old, female).

We also observed that the activities of daily living and necessary adjustments in eating or physical activities were used as examples for adolescents to illustrate their understanding of self-care. Other aspects considered relevant elements for self-care were hand hygiene and wearing masks. This movement may indicate how the evocation of elements of concrete reality is still necessary to understand a construct that is essentially abstract (self-care).

Capacity, willingness, and behaviors for self-care

Some adolescents' reflections indicate the belief that it is necessary to have the ability to take care of oneself, followed by the willingness to do so and that this is achieved through action. That is, this aspect reflects their definition of self-care — very much based on empiricism and resorting to everyday habits. Thus, even for the reproduction of basic activities of daily living, such as hygiene and eating, cognitive and functional abilities, prior knowledge, experience, and well-developed awareness of oneself and the world are required. In terms of self-care, this ability would be a resource for maintaining one's health. In this sense, the following fragments illustrate the self-care behaviors listed by some of the participants.

I think it would be to do basic things, shower daily, eat regularly, without exaggeration, have leisure time, and sleep well... (Participant 2, 16 years old, female).

Talking about [the difficulties I face] it with my friends. Playing sports, eating well (I try) or drinking a lot of water (Participant 5, 16 years old, female).

Waking up early, brushing my teeth, washing my face, doing my make-up, fixing my hair (Participant 14, 16 years old, female).

However, many times, in the daily activities, there was no clear awareness about the self-care behaviors, which were automatically experienced, without a cognitive evaluation or reflective elaboration about them. Actions were activated when physically

(in response to hunger, for example) or emotionally (feelings of sadness and loneliness, for instance) necessary.

For self-care behaviors to happen, we also noted that the willingness to self-care component must also be triggered. This component is based on adolescents' assessment in terms of motivation, self-regulation, and self-efficacy of their behaviors. In addition, when addressing specific symptoms or outcomes related to the COVID-19 pandemic, the perceived benefit of health care can be interpreted as a strong influence for self-care action, according to the adolescents themselves.

Background of self-care or lack thereof on an individual level

Regarding the analytical theme presented herein, a good perception of self and the moment being lived is one of the first aspects to influence the adoption of self-care behaviors at the individual level was observed. The adolescents expressed positive perceptions, including self-efficacy, self-regulation, and beliefs that self-care works.

I try to see the good side of the bad event of everyday life (sometimes even hilarious). For example, my car broke down; at least now you will walk and won't collaborate so much with pollution (Participant 7, 17 years old, female).

I seek to do something that brings me peace of mind, but I don't know if that comes into self-care (Participant 9, 17 years old, female).

In the daily entries, some activities referred to a positive perspective on life, which may have influenced adopting self-care behaviors. It is inferred that this approach to existence and the moments lived can work as a reinforcing element for self-care, contributing to the preservation of an optimistic expectation about the future and greater confidence in their ability to overcome adversity. This posture can extend throughout life. Experiences of religiosity/spirituality also appeared in this theme. Spiritual self-care is the set of practices based on spirituality in which people get involved to promote continuous personal development and well-being, aspects mentioned by adolescents.

I went to church with my mom and my boyfriend, we came home, and after dinner, I am here talking to you, 'diary' (Participant 1, 16 years old, female).

I went to school and only came back in the afternoon and went to PG, a small group for young people in my church (Participant 10, 16 years old, female).

Manifestations of negative feelings or emotions were the primary barriers, at the individual level, identified for self-care effectiveness. They often include functional, cognitive, psychological, or physiological changes. Some of the participants' notes in this direction are presented below.

Today I ate very little and junk food because of anxiety (Participant 3, 16 years old, female).

I woke up late again, had an anxiety crisis, watched fights at home, went out crying, taught classes, went to the holy supper, went to my cousin's, and went to sleep at my friend's house (Participant 7, 17 years old, female)

It was a calm day, kind of happy, but also: discouragement, worry, fear, anxiety, sadness, and remorse. I argued with my boyfriend in the early morning (Participant 15, 17 years old, female).

