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SYMPOSIUM: AN INSIGHT ON FAMILY - A SOCIAL AND HEALTH PORTRAIT

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THE ELDERLY PHYSICAL ACTIVITY - BUILDING FAMILY TIES

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Introduction: According to the OMS (2010) the regular physical activity is an important contribution to the elderly health condition. This is usually a less active population and therefore more likely to suffer from diseases related to lack of activity. The family interaction, considering its functioning, can be an important contribution to reduce these disease rates.

Objectives: To analyse the elderly physical activity in a specific region and explore the relationship between family functioning and the elderly physical activity.

Methods: Quantitative, descriptive and transversal study. A non-probabilistic intentional sample of 2,461 elderly aged over 65 years, from Vila Nova de Famalicão. An ad-hoc questionnaire was applied to collect information on sociodemographic data, regular physical activities (NAHAS M. V.- NuPAF, 2013) and family functioning (APGAR Family). The statistical package SPSS was used for descriptive data analysis.

Results: An association between family functioning and overall physical activity was found. The Mann-Whitney test showed a significance value of 0.000 in independent sampling of functional and moderately functional families. The elderly from moderately functional families are inactive (46%), 29.9% little active, 19% moderately active and only 4.7% are very active. Different results were found for the elderly of functional families, since 34.4% are inactive,

22.8% are little active, 32.1% are moderately active and 10.7% are very active.

Conclusions: Functional families show on average higher scores in physical activity. When planning nursing interventions these results should be considered, mainly for moderately functional families. Interventions should address both the elderly and the family aiming to promote the elderly physical activity.

Keywords: Physical activity. Elderly. Family. Nursing.

FAMILY AND ADDICTIONS: THE PERSPECTIVE OF ADOLESCENTS

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Introduction: Adolescents are healthy by nature. However, risk behaviors such as psychoactive substance use, unprotected sex or exposure to violence might be a threat to current and future health (WHO, 2015).

Objectives: To assess the relationship between sociodemographic variables, consumption of alcohol, tobacco and marijuana, family structure and its functioning.

Methods: This is a quantitative descriptive and cross-correlated study with a non-probability convenience sample of 1,066 young people attending high school and university in the Municipality of Vila Nova de Famalicão. A self-administered questionnaire was applied. It included sociodemographic data; family APGAR Scale adapted by Imperatori (1985) and Youth Risk Behavior Survey adapted for the Portuguese population (Santos, Silva & Meneses, 2008).

Results: Young people were found to have on average 16.79 years (DP = 1.2); 55.3% were female; 89.7% attended high school; 63% lived with both parents and the majority evaluated the family functioning as moderate (53%) or high (46%). A relationship between types of consumption with age and gender was found. There was a significant association between consumption of alcohol, tobacco and marijuana.

Conclusions: The results enhance the need to acknowledge the adolescent population as more vulnerable to these consumptions. The education and health institutions have to be aware that an

adolescent that has already one type of addiction is more likely to use other psychoactive substances.

Keywords: Addictions. Family. Adolescence.

FAMILIES OF ELDERLY WITH REDUCED MOBILITY - IMPLICATIONS ON THE ACTIVITIES OF DAILY LIVING

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Introduction: Families have been constantly changing and this has largely contributed to the increasing number of elderly living alone or in families of two or three people, all aged over 65 years. Families unbalance and the significant generation gap is an evidence and is often influenced by the lack of an emotional relationship (Sequeira, 2010). Thus, the availability to motivate the elderly to mobility will also be affected.

Objectives: To understand the family functioning concerning the dependency of the elderly with reduced mobility. This was a quantitative study. A questionnaire was applied to a sample of 1,298 elderly, in a variation of 99 to 65, an average of 73.9 years, with reduced mobility. The variables dependency (Sequeira, 2010), physical activity and life styles (Nahas, 2013), family - APGAR (Smilstein, 1978), were analysed.

Results: From the total sample, 49.6% of the elderly are moderately dependent; 34.8% have unhealthy life styles and 64.7% live in functional families. A clear association was found (0.000) between dependency, life style, physical activity and family functioning.

Conclusions: The elderly with reduced mobility are the ones adopting a more sedentary life, and occasionally walk for short distances, engage in some type of physical activity, have positive life styles, are moderately dependent and according to their perception, the majority lives in functional families. Thus, it is important to address the family as a variable that strongly impacts the elderly life style and the level of dependency.

Keywords: Elderly. Family. Nursing. Reduced mobility.

LIGHTS AND SHADOWS IN FAMILIES OF TWINS - AN INTERVENTION PROPOSAL

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Introduction: In twin pregnancy, the transition to parenthood is more demanding and women are likely to suffer from higher stress symptoms and/or depression when compared to single pregnancy. The social and functional support will influence these experiences (Baor & Soskolne, 2012; Lutz et. al, 2012). The mothers of twins will usually need more support and guidance (Cinar et al, 2013; Beer, et al, 2013).

Methods: Qualitative study using interpretative interactionism. Data collection was performed through interviews conducted with 29 parents and twins aged above four years.

Results: Three themes were identified: "An insight on twin pregnancy" showing the perception of parents on parenthood of twins, the way this news is received, shared and thought, anticipating their near future and of their own family. The themes "Spread the web" and "Adjusting the web" reveal how family is prepared to welcome new family members, the twins, and how they adapt to them. Thus, revealing the family path since the news of pregnancy,

and reflecting on the most important moments, challenges, difficulties and strengths and family resources, and disclosing the family dynamics and choices.

Conclusions: Understanding the family experiences enabled to develop anticipatory care with these families, empowering them to better adjust to the needs and expectations in which all are involved. It seems important to develop specific nursing consultations targeted at families: in the 16 weeks of pregnancy, after birth, in the delivery ward, and six months after birth.

Keywords: Family. Twins. Nursing.

ABUSE AND VIOLENCE TO THE ELDERLY IN THE FAMILY

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Introduction: Violence and abuse of elderly people is a major public health problem, with important physical and mental health consequences in the health and wellbeing of the victims, families and communities. This violence is often perpetuated by family. Factors associated with family violence among older are multiple and vary depending on the population. It is important for nurses to know these factors in order to intervene adequately.

Objectives: To identify the association between family functioning and violence in the elderly.

Methods: We conducted a quantitative, descriptive study. Data collection, between December 2014 and February 2015, by questionnaire that includes the APGAR familiar scale, Lawton & Brody scale and the Elder Abuse Suspicion Index.

Results: Our sample comprises 2,461 older adults, aged 65 years and older, 67.5% were women, most of them live with spouse or other relatives and referred satisfaction with family, 48.5% rely on a family member to perform any daily life or social activity, having 17.7% assumed that usually have problems with that person, indicating that this kind problem has occurred sometimes (47.5%), once (27,1%), quite a few times (18.6%) and often (6.8%). We found statistically significant association between family functionality and perception of the elderly being targeted of violence or abuse.

Conclusions: The relatively low prevalence reported of abuse or violence found in the study may reflect the difficulty and fear of elderly to discuss the issue. We think this may be due to cultural factors, perception of powerlessness and lack of access to programmes that ensure the protection and resolution of these problems. The study underlines the need for increase the knowledge and training of nurses in family violence in older adult.

Keywords: Elder abuse. Negligence. Family violence. Nurse.

DEPRESSION AND LIFE SATISFACTION IN THE ELDERLY IN A FAMILY CONTEXT

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Introduction: Family is one of the central elements in elderly care. Proper family functionality suggests that the family is able to absorb and deal with crisis situations.

Objectives: To identify the levels of depression and loneliness in the elderly over 65 years and relate to depression and loneliness and family functionality.