Today I think I was still tense from this whole situation [messages sent by classmates about school assignments], and a little sad that I didn't go to my friend's birthday and not making out with him and our classmates (Participant 17, 16 years old, female).

Self-care deficit and absence of family or community background

This theme includes social and cultural aspects that can contribute to adopting self-care behaviors from the perspective that they can be learned and reinforced positively or negatively throughout the life cycle. Nevertheless, from the adolescents' diary entries, there were aspects learned or encouraged that refer more to self-care deficit. Some adolescents revealed the perception of being devoid of some of the abovementioned attributes.

I'm not used to practicing self-care, and I think I am more about taking care of others than myself (Participant 1, 16 years old, female).

I stay in the "half phase" [practicing self-care or not]; I'm never 100%. I deal with the difficulties of everyday life by crying (Participant 6, 16 years old, female).

I try, but it's not always that I succeed. Sometimes I just try to pretend that there is no problem and then automatically occupy my mind with other things (Participant 6, 16 years old, female).

I try to care for my skin, hair, health, and well-being. But I usually don't practice because I don't feel like it. [I usually cry in my corner alone, draw to calm myself down, and try to escape problems and noise (Participant 12, 15 years old, female).

I don't know how to practice [self-care], nor where to start; I've never tried, the way I treat myself is the same since always, and I don't know how to change (Participant 15, 17 years old, female).

I often end up freaking out because I can't deal with [everyday difficulties]; other times, I try to organize myself and analyze the situation well to find the best solution for that problem (Participant 17, 16 years old, female).

Negative lifestyle habits may indicate an absence of instruction or training in self-care (family background). Considering that the participants are adolescents, the care of food and sleep routines are not regulated by parental or caregiving figures at home, as seen in the following fragments.

It was a tiring day. When my father works at home, he leaves my mother and me with our heads full because he doesn't let us be quiet for a second (Participant 1, 16 years old, female).

I went to school, and when I arrived, I helped my mother [with household activities], went to sleep, and only woke up for dinner (Participant 6, 16 years old, female).

[Today I had a lot of] Stress, me and my mother fighting (Participant 10, 16 years old, female).

I woke up at 8 o'clock [in the morning] with my parents yelling; I got up, took a shower, went to church, and returned. I had lunch, went out with A. [my boyfriend], and then got discouraged (Participant 12, 15 years old, female).

In general, the adolescents remained alone most of the time, with minimal adaptation conditions for home care, considering the quality of the environment and the relationships with family members. There were no records of examples or references to parental encouragement for eating, physical activity, or leisure behaviors.

When recording their daily routines, the adolescents also did not recognize the presence of public policies that could facilitate or help in the self-care process. This recognition did not occur even when they referred to school activities in a public educational institution. The mentions to the school referred to the volume of academic activities and meetings with friends/colleagues. Positive relationships with teachers were also mentioned, especially when adolescents needed help, although they were not appreciated as drivers for adopting self-care behaviors.

DISCUSSION

This study aimed to know the concept and practices of self-care among adolescents who experienced the COVID-19 pandemic. We identified an adequate understanding of the phenomenon and how the participants put into practice this knowledge in their daily lives. The adolescents understood self-care and explained how they incorporated it into their daily behavior. The thematic analysis revealed that some participants perceived they had capabilities and internal disposition to adopt self-care behaviors, but mainly regarding managing individual aspects or attributes. Some adolescents reported that they did not feel they possessed some of the attributes they identified as necessary for good self-care, and this was interpreted because of the lack of role models and reference figures in the support network.

The self-care deficit was interpreted as a result of the absence of role models and reference figures in the support network. Notably, data were collected using the diary technique, an innovative investigative procedure in health knowledge production that allows access to subjective dimensions with great accuracy since inhibitions and defenses are less active than if they were in a conventional context of a face-to-face interview with a person (researcher) or answering a specific questionnaire in a non-relational context. Many of the findings documented by this study can be understood from the theoretical prerogatives that preceded the field research. The scientific literature indicates that self-care encompasses many antecedents, attributes, and outcomes at the individual, community, and systemic levels^(5,14).