Methods: Cross-sectional, correlational quantitative study. Sample was intentionally non-probabilistic and formed in snowball, resulting in 2,461 people over 65 years old. Data collection was conducted from December 2014 to February 2015 using the Yesavage Geriatric Depression, UCLA Loneliness, Satisfaction with life and family Apgar Scales.

Results: Sample: 67.5% female, 58.6% were married, 15% were widowed, age (average = 73.2, SD = 7 years). 37.2% of participants have depression. 75.9% reported feeling satisfied with life. 49% of participants with depression consider their family as functional. No statistically significant differences between categories of family functionality and life satisfaction ($p = 0.000$). No statistically significant differences between categories of family functionality and depression ($p = 0.000$). Men have a lower average loneliness, state, in general, they have less depression and are more satisfied with life than women.

Conclusions: Functional families employ their resources to solve the family group's problems while concerning themselves with each member's emotional needs. Assessing family functionality in the elderly allows health professionals to intervene more effectively in this context, identifying satisfaction factors regarding the family.

Keywords: Aged. Depression. Loneliness. Family.

SYMPOSIUM: ASSESSMENT IN HEALTH AND EDUCATION- NEW INSTRUMENTS

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PSYCHOMETRIC STUDY OF "CLINICAL COMMUNICATION SKILLS SCALE" (CCSS)

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The validation of a scale in order to assess the clinical skills of nurses is of main importance for the promotion of communication techniques. The quality of the interactions that take place between the nurse and the patient/family influence their satisfaction and the security they feel about the received care. To describe the validation process for the Portuguese population of the Clinical Communication Skills Scale based on the Kalamazoo Consensus Statement (Brock Epstein, Lang, Marvel, Mauksch, Pryzbylski, Schirmer & Zoppi, 2005), translated into Portuguese by Leite (2013). A quantitative, descriptive-analytical and correlational study with a non-probabilistic sample of 275 nurses working in health institutions of the central region of Portugal, followed by the invariance study conducted with 374 nursing students from two health schools of the same Portuguese region. A factorial analysis of the principal components was done followed by varimax rotation and scree plots graphic. The scale showed five factors: Factor 1 - "Involving patients in the therapeutic plan" explains 17.07% of the variance. Factor 2 - "facilitate dialogue" explains 15.11% of the total variance. Factor 3 - "Understanding the concerns," explains 12.36% of the total variance, Factor 4 - "Communicate assertively" explains 9.90% of

total variance. Factor 5 - "Conduct the interview" explains 9.87% of the total variance. The initial communality is for all the items equal to 1, above the reference value (0.40) (Maroco 2014). The psychometric properties of the CCSS certify its quality as a tool to be used in activities promoting communication skills. The Cronbach's alpha for the whole scale was $\alpha = 0.958$. When invariance analysis of the scale is made, it keeps the initial dimensional structure.

Keywords: Clinical communication. Skills.

VALIDATION OF THE PORTUGUESE VERSION OF THE "EHBS - EUROPEAN HEALTH AND BEHAVIOUR SURVEY-SECTION B"

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Introduction: Behaviours related to health are activities that heighten risk of disease or promote the maintenance of health. The European Health and Behaviour Survey is a questionnaire used to assess a wide range of health-related behaviours, attitudes to health, beliefs concerning the importance of behaviours for health, and health knowledge, using a standardized protocol suitable for translation and administration in different countries of Europe.

Objectives: Validate to the Portuguese population the EHBS-Section B (section used to assess attitudes towards the importance of 25 activities for health).

Methods: Quantitative, cross-sectional and analytical study conducted in a non-probability sample of 849 adolescents, average age of 14.67 years (SD = 0.90) who attend the 9th grade in eight Portuguese schools. This new adapted version was obtained with forward/backward translations, consensus panels (under license of the EHBS copyright holder) and psychometric study and factorial analysis was performed.

Results: Reliability was good with a Cronbach's alpha coefficient of 0.867, and an intraclass correlation coefficient (ICC) of 0.96. Corrected item-total coefficients ranged from 0.301 to 0.620 and weighted kappa coefficients ranged from 0.74 to 0.94 for the 17 items of the EHBS-Section B. Construct validity was supported by the confirmation of two predefined hypotheses involving expected significant correlations between EHBS-Section B, Health and Risk-taking Behaviour Scale, Health Belief Scale that represent similar constructs.

Conclusions: The Portuguese EHBS-Section B exhibited suitable psychometric properties, in terms of internal consistency, reproducibility and construct validity. Let us consider this scale as an appropriate tool to use in educational and research settings.

Keywords: Health. Behavior. Validation. Study.

CONSTRUCTION AND VALIDATION OF THE SCALE OF SCHOOL PERFORMANCE IN ENVIRONMENTAL EDUCATION - SSPEE

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Introduction: The dynamics of good environmental practices and environmental education can and should be encouraged by schools.

Understanding how school deal with the Environmental Education is essential to characterise this issue.

Objectives: To build and validate the Escala de Desempenho da Escola em Educação Ambiental (Scale of School Performance in Environmental Education).

Methods: A methodological study was conducted using a non-probabilistic sample of 500 adolescents from the same educational network (mean age of 13.38 years; SD = 1.01). The validation process included factor analysis, as well as the analysis of internal consistency and temporal stability.

Results: We obtained a scale composed of 17 items divided into three factors (F1-environmental sustainability, F2- environmental responsibility, F3 - environmental concerns), which explain 53.40% of the total variance. The scale showed very good internal consistency (Cronbach's alpha = 0.861) and an good temporal stability ($r = 0.802$; $p = 0.000$).

Conclusions: The instrument proved to be valid and reliable. The development of centric research in environmental education may help teachers to publicly disseminate and to promote among students a citizenship respectful of nature.

Keywords: Environmental. School. Validation studies.

CONSTRUCTION AND VALIDATION OF THE SCALE OF INDISCIPLINE SCHOOL PERCEIVED BY STUDENTS - EIEPA

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Introduction: The school indiscipline, is an emerging issue which in recent years has gained importance in educational community. But the assessment instruments of some of the dimensions of this phenomenon are still scarce.

Objectives: To describe the process of construction and validating Scale of Indiscipline School Perceived by Students (EIEPA).

Methods: The pilot version of the EIEPA, composed of 29 items, was applied on 772 Portuguese teenagers students, mostly of females (52.1%) aged between 12 and 17 years ($M = 13.33$; $SD = 1.042$). Data were analyzed by factor analyses with oblique rotation.

Results: Factor analysis revealed the existence of four consistent factors which explained 55.74% of total variance. Factor 1 ("Disobedience Transgression") gathered 15 items with Cronbach alpha 0.92, factor 2 ("Interpersonal Relationship") gathered 9 items with Cronbach alpha 0.89, factor 3 ("Distraction-disinterest") gathered 8 items with Cronbach alpha 0.90, whereas factor 4 ("attitudes-postures") gathered 5 items related to emotional support with Cronbach alpha 0.81.

Results: The EIEPA showed very good internal consistency (Cronbach's alpha = 0.960). Factor analysis revealed the existence of four consistent factors which explained 55.74% of total variance. Factor 1 ("Disobedience-Transgression") gathered 15 items with Cronbach alpha 0.92, factor 2 ("Interpersonal Relationship") gathered 9 items with Cronbach alpha 0.89, factor 3 ("Distraction-disinterest") gathered 8 items with Cronbach alpha 0.90, whereas factor 4 ("attitudes-postures") gathered 5 with Cronbach alpha 0.81.

Conclusions: Results provided evidences on EIEPA as a multi-factorial scale, with four precise and consistent factors. It may be used as a Indiscipline School diagnostic or research instrument.

Keywords: Indiscipline school. Statistic validation. Study.

VALIDATION STUDY OF HEALTH BELIEFS SCALE

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Introduction: The Health Belief Scale is a questionnaire used to assess a wide range of beliefs related to health. The objective of this study was to undertake construction and culturally adapt the Health Belief Scale (HBS) to the Portuguese language and to test its reliability and validity.

Methods: This new version was obtained with forward/backward translations, consensus panels and a pre-test, having been inspired by some of the items from "Canada's Health Promotion Survey" and the "European Health and Behaviour Survey", with the inclusion of new items about food-related beliefs. The Portuguese version of Health Belief Scale and a form for the characteristics of the participants were applied to 849 Portuguese adolescents.

Results: Reliability was good with a Cronbach's alpha coefficient of 0.867, and an intraclass correlation coefficient (ICC) of 0.95. Corrected item-total coefficients ranged from 0.301 to 0.620 and weighted kappa coefficients ranged from 0.72 to 0.93 for the total scale items. We obtained a scale composed of 13 items divided into five factors (smoking and alcohol belief, food belief, sexual belief, physical and sporting belief, and social belief), which explain 57.97% of the total variance.

Conclusions: The scale exhibited suitable psychometric properties, in terms of internal consistency, reproducibility and construct validity. It can be used in various areas of research.

Keywords: Belief. Health. Statistic validation. Study.

VALIDATION STUDY OF THE DANGEROUS DRIVING INDEX (DDI)

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Introduction: The driver behavior is assumed as the main determinant cause of most traffic accidents. Young drivers, aged between 18-24 years are overrepresented in driving risk behavior and traffic accidents.

Objectives: To describe the process of validating Dangerous Driving Index (DDI) for Portuguese students in higher education. Design: observational, cross-sectional quantitative study. Framework: students attending higher education institutions (public and private) in the district of Viseu-Portugal. Participants: 326 subjects participated in study, with a mean age of 19.51 years ($SD = 1,83$), most are female (72.4%). Main measurements: the Dangerous Driving Index (DDI), socio-demographic characteristics (age, gender, residence, cohabitation). An exploratory factor analysis (EFA) and confirmatory factor analysis (CFA) of the DDI scale were performed.

Results: The DDI showed very good internal consistency (Cronbach's alpha = 0.952). The main component and rotation factor analysis varimax extracted 28 items and three factors which explain 57.90% of the total variance. After confirmatory factor analysis and re-specification of the model, the global indicator values of the adjustment model for the DDI revealed a quality acceptable ($\chi^2/df = 3.41$). The final version of the DDI was composed of 22 items and three factors that represent Dangerous Driving: Factor 1 - Aggres-

sive driving (11 items); Factor 2 - Risk Driving (5 items); and Factor 3 - Negative emotions while driving (6 items).

Conclusions: The DDI is shown to be suitable to assess Dangerous Driving in Portuguese students in higher education

Keywords: Dangerous driving. Statistic validation. Study.

SYMPOSIUM: FAMILY AND GENERAL MEDICINE

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PATIENTS SATISFACTION IN PRIMARY CARE

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Introduction: The evaluation of the patients satisfaction is fundamental to guarantee the quality of services and health care. This procedure is an opportunity to include the patient in the construction of the health service, based on the perception and appreciation of health care.

Objectives: Evaluate the degree of satisfaction of the patients from the USF (Family Health Unit), center region.

Methods: Quantitative, transversal and descriptive-correlational Study, with a probability sample of 368 participants. The data collection was made through a instrument, adapted from the Europep questionnaire, which measures essentially the medical and nursing care, clinical secretariats and the quality of facilities.

Results: The participants of the study, users from the USF, with an age average of 50.94 ± 17.347 years, being 36.7% of patients male, 58.4% female and 4.9% chose not to refer their sex. The frequencies of satisfied patients obtained were higher than 70% (majority of patients) regarding office hours, competence and comfort in the USF. The lower satisfaction was related with the facility to book a doctor's an appointment and the speed of service. Concerning the health and administrative professionals, the satisfaction degree was considered satisfy by patients. Regarding the USF Estrela do Dão, patients were satisfied with the atmosphere of the unit and interaction with professionals.

Conclusions: The results reveal that, overall, the patients are satisfied with the services. However, it's necessary some actions to increase this pattern, such as, regularly, monitoring the satisfaction degree, and therefore increase the quality of health care.

Keywords: Satisfaction. Patients. Health Center.

DISCONTINUATION OF LONG-TERM CONTRACEPTIVE METHODS IN A FAMILY HEALTH UNIT

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Introduction: The use of Long-term contraception is increasing as they are presented as a safe alternatives for women who do not

plan to get pregnant in the long run. Such as other contraceptive methods, the long term methods are not free of adverse effects, which in turn can lead to discontinuation of the method.

Objectives: To assess the rate of discontinuation of long-term contraceptive methods (subcutaneous implant, intrauterine device (IUD) of copper and levonorgestrel IUD) in a Family Health Unit.

Methods: A descriptive, cross-sectional, observational study was performed whose sample consisted of patients to whom long-term contraceptive methods were applied in 2015. Variables assessed: in use or discontinuation of the method until the valuation date, age, reasons of discontinuation. Data source: Sclínico[®], informed consents files. Data processing: Excel 2010[®].

Results: We analyzed 40 women, aged between 23 and 48 years with a mean age of 38.3 years. Of the women studied only 4 discontinued contraceptive method (10%): one of them because she wanted to become pregnant, another because of abnormal uterine bleeding, another by persistent dyspareunia and finally by poor intrauterine positioning. Two were subcutaneous implants, one was a copper IUD and another one was IUD with levonorgestrel. All the women who have left the methods were using it for the first time.

Conclusions: We conclude that, according to the literature on the subject, the rate of discontinuation of long-term contraception is relatively low. This fact may reflect the convenience, safety and low incidence of side effects of the analyzed methods.

Keywords: Long-term contraception. Discontinuation.

AREFLEXIA IN GUILLAIN-BARRÉ SYNDROME: AN "APPELATIVE" CASE REPORT

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Introduction: Symptoms like reduced muscular strength that affect quality of life of active patients imply evaluate prior history and the onset (gradual or abrupt) of the symptoms in order to prevent the development of debility and chronic medical conditions.

Objectives: Describe a relevant case report in clinical health care.

Methods: Case report study, based on patient interview and computerized clinical process. Informed consent obtained.

Results: A 35 years old female patient was admitted in the Emergency Department complaining of decreased muscular strength with altered precise motor skills and uncoordinated movements in both inferior and superior limbs with slow and progressive evolution in the past 3 days. She also referred an upper respiratory infection 3 weeks before. On clinical examination she presented tetraparesis, grade 4+/5, more prominent on femoral flexion and intrinsic movements of both hands and also osteotendinous global areflexia. The analytical results were irrelevant. Thinking of a Guillain-Barré syndrome (GBS) diagnosis, she was admitted in Neurology to complete the study and to receive intravenous immunoglobulin. The electromyography corroborated the GBS diagnosis. She presented a favorable clinical evolution and 3 weeks later she was discharged and oriented to medical appointment.

Conclusions: Paraplegia and neurologic changes like symmetric and progressive distal to proximal areflexia suggest GBS. This medical condition consists in an acute demyelinating polyradiculoneuropathy, which physiopathology basis indicates an autoimmune etiology. It's essential a clinical diagnosis complemented by cerebrospinal fluid analysis and electromyography. The treatment is based on intravenous immunoglobulin which improves the prognosis of GBS.

Keywords: Guillain-Barré syndrome. Areflexia. Immunoglobulin.