Concerning the moment of data collection in this study, it should be noted that self-care, within the scope of health and Nursing, is theorized as an umbrella concept and

dependent on three main functions: self-care maintenance, monitoring, and self-care management⁽¹⁴⁾. Hence, this study indicates that adolescents have some mastery of an abstract knowledge base about self-care. However, as observed in the data, they still find it challenging to put what they know into practice, especially regarding self-care with emotional aspects. One can hypothesize that the maintenance and management of this care category require greater attention from parents, teachers, health professionals, and public policymakers.

According to a literature review⁽¹⁵⁾, it is necessary to recognize that, despite adolescents having some autonomy, building "supported self-care" strategies is necessary. This means that adolescents need to understand what characterizes self-care behavior; at the same time, they need teams to help them in the process of assessment, counseling, agreement, assistance, and follow-up. Individual empowerment for self-care is still neglected in the effectiveness of health care, and, as found in this study, even during a critical period for civilization, there was a great influence or lack of background for adolescents to adopt self-care behaviors.

In psychological terms, we observed that the social network and perceived social support influence the emission of self-care behaviors, especially regarding mental health⁽¹⁶⁾. Frequency and type of interaction with people may be modulators of self-care behavior. However, we noted that studies specifically on psychological self-care are lacking, as general research on self-care has been conducted with adolescents with some vulnerability and health needs (e.g., diabetes *mellitus*). Comprehensive research on self-care for the healthy adolescent population is lacking^(17,18). In addition, there is a need to move beyond the dominant focus on behavioral aspects of self-care, including adherence to healthy eating habits or regular physical activity.

Nonetheless, the care for the body much referred to through the practice of physical activities and search for proper nutrition, even if not meaningful or meaningful to adolescents, can be considered as positive results of self-care, mainly related to the prospect of maintaining a stable health condition and not getting sick as a result of the pandemic. This type of evidence has already been referred to by other studies that identified a concern for boys, especially those who report a higher frequency of physical activities⁽¹⁹⁾. However, the girls showed concern about physical activities, which can be explored in other empirical investigations in the post-pandemic period. New research should preferably explore the information about motivations for adherence of girls to physical activities, especially regarding preventing diseases related to sedentarism.

In this study, self-care is also contextualized, mainly from the individual analysis and the macro and micro environmental contexts (situations of everyday experiences of adolescents). The ways of being and living adolescence are essential in health research, and one should consider the social determinants that decisively influence the quality of life of the subjects and their perceptions about prevention, self-care, and what they understand as "being healthy"⁽²⁰⁾. This perspective was highlighted by the participants, who, to the extent that they issued self-care behaviors and could identify them as such, also expressed in their diaries the obstacles of everyday life to feel fully empowered, taking care of themselves, taking charge of their own lives. This is relevant, especially because an absence of parental support and supervision was perceived.

Lastly, regarding the self-care deficit, the literature revealed that the attributes that hinder self-care processes are: disability, lack of awareness, lack of knowledge and skills, inexperience, disengagement, perceived helplessness, and passivity. In contrast, the attributes that promote self-care are ability, experience, knowledge, awareness, intention, attitude, self-determination, responsiveness, responsibility, engagement, and adaptation^(6,18). The adolescents in this study indicated the presence of attributes that can promote or weaken self-care. In this sense, the interventions of health teams should act, contributing to strengthening the attributes that ensure greater engagement in self-care behaviors and greater reflection on behaviors that can harm health and quality of life.

All the factors presented herein about self-care behaviors are central to thinking about the moment of the pandemic, albeit their scope goes beyond the historical moment and constitute important topics for Health Psychology. Self-care behaviors to maintain integral health are often recommended in stressful contexts⁽⁹⁾. Phenomenologically, one can relate psychosocial factors to illness outcomes or the depreciation of the quality of life. The most significant challenge in the mental health field is identifying processes that mediate these relationships. It is understood that the results of this qualitative and exploratory investigation offer subsidies that guide future studies to be carried out with other research designs. The findings of this study strengthen the empirical *corpus* and the experiences of adolescents are provided, which may be used in health care strategies for this population.