DIAGNOSTIC AND THERAPEUTIC APPROACH TO THYROID DISEASE IN PREGNANCY

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Introduction: Thyroid disorders and their influence in the course of pregnancy and fetal development have been studied since the mid-twentieth century (Riley et al, 1957). Thyroid disease is the second cause of endocrine dysfunction in women of reproductive age, and it is estimated that up to 20% of pregnant women have positive anti-thyroid antibodies (Alves et al, 2007). Autoimmune disease and hypothyroidism are associated with increased incidence of miscarriage, preterm birth and changes in intellectual development of offspring (Carney, 2014).

Objectives: Review the current diagnostic and therapeutic recommendations for thyroid disorders in pregnant women or women attempting to conceive.

Material and Methods: Literature search in PubMed database of articles published in Portuguese and English. 7638 results were recorded, of which 13 were selected articles for its appropriateness to the theme.

Results: A study in children aged between 7 and 9, of mothers who suffered hypothyroidism during pregnancy, showed an Intelligence Quotient below 85 in 19% of cases, thus contrasting with 5% in the control group. Another study showed a 70% reduction in the abortion rate and preterm delivery in pregnant, euthyroid, anti-thyroperoxidase positive women, when taking levothyroxine. Hypothyroidism treatment should be carried out with levothyroxine and hyperthyroidism must be treated with anti-thyroid drugs. Symptomatic therapies may also be used, such as propranolol. In cases of nodular pathology, cytological study and surgery, when necessary during pregnancy, should be carried out in the 2nd quarter.

Conclusions: The results obtained highlight the importance of an early diagnosis and therapeutic treatment of thyroid disease in pregnant women or women attempting to conceive.

Keywords: Thyroid disease. Thyroid dysfunction. Thyroid disorders. Pregnancy.

MEASUREMENT OF WAIST CIRCUMFERENCE IN PRIMARY HEALTH CARE

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Introduction: In Portugal, it is estimated that obesity reaches about 46% of the population. An important aspect in the evaluation of the obese patient is the distribution of body fat, with particular emphasis on abdominal obesity, whose current evidence suggests to be more related to cardiovascular complications. This recognition led the European Society of Cardiology to include it as the global cardiovascular risk variable, suggesting to review the measurement of waist circumference (PA). Anthropometric measurement of abdominal obesity is simple, inexpensive and accessible.

Objectives: Quantify the measurement of WC in the Primary Health Care.

Methods: An observational, descriptive, cross-sectional and retrospective study involving 20,167 adults aged over 18 years and who attended the consultations of 4 Family Health Units (FHU) from ACeS Dão Lafões in the period from March 1st, 2016 to March 31th,

2016. For data collection was used SClínico[®] program and statistical analysis was done using the program Microsoft Excel 2007[®].

Results: The sample is mostly female 62.54% (n = 12,613) and composed of users aged between 18 and 103 years, with a mean of 55.67 years (SD = 18.11). The waist circumference is between 45 and 163 cm with a mean of 99.48 cm (SD = 11.44). Only 31.01% (n = 7,060) have measured the waist circumference during the study period.

Conclusions: Considering the results, we can conclude that the majority (69.99%) of users aged over 18 years has no waist circumference measured last year. It is essential multidisciplinary teams from each FHU implement measures and participate in increasing the professional membership in the evaluation of WC, helping to change behaviors and lifestyles in susceptible individuals.

Keywords: Waist circumference. Measurement. Primary health care.

SYMPOSIUM: HEALTH CARE IN THE FAMILY

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DYNAMIC MODEL OF FAMILY ASSESSMENT AND INTERVENTION (MDAIF): A CASE STUDY

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Introduction: The MDAIF it is a guiding framework and systematizing of family health nursing practices. Aims to respond to the needs of nurses in caring for families in developing practices aimed at the family as target of nursing care. (Figueiredo, 2012).

Objectives: Assess and intervene in the family in the clinical context, through a systemic approach and collaborative.

Methods: Qualitative methodology and the method was a case study. It was used as theoretical reference MDAIF, which upheld the decision-making process. Interviews were conducted to a family in the context of Primary Health Care and we analyzed the information from computer applications that emerged from the records made by family nurses.

Results: It is a reconstructed family, composed of two elements living together for about 23 years. They both have children from their first marriage. The husband is totally dependent on his partner in self care. This assessment stands: insufficient family income; residential building not safe; neglected residential building; safety precaution not demonstrated; neglected pet and caregiver role not adequate - not demonstrated adherence behaviors. The MDAIF thus contributed significantly to the development of behaviors that lead to improvements in family health related to nursing care especially in the areas of attention residential building, pets and caregiver role.

Conclusions: The collection of evaluation data allows us to understand the history and family characteristics. The use of MDAIF enabled collaborative identification of needs in care of the strength, resources and family responsibilities. The possible increase of more appropriate strategies to the oneness and specificity of the family, recognizing its complexity and diversity.

Keywords: MDAIF. Primary Health Care.

TEENAGE PREGNANCY AND ITS IMPACT ON FAMILY DYNAMICS: (UN)DEFINED PARENTAL ROLES

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Introduction: Teenage pregnancy is a risky situation with impact not only in the teenager who gets pregnant, but also in whole family, because children and parents experience together a meaningful period of change. An unplanned and challenging life event like a birth of a child in a family has numerous changes to its members, which may cause a crisis both in the teenager and in the transgenerational perspective.

Objectives: Applying Dynamic Model of Family Assessment and Intervention (MDAIF) by Figueiredo (2009) and assessing the impact of nursing care in a family in clinical and community context.

Methods: Qualitative case study done in clinical and community context in Primary Health Care based on MDAIF. This study was focused on family intervention process developed with a family of a 16-year-old who gets pregnant from a casual encounter with a 25-year-old boy she met on social networks (Facebook). Instruments: Genogram, Ecomap, Family Apgar and Graffar Scale.

Results: Middle-class extended family with different subsystems and strict limits. According to Relvas (2000), the family is at the life cycle stage - Family with teenage children. Despite the unplanned pregnancy and fact that the young woman and her mother have an adversarial relationship, her mother became an important and primordial support in the development of the newborn.

Conclusions: The MDAIF's use allowed us to guide and systematize nursing practices with the family, contributing to meet family needs, seen as care unit. In addition, it allowed the teenager keep accomplishing her life project. It is suggested the continued use of MDAIF.

Keywords: Teenager. Pregnancy. Family assessment. MDAIF.

CASE STUDY: PREGNANCY'S VULNERABILITIES AND IT'S CONSEQUENCES

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Introduction: The primary health care are located near the population and are pro-active toward the citizens, with a higher chance of facing the family as a whole, that is, as a unit of care. (Figueiredo, 2009). Pregnancy is considered a period of emotional well-being for the woman and her family and also of great vulnerability.

Objectives: To apply the Dynamic Model of Family Assessment and Intervention (MDAIF, Figueiredo, 2009) and prepare a proposal for intervention for the family.

Methods: A qualitative case study of a family. The study focused on a family registered at an UCSP of the center region. Applied the instruments: genogram and ecomap and Apgar Family scale. A formal interview was held and as well as a home visit.

Results: The family was rebuilt and enlarged: couple, newborn and the male progenitor's mother. The family is in the second stage of the life cycle - family with small children (Relvas, 2000). The

female progenitor shows apparent difficulties in adjusting to this step but does not admit it. The male parent is the main care provider. The family reviews itself as highly functional. The dwelling has appropriated conditions. There is poverty of social relationships, no reference of neighbors or close friends. Intervention was proposed based on nursing diagnoses. Newborn: parents' knowledge about breast feeding and newborn hygiene care not shown. Parents: knowledge of parents about the process of binding not shown.

Conclusions: The evaluation of the family under MDAIF lets you draw up a plan of intervention of nursing practices appropriate to the structure, personality, culture, beliefs, habits and needs of the family in study.

Keywords: Family. MDAIF. Evaluation. Intervention family.

ACCIDENTAL CRISES OF THE FAMILY AND ITS IMPACT ON CHILDREN DEVELOPMENT

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Introduction: The family's nursing care are centered in the interaction between the Nurse and family and has the purpose of family's qualification through the maximization of its potential for health, helping and stimulating all its elements being proactive in the treatment and maintenance of same (Sousa, 2014).

Objectives: Apply the Dynamic Model of Family Evaluation and Intervention (MDAIF), Figueiredo (2009). Propose interventions of Nursing in the family.

Methods: Qualitative study of family. The study's focus was the intervention in a familiar process, using the MDAIF. Applied instruments: genogram, ecomap, Apgar familiar and scale of Graffar. The decision's process supported in operative matrix of the Dynamic Model of Family Evaluation and Intervention (Figueiredo, 2012).

Results: It is a reconstituted family. The two daughters are under the father's parental power due the mother's psychiatric pathology, one of the factors that contributed for marital breakdown. The family is insert in a social class IV and state IV - family with children in school age. Currently, the children, are been followed in children's development consultation, owing hyperactivity problem. The relationship between the mother and the kids is fleeting because the mother's behavior. Nursing Interventions were proposed based on the following diagnoses: marital satisfaction, not maintained; parental role, not suitable; dysfunctional family process.

Conclusions: The accidental crises in the family are preponderant factors for the appearance of disturbances in the children development. Therefore it is a priority the development of projects that contemplate interventions in family structure.

Keywords: Accidental crises. Family. MDAIF. Children.

FAMILY WITH CHILDREN WITH SPECIAL NEEDS

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Introduction: Families with children/adolescents with special needs faces numerous challenges and hard situations, that other

parents will never think off. One child with a health problem (particularly a non diagnosed Asperger Syndrome) may have a deep impact in the family and also on the interactions established between its elements, which can lead to anxiety and frustration.

Objectives: Determinate the impact on the family, of the diagnosis of Asperger syndrome in an adolescent child.

Methods: Descriptive and qualitative study. The instruments used in the family evaluation were: genogram, Duvall's family cycle, family Apgar and Graffar scale.

Results: The family studied is of nuclear type, with a middle age heterosexual couple, with two male children, one with 23 years old recently diagnosed with Asperger syndrome, and another with 15 years old. The family is presently in the stage V of Duvall's family cycle, grade IV in the Graffar scale and is moderately dysfunctional, although it had a positive reaction to the diagnosis of Asperger syndrome. The mother complains of incomprehension and conflicts with the other family elements and depreciation from the doctors and teachers when he was younger.

Conclusions: We can conclude that the intervention and the family evaluation were extremely important because it allowed a better therapeutic counseling, which in turn contributed to a better family functioning as one unity and simultaneously provide answers to the individual needs.

Keywords: Family. Adolescent. Asperger. Special needs.

DYNAMIC MODEL OF FAMILY ASSESSMENT AND INTERVENTION: INNOVATIVE PRACTICES IN PRIMARY

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Introduction: Family nursing is directed to the family's responses to actual or potential health problems and focuses on functional training towards their transition processes (Friedman, 1998 e Hanson, 2005).

Objectives: Family assessment and intervention at home.

Methods: Qualitative case study. The study focused on family intervention process based on MDAIF. Instruments: Genogram, Ecomap, Family Apgar, Graffar Scale, Katz Index and Zarit Scale. Five home visits and interviews were conducted. The decision-making process was sustained in the operating matrix Dynamic Model of Family Assessment and Intervention (Figueiredo, 2012).

Results: Couple of seniors, retirees, dependents and belonging to the lower middle class. Informal caregiving is his only daughter 62 years old, retired, with two children and three grandchildren. It's the one who takes care of the meals, the housing cleaning and parents hygiene. He lives next door with her husband, daughter and respective spouse and your grandchildren. Besides taking care of the father she's responsible for her mother's care who is in a wheelchair and three grandchildren. Because of the apparent overload, it was rated the tiredness and fatigue of informal caregiving. The nursing interventions were proposed based on the following diagnoses: Self-care, dependent to a high degree and caregiver overload in moderate degree.

Conclusions: This study allowed us to perceive the family dynamics and the importance of complimenting the family and giving positive reinforcement to the caregiver as well as informing about care unit for caregiver's rest.

Keywords: Family caregiver. MDAIF. Family assessment.

SYMPOSIUM: HEALTH PROMOTING SCHOOL: HEALTH DIAGNOSIS RESEARCH BASED TO COMMUNITY INTERVENTION

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TO SMOKE OR NOT TO SMOKE, WHAT DETERMINANTS? AN EPIDEMIOLOGICAL STUDY

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Introduction: The prevalence of tobacco use in the world appears as the XXI century epidemic. The WHO (2013) states that young people are a particularly vulnerable group to the consumption of tobacco and, once acquired the habit, will probably be consumers for many years. Considering the interest in knowing better the reality presented and in the context of research, the Escola Superior de Saúde de Santarém, while Health promoter school and the Chamusca's community care unit, constituted themselves as partners. **Objectives:** Characterize the tobacco use of students in the third cycle of basic education.

Methods: Epidemiological, descriptive-correlational and cross-sectional study. Probability stratified sample by grade level/class to 50% of students between 13-15 years. Sample consists of 130 students. Auto fill questionnaire, consisting of three instruments: GYTS, SCO and sociodemographic data.

Results: 20% of students have tried smoking. 22% of girls have tried smoking. 96% of students believe that smoking is harmful to their health. Concerning other people's smoke, 92% believe that it is harmful to their health. Less than half of the participants (45.4%) indicated talking about the dangers of smoking at school. Taking family into consideration, 85% of students stated been spoken to about the negative effects of smoking.

Conclusions: This study allowed the characterization of the smoking habits of students in the third cycle of basic education. The results presented are the stimulus for an intervention based on evidence and oriented according to the recommendations of the DGS.

Keywords: Tobacco use. Youth. GYTS. SCO.

FACTORS THAT CONTRIBUTE TO TOBACCO USE IN PREGNANT WOMEN - SYSTEMATIC LITERATURE REVIEW

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Introduction: Tobacco consumption, as a determinant of health, is often associated with preventable behaviours. When we speak of smoking during pregnancy, it assumes a particular importance regarding the impairment of maternal and fetal health and well-being, being associated with preterm birth, fetal growth restriction and increased morbidity and perinatal and infant mortality.

Objectives: To identify factors that contribute to tobacco use in pregnant women.

Methods: In the Systematic Literature Review (SLR) held, according to the PI[C]OD method, with the question: What factors contribute to tobacco use in pregnant women? The research for papers occurred at the interface-EBSCOhost 2003-2013. Of the 59 articles identified, 11 met the selection criteria and were selected.

Results: As instruments to determine factors that contribute to tobacco use in pregnant women we identified three within the Depression, two related to Stress and 6 associated with different domains. Four categories emerged from the analysis: Socio-demographic data (age, qualifications, race/ethnicity, cohabitants and socioeconomic status); Literacy on smoking (knowledge on the impact of tobacco consumption and exposure to tobacco smoke for women, fetus and newborn); reproductive health (pre-conceptional surveillance, prenatal and postpartum); Mental health (violence against women, other consumption, stress and depression).

Conclusions: The results found in this SLR led us to a synthesis of factors that contribute to tobacco use in pregnant women, with sustained contributions for the development of a data collection instrument which allows the characterization of smoking in pregnant women and future intervention in the community.

Keywords: Pregnant woman. Smoking during pregnancy.