CONCLUDING REMARKS

In this qualitative study, for the first time in Brazil, the understanding of adolescents without a chronic condition or declared illness about self-care in health was documented and based on their daily experiences during the COVID-19 pandemic. Through the analytical process, it became clear how the issue of self-care is related to body care and mental health care. Thus, it was possible to infer that, for the participants, when recording their routines regarding self-care, it was important to evaluate, understand, and promote behaviors that went beyond the issue of disease avoidance, signaling an expanded understanding of health. Clarifying the concept of self-care of Brazilian adolescents is inserted in a contemporary context especially sensitive to this need when we realize the increase of this population in the country's age pyramid. Based on the reported data, it is recommended that the interventions of health teams support the development of self-care at the individual level but also at the family and community levels.

Although this study brings together various strengths, it is a cross-sectional survey with self-reported data of qualitative nature, although it has limitations related to these characteristics. First, despite qualitative studies not assuming this necessity, it is necessary to recognize that the data presented in this study must be considered in terms of the contexts and historical time in which they were produced and are not generalizable to other populations or groups. Second, self-reported data implies the need to recognize that there are risks of bias that have not been controlled because this survey only used a single technique in data collection. To some extent, these limitations were controlled by a research team that supported the participants and engaged in ongoing discussions about the procedures employed and the data obtained.

Regarding implications for the health field, it is noted that it still needs to recognize the importance of knowing adolescents' views on health care. In addition to the booklets and protocols, based on concepts and steps to be followed, giving voice and knowing how to listen to adolescents can help health professionals and teams structure more effective actions with the adolescent population. These actions should also focus on issues related to the promotion of self-care. How do adolescents understand it? What do they practice in terms of self-care? Some answers can be found in this study, helping the teams to support, in systemic terms, the adolescents in the development of self-care. Furthermore, based on the Self-Care Deficit Theory, adolescents understand how they can practice self-care but still require training to practice it in an effective, planned, and deliberate form. Promoting self-care skills in adolescence goes beyond the concerns about the timing of the COVID-19 pandemic and should be considered a fundamental tool to strengthen the sense of self-efficacy and autonomy of adolescents according to the principles of health promotion.

As future recommendations, research should consider self-care in adolescence from an ecological framework to promote individual health and encourage a culture of collective care and co-responsibility. Initially, the concept of self-care, as defined in this study by adolescents, can advance at other times unrelated to emergencies or disasters. In terms of practical implications, holistic care interventions and further research on adolescents' understanding of self-care and how to behave in this direction should also be encouraged. Future investigations may contribute to broadening the understanding of conceptual meanings and provide greater clarity to inform the practices of health professionals in caring for adolescents beyond contexts of illness or aggravation.

REFERENCES

1. Oliveira WA, Silva JLD, Andrade ALM, Micheli D, Carlos DM, Silva MAI. Adolescents' health in times of COVID-19: a scoping review. *Cad Saude Publica*. 2020;36(8):e00150020. doi:10.1590/0102-311x00150020
2. Oliveira WA, Silva JL, Andrade ALM, Micheli D, Fernández JER, Dellazzana-Zanon LL, Silva MAI, Santos MA. Adolescence in times of pandemic: Integrating consensus into a concept map. *Estud. psicol. (Natal)*. 2020;25(2):133-143. doi:10.22491/1678-4669.20200014
3. Cardoso EAO, Freitas IS, Santos JHC, Oliveira WA, Garcia JT, Santos MA. Chronic diseases and religiosity/spirituality during the early stages of the COVID-19 pandemic. *Estud. psicol. (Campinas)* 2022;39:e150020. doi:10.1590/0102-311x00150020.
4. Martínez N, Connelly CD, Pérez A, Calero P. Self-care: A concept analysis. *Int J Nurs Sci*. 2021;8(4):418-425. doi:10.1016/j.ijnss.2021.08.007
5. Tanaka M. Orem's nursing self-care deficit theory: A theoretical analysis focusing on its philosophical and sociological foundation. *Nurs Forum*. 2022;57(3):480-485. doi:10.1111/nuf.12696
6. Masoumi M, Shahhosseini Z. Self-care challenges in adolescents: a comprehensive literature review. *Int J Adolesc Med Health*. 2017;31(2). doi:10.1515/ijamh-2016-0152