HEALTH PROMOTION LEARNING CENTERED IN STUDENTS

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Introduction: Learning of Health Promotion (HP) student-centered implies a more active role from him as a manager of his own learning regarding responsible decision-making and reflexive autonomy, which depend on the types and episodes of learning and interactions between teachers and students in a paradigm of educational and humanistic learning. The teacher is a reflexive learning facilitator, providing processes and tools to the student.

Objectives: To analyze the nursing curricula; analyze how teachers mobilize knowledge about HP; in the design, development and evaluation of the curriculum; identify the meanings that students attach to learning HP;

Methods: We developed the multiple case study method, using as data collection techniques: document analysis, participant observation and semi-structured interviews of students to teachers and students. From the data analysis the following dimensions emerged: construction of the approach to the HP content; learning process; involved in the process; assessment of learning. Teachers emphasize the attitudes and characteristics to a nurse health promoter; there is no consensus about the position and the place of HP in the curriculum; reference content focused on the disease, as of HP; value the interaction and dialogue with students; Students are unaware of the concept of HP, conceptualising it as behavior change, and centrality in the disease; identify the nurse as health promoter as the one who gives information, is persuasive and uses the power; Consider medical and surgical interventions, as HP; suggest learning from practical experience.

Keywords: Health promotion. Nursing curricula. Learning.

HEALTH OF IMMIGRANT FAMILIES: PEDAGOGICAL STRATEGIES IN NURSING TRAINING

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Introduction: Clinical practice of nurses with immigrant families presents difficulties in promoting their health. This statement gave

support to the mobilization of teaching strategies in nursing education context - promoting the beginning of the construction of cultural competencies in 1st cycle students. In the research developed, elements were identified as facilitators of communication and initial assessment of families, promoting adhesion and continuity in care.

Objectives: To promote the construction of cultural competencies in 1st cycle students, sustained by scientific evidence, starting from stimulus situations in classroom - narratives of immigrant families.

Methods: Qualitative and ethnographic study; data collection techniques: narratives, participant observation, focus groups and interviews with nurses and immigrants. Subsequent to the investigation, we mobilized the case study analysis in classroom context, framed by narratives produced by immigrant families - which constituted as stimulus situations, using data collection instrument for evaluation of immigrant family/person, suggested by Campinha-Bacote (2011) - LEARN (Listen, Explain, Acknowledge, Recommend, Negotiate), for its analysis and discussion.

Results: Knowledge emerges in the intervention with families - values, customs, beliefs and practices of health, with the mobilization of teaching and learning strategies, for decision making and problem solving.

Conclusions: The strategy proved to be a facilitator in the building of cultural competences in students by providing guidelines and concrete objectives to be achieved in theoretical teaching and clinical teaching mobilization, regarding health promotion with immigrant families.

Keywords: Immigrant families. Cultural competency. Pedagogical strategies. Health promotion. Nursing students.

ATTITUDES AND BARRIERS IN THE INCLUSION OF SEXUALITY: A PERSPECTIVE OF NURSES FROM THE CARDIAC AREA

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Introduction: Sexuality is still presented in nursing care as taboo subject. Most nurses in the cardiac area recognize the sexuality as an integral part of nursing care, but does not develop specific intervention in people with heart disease, regarding the management of the disease and sexual function.

Objectives: To characterize the attitudes and barriers of sexuality approach, and identify structuring lines for an appropriate intervention within the area of sexuality in cardiac nursing.

Methods: This is a descriptive and correlated study with a non-probability convenience sample of 15 nurses. The evaluation protocol includes the Portuguese version of Sexuality Attitudes and Beliefs Survey (SABS), as well as socio-demographic and professional variables.

Results: Average SABS score = 29.36 (SD = 4.2). The most salient barriers observed were the ones related to the perception of the level of being comfortable (since nurses feel less comfortable addressing sexual issues compared to colleagues they work with) (M = 3.93; SD = 1.03), and time spent discussing sexual concerns with patients (M = 3.73; SD = 1.33). There is a moderate association between the belief that sexuality approach should happen only from the patient's initiative and age ($r(15) = 0.56$; $p = 0.03$). As years of experience in the field of cardiology increase, nurses feel more confident to deal with patients and with their sexual concerns ($r(15) = -0.56$; $p = 0.032$).

Conclusions: The results corroborate previous research either in cardiac nursing as well as in other areas. Those reinforce that the presence of barriers and beliefs of individual concern influence the pro-

cess of care and point out necessary training areas in clinical nursing practice. Research in this area should therefore be continued.
Keywords: Sexuality attitudes beliefs. Nursing cardiac.

GROWING UP WITH WEIGHT AND MEASURE IN CHAMUSCA: A PROJECT OF RESEARCH-ACTION

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Introduction: In the current health context, understanding the determinants of lifestyles of people who develop a complex interaction of individual factors (genetic, biological and psychological) and as well as environmental factors, economic, social and cultural rights, it necessarily emerging to implementation of projects focused in specific contexts such as schools, mainly geared to the empowerment of individuals to adopt healthy lifestyles and to create environmental, organizational and social conditions more favorable to health.

Objectives: Evaluate the feeding conditions in the school population in the municipality of Chamusca; Identify the situation regarding obesity and its factors; Promote personal and social development of children and adolescents by building knowledge/attitudes towards healthy lifestyles.

Methods: Project developed in different phases inherent in the action research process, a logic of joint intervention, developed in partnership between different sectors: health, education, local authorities and companies, a mutual assumption of responsibilities in all schools in the county Chamusca.

Conclusions: Emerged to date some assessment process indicators and results that are to be shared, particularly of the intervention developed with the target population in the 1st phase of the project (pre-school 79 children and 1 cycle 139 children) in the village of Chamusca, prevailing building knowledge/attitudes towards healthy lifestyles.

Keywords: Food. Obesity prevention. Research-act.

SYMPOSIUM: HEALTH PROMOTION AND SUSTAINABILITY THROUGH THE LIFE COURSE: CELEBRATING THE 30 YEARS OF THE OTTAWA CHARTER (1986-2016)

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HEALTH PROMOTION THROUGH HEALTH LITERACY IN PORTUGAL AND BRAZIL: THE PROLISA (BR) EXPERIENCE

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Introduction: The advocacy of Health Promotion is a need if we aim at incrementing health gains in a society. For this goal was

created the research group ProLiSa (that focus on Promoting Health Literacy, Communication and Health Education - www.literacia-saude.info). After the launch of ProLiSa in Portugal, ProLiSa (BR) was registered at the National Council of Scientific and Technological Development (CNPq) in 2014 to foster a scientific discussion and research agenda on how to promote health by the means of health literacy in Brazil.

Objectives: Health promotion to be achieved, needs an intersectorial perspective. Consequently the role of academic and scientific research needs to be supported by a translational knowledge process into the public domain.

Methods: Literature reviews, empirical research and cross sectional studies are used to achieve the translational process.

Results: ProLiSa (BR) is an interdisciplinary and interinstitutional group constituted by members of Public Health, Education, Health and Social Service domains, bound to Escola Nacional de Saúde Pública (Universidade NOVA de Lisboa), Universidade Federal do Triângulo Mineiro, Universidade Estadual de Campinas and UNIDAVI and, open to expand to other institutions. Since 2014 the Project performed 20 research meetings, 30 submissions and publication in scientific papers and events in Brazil, Portugal, France and Italy. In 2016 two courses were implemented: "Health Literacy and Ageing" and "Communication, education and literacy: strategy to health promotion". "Health Literacy of employees" who work at the HC/UFTM, and "Health Promotion: 30 years after Ottawa Charter" are two other sub-products of ProLiSa group.

Conclusions: The ProLiSa group is an active player strengthening research and knowledge translation either in Brazil and Latin America or other countries of the Portuguese Speaking nations such as Portugal, Angola, Mozambique, Timor or S. Tomé e Príncipe.

Keywords: Health Promotion. Health literacy. Health policies. Health education.

OPEN UNIVERSITY OF THE THIRD AGE AS A STRATEGY FOR HEALTH PROMOTION

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Introduction: Ageing and maintaining quality of life is a collective challenge in Brazil. The search for strategies to promote health is expressed through educational actions about healthy ageing and its interface with health, developed at Open Universities of the Third Age as a strategy for health promotion. A paradigm shift is needed concerning the process of ageing, namely when an elderly is considered unproductive (which reinforces social exclusion). We need to extend the discussion regarding the Ottawa Charter (1986) focus on "the community ability to act to improve its quality of life, with participation and control".

Objectives: promote active ageing by developing actions focusing health, citizenship and social determinants; Maximize social and political participation of those involved.

Methods: 1) literature review and 2) dialogic method that is triggered with meetings where a discursive approach considers health, citizenship and advocacy to improve health.

Results: From 2011 to 2015, 14 workshops with 112 hours/activities were implemented, involving 600 participants of the Open University of the Third Age in Uberaba - Brazil. Participants (age range

from 50 to 80 years) could engage in discussions to develop critical thoughts about quality of life and widen their understanding about health as a social right. Also the conceptions about negative social representations and the stigma related to the old age were considered.

Conclusions: These actions promote citizenship awareness and health literacy; in a time of financial restrictions of State investments, implementing health promotion policies is favorable to dignify citizens with a sense of belonging, as subjects of rights and full participants of society.

Keywords: Health Promotion. University of the Third Age.

HEALTH PROMOTION AND LIFESTYLES: AN ASSESSMENT MODEL FOR ADOLESCENTS (RENASCERES®)

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Introduction: Adolescents' health and well-being deserves today a special emphasis from the perspective of Public Health. The Ottawa Charter, which emphasized the relevance of gaining control over our own health is an important milestone for the global call for well-being. Among its five principles, empowerment emerges as a key factor for the maintenance of a healthy lifestyle. The research question that is explored here is: how to define healthy lifestyles, from a holistic perspective, so that empowerment strategies can be implemented in order to facilitate the person's control over his/her own life by increasing health literacy?

Methods: A quantitative and qualitative study based on a CAWI strategy was implemented in 3 regions of Portugal. A convenience sample of 838 was collected in the school setting. To assess healthy life styles, a set of indicators was created based in the acronym Renasceres® (e.g. nutrition, rest quality, physical activity, alcohol and tobacco consumption). To evaluate health literacy, the HLS-EU-PT (validated Portuguese version www.literacia-saude.info) was used.

Results: Preliminary results indicate that 84.8% of individuals do not have a healthy lifestyle. When gender differences are considered, there are significant differences in physical activity ($p < 0.001$) and rest quality ($p = 0.003$) - where men show best results in these indicators. There is a statistical association between health literacy and healthy lifestyles ($p < 0.001$) - where higher levels of health literacy correspond to a better lifestyle.

Conclusions: Findings suggest that higher levels of health literacy favors healthy life styles, and therefore, an investment in health literacy could have a positive outcome in general adolescents' well-being.

Keywords: Renasceres®. Health promotion. Youth. Lifestyles.

HEALTH CARE PROFESSIONALS' PERSPECTIVES ABOUT HEALTH PROMOTION STRENGTHS, WEAKNESSES, OPPORTUNITIES AND THREATS

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Introduction: The 30th anniversary of the Ottawa Charter is being celebrated this year (2016) The search for wellbeing was influenced by this declaration that set a new conceptual framework called "health promotion" (HP). The pathogenic perspective of disease (prevention and cure) has led to a sustainability issue in societies that embarked in the mythic trip of "the absence of disease" (definition of health, WHO, 1946). HP, a new domain of intervention faces treats today.

Methods: An on-line survey was sent to health stakeholders with a mix of methods focusing HP issues. A focus group was set with the goal to validate consensus around HP topics in Portugal. Data was provided by a total of 32 participants (81% females). Demographic information, experiences or professional domain, questions related to the 5 HP strategies, and open questions explored the reasons for several ratings.

Results: A content analysis of an open question regarding HP treats allowed the building of 34 categories that explain the most relevant challenges HP faces today. The first of these categories, representing 22% of the answers, point to lack of articulation between sectors. Governance and political engagement are considered by 17% of the answers as having high impact in HP measures. A third category, 15% of the answers, considers evidence based HP initiatives and dissemination of results of being another relevant treat to HP.

Conclusions: According to the results obtained, strong emphasis is given to the fact that HP is not well disseminated, needs more investment in scientific endorsements of results and political involvement/articulation between sectors in society. As HP competes with other areas in health it needs to strength its social desirability and scientific respectability.

Keywords: Health promotion. Ottawa Charter.

HEALTH PROMOTION AND THE ELDERLY - DETERMINANTS OF THE QUALITY OF LIFE IN PONTE DE SOR (PORTUGAL)

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Introduction: Growing old is irreversible and inevitable. Recent years have seen an incremental growth in the number of individuals over 65 years of age, due to low birth rates and on the other hand, the increase of life expectancy. This has been associated with the occurrence of various chronic diseases affecting the way of living and the aging process, predisposing these individuals to greater vulnerability and fragility, and, therefore, lower levels of quality of life.

Objectives: The purpose of this study is to analyze the determinants of quality of life of the elderly in the population of Ponte de Sor (Portugal). Taking this into consideration, the study aim is to understand to what extent the quality of life may be related to the sense of coherence of these individuals and their health literacy levels.

Methods: This cross sectional study is based in a paper and pencil survey where quality of life (SF-36 V2), health literacy (HLS-EU-PT validated Portuguese version www.literacia-saude.info) and the 13 items Sense of Coherence Questionnaire are considered. 250 individuals participated from 11 institutions (6 day care centers and 4 residential homes).

Results: Preliminary results of this research show that the quality of life of the elderly is compromised with lower levels of health literacy and sense of coherence.

Conclusions: Further research is needed to confirm these preliminary results. If confirmation is obtained new intervention models will be proposed to improve the quality of life of elderly persons. The results will be translated into policies and recommendation of best practices for health promotion will be presented to local authorities in order to promote quality of life of the elderly.

Keywords: Sense of coherence. Elderly. Health literacy.

SYMPOSIUM: NATIONAL NETWORK OF INTEGRATED CONTINUOUS CARE: EVOLUTION OF THE DEPENDENTS HEALTH PROFILE

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Incorporate Communications

DEPENDENTS ADMITTED TO LTMU AND ICCT: A COMPARATIVE STUDY ON HEALTH CONDITION EVOLUTION

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Introduction: The National Network of Integrated Continuous Care (NNICC) integrates a set of internment types and home support. The main objective is the provision of care for dependents and the training of family members to take care.

Objectives: Compare the health condition evolution among dependents admitted on the Long Term and Maintenance Units (LTMU) and the Integrated Continuous Care Teams (ICCT).

Methods: Exploratory study of quantitative profile with an inter-subject and intra-subject design. A sample of 466 cases: 241 admitted in 3 LTMU and 225 in 4 ICCT of Minho, Portugal. Was applied the form "Profile of dependents integrated in NNICC providers" in admission (A) and clinical discharge (D), for 1 year (between 2013 and 2014).