7. O'Brien RP, Parra LA, Cederbaum JA. "Trying my best": sexual minority adolescents' self-care during the COVID-19 Pandemic. *J Adolesc Health.* 2021;68(6):1053-1058. doi:10.1016/j.jadohealth.2021.03.013
8. Jiang X, Walker K, Topps AK. A systematic review of self-care measures for adolescents with health needs. *Qual Life Res.* 2021;30(4):967-981. doi:10.1007/s11136-020-02685-1
9. Disabato DJ, Aurora P, Sidney PG, Taber JM, Thompson CA, Coifman KG. Self-care behaviors and affect during the early stages of the COVID-19 pandemic. *Health Psychol.* 2022;41(11):833-842. doi:10.1037/hea0001239
10. Freedland KE, Dew MA, Sarwer DB, et al. Health psychology in the time of COVID-19. *Health Psychol.* 2020;39(12):1021-1025. doi:10.1037/hea0001049
11. Souza VRS, Marziale MHP, Silva GTR, Nascimento PL. Translation and validation into Brazilian Portuguese and assessment of the COREQ checklist. *Acta Paul Enferm.* 2021;34:eAPE02631. doi:10.37689/acta-ape/2021AO02631
12. Pinheiro JQ, Elali GA, Azevedo AVM, Farias BCG, Costa MC, Andrade SS. Diário pessoal como técnica de coleta de dados em estudos sobre relações pessoa-ambiente. In Pinheiro JQ, Hartmut G (Orgs.), *Métodos de pesquisa nos estudos pessoa-ambiente.* São Paulo: Casa do Psicólogo; 2008. 281-312p.
13. Byrne D. A worked example of Braun and Clarke's approach to reflexive thematic analysis. *Qual Quant.* 2022;56:1391-1412. doi:10.1007/s11135-021-01182-y
14. Jaarsma T, Riegel B, Strömberg A. Reporting on self-care in research studies: Guidance to improve knowledge building. *European Journal of Cardiovascular Nursing.* 2017;16(5):364-365. doi:10.1177/1474515117691893
15. Fernandes LTB, Nóbrega VMD, Silva MEA, Machado AN, Collet N. Supported self-care for children and adolescents with chronic disease and their families. *Rev Bras Enferm.* 2017;70(6):1318-1329. doi:10.1590/0034-7167-2016-0553
16. LeBlanc RG, Chiodo L, Jacelon CS. Social relationship influence on self-care and health among older people living with long term conditions: A mixed-methods study. *Int J Older People Nurs.* 2022;17(4):e12450. doi:10.1111/opn.12450
17. Jiang X, Walker K, Topps AK. A systematic review of self-care measures for adolescents with health needs. *Qual Life Res.* 2021;30(4):967-981. doi:10.1007/s11136-020-02685-1
18. Town R, Hayes D, Fonagy P, Stapley E. Self-management, self-care, and self-help in adolescents with emotional problems: a scoping review protocol. *JBIM Evid Synth.* 2021;19(9):2373-2381. doi:10.11124/JBIES-20-00224
19. Santos RR, Garrocho Junior NM, Martins AM, Modena CM. Gênero e práticas de saúde: singularidades do autocuidado entre adolescentes. *Rev. Psicol. Saúde.* 2017;9(1):37-57. doi:10.20435/pssa.v9i1.463.
20. Barbiani R, Schaefer R, Cezar Leal SM, Dalla-Nora CR, Lui L, Cardoso de Paula C, Cremonese L, Barreto CN, Oliveira MC, Viegas K, Farias ER. Atenção à saúde de adolescentes no Brasil: scoping review. *Rev. latinoam. cienc. soc. niñez juv.* 2020;18(3):179-204. doi:10.11600/1692715x.18308

ISSN 1695-6141

© COPYRIGHT Servicio de Publicaciones - Universidad de Murcia