Results: Dependents on the ICCT, are older, have longer dependency time and greater autonomy reconstruction potential; fewer deaths and fewer exacerbations. In LTMU there is a higher% of: pressure ulcers, joint stiffness and ineffective coughing. In an inter-subject evaluation, dependents on the ICCT are less dependent on self-care, in A [t (464) = - 5.573, p < 0.001], and D [t (232) = - 4.303, p < 0.001]; lower bodily processes commitment either in A [t (464) = - 2.567, p = 0.011] and D [t (233) = - 2.009, p = 0.046]. In an intra-subject evaluation, on ICCT there are a higher number of cases

with positive development between admission and discharge, on the dependency level and bodily processes commitment.

Conclusions: The dependents accompanied by ICCT have better health condition and positive evolution compared to those admitted to LTMU.

Keywords: Self-care. Bodily processes. NNICC. LTMU. ICCT.

DEPENDENTS ADMITTED TO CU AND MTRU: A COMPARATIVE STUDY ON HEALTH CONDITION EVOLUTION

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Introduction: Convalescence Units (CU) and Medium Term and Rehabilitation Units (MTRU) are the National Network Integrated Continuous Care (NNICC) internment units which, by their referentiation criteria, have dependents with higher autonomy reconstruction potential.

Objectives: Compare the health condition evolution among dependents admitted on Convalescence Units (CU) and Medium Term and Rehabilitation Units (MTRU).

Methods: Exploratory study of quantitative profile with an inter-subject and intra-subject design. A sample of 425 cases: 265 admitted in two CU and 160 in a MDRT of Minho, Portugal. Was applied the form "Profile of dependents integrated in NNICC providers" in admission (A) and clinical discharge (D), for 1 year (between 2013 and 2014).

Results: Dependents on CU have on average lower dependence time, higher autonomy reconstruction potential, less acute exacerbations with need for the hospital; no deaths (against 8 in MTRU). In MTRU there is a higher% of: pressure ulcers, joint stiffness and ineffective coughing. In an inter-subject evaluation, dependents on the CU are less dependent on self-care, in A [t (423) = 7.080, p < 0.001], and D [t (365) = 11.29, p < 0.001]; lower bodily processes commitment either in A [t (423) = 2.146, p = 0.032], and D [t (365) = 5.351, p < 0.001]. In an intra-subject evaluation, on CU there are a higher number of cases with positive development between admission and discharge, on the dependency level and bodily processes commitment.

Conclusions: The dependents admitted on CU have better health condition and positive evolution compared to those admitted to MTRU.

Keywords: Self-care. Bodily processes. CU. MTRU. NNICC.

FAMILY CAREGIVERS FOLLOWED BY THE NATIONAL NETWORK OF INTEGRATED CONTINUOUS CARE (NNICC): POTENTIAL TO TAKE CARE

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Introduction: One of the main objectives of the National Network of Integrated Care (NNICC) creation was the family caregivers (FC) training to take care of dependents.

Objectives: To evaluate the potential of the FC to take care of dependents (PFCTC) followed by the NNICC.

Methods: An exploratory study of quantitative profile. Sample of 358 FC of dependents admitted into units and followed by teams of NNICC in Minho region of Portugal. Was applied the form “Profile of Dependents Integrated in NNICC providers” on discharge, during 1 year (between 2013 and 2014). The form includes a PFCTC rating scale with four dimensions in which the score ranges from 17 (low) to 51 (high).

Results: Most of the FC are female (79.1%), daughters (48.9%) or spouses (28.5%), married (79.9%), cohabiting with dependent (76.3%), caregivers for the 1st time (72.3%) and education 1st cycle (56.4%). They have a mean age of 55.4 years 17.3% ≥ 70 years and 6% ≥ 80. The PFCTC has a mean score of 40.3 (moderate to high, Cronbach Alpha = 0.895). The “formal support perception and previous experience to take care” is the dimension with the lowest score (34) and, the “process of adaptation and informal network perception support” has the highest score (42.2). There were statistically significant associations between PFCTC, FC age, dependent potential of autonomy reconstruction and family economic income.

Conclusions: Is required more systematization on the evaluation of PFCTC, since the adaptation to role in the different dimensions involved is not homogeneous. The study reveals the need for greater support from the formal network.

Keywords: Family caregiver. FC Potential to take care. NNICC.

FORMAL SUPPORT AFTER NNICC CLINICAL DISCHARGE

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Introduction: The resources available to families that integrate dependents are facilitating factors of healthy transitions. The research carried out in Portugal shows that there is inadequate formal network support to self-care dependents after home return.

Objectives: Identify the formal network support for dependents, after clinical discharge from the National Network of Integrated Continuous Care (NNCCI) to home.

Methods: An exploratory study of quantitative profile. The sample includes 418 families that integrate dependents, after clinical discharge from the NNICC to home, in the Minho region of Portugal. Was applied the form “Profile of the dependents Integrated in the NNICC providers” during one year (2013 to 2014).

Results: In clinical discharge for most families was planned medical [84.1% (N = 351)] and nursing [53.8% (N = 224)] support, with appointments at the health center or house scheduling; [44.8% (N = 187)] were referred for physiotherapy services and only [2.9% (N = 12)] had support of Home Support Services (HSS). In families who had not planned nursing support [46.2% (N = 194)] after clinical discharge of the dependent, it was found that 47.9% (N = 93) of family caregivers (FC) play the role for the 1st time and 20.1% (N = 39) of the dependent relatives are totally dependent.

Conclusions: The study revealed insufficient support from the formal network, in particular, by the nursing teams to families that integrate the most dependent patients. Those, in view of their very vulnerable health condition, require of the FC higher intensity and complexity of care, hence, they cannot “be alone” in the taking care process. Clinical discharge should be planned with more professionalism.

Keywords: Self-care. Family. Formal support. NNICC.

HEALTH PROFILE OF OLDER PEOPLE IN NURSING HOMES

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Introduction: The population aging which is associated with an increase in chronic diseases, self-care dependence and health care needs, led to the creation of the National Network of Integrated Continuous Care (NNICC). Still, by the decreasing size of families and new family organization forms, less compatible with care for the elderly, nursing homes have an occupancy rate higher than 90%. At NNICC clinical discharge about 10% of the seniors go to nursing homes.

Objectives: Characterize the health condition of older people in nursing homes; know the global dependency level and for self-care domain; identify relationships between clinical and sociodemographic variables.

Methods: Cross-sectional study, descriptive correlational held in two nursing homes in Minho, Portugal, with a sample of 202 seniors. We performed statistical descriptive and inferential data analysis.

Results: The mean age of the sample is 84 years. Most are women, widows with low education. The most common clinically relevant background is orthopedic surgery, and stroke. All have one or more chronic conditions and complex therapeutic regime. The most common bodily processes commitments are decreased muscle strength and range of motion, absence of standing balance, pain, impaired swallowing and ineffective coughing. The self-care domains they are more independent are turn and eat; to dress/undress and hygiene they need help. There are significant correlations between the global dependence level and age, risk of pressure ulcers, chronic diseases, education level, risk of commitment of bodily processes and stroke history.

Conclusions: The nursing homes seniors' are dependents on self-care, with multiple chronic conditions, a complex treatment regimen and a high prevalence of bodily commitments.

Keywords: Health condition. Self-care. Older people. Nursing Homes.

HEALTH POSITIVE OUTCOMES PROMOTED BY NNICC: AN INTEGRATIVE OVERVIEW

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Introduction: The National Network of Integrated Continuous Care (NNICC) was created to provide effective responses to a growing number of people with self-care dependency.

Objectives: To know the health profile of the dependents and their families, as well as their evolution during NNICC accompaniment.

Methods: Exploratory study of quantitative profile with an inter-subject and intra-subject design. The sample includes 891 dependents and family caregivers followed by the NNICC, in Minho, Portugal. Was applied the form “Profile of dependents integrated in the NNICC providers” in admission (A) and clinical discharge (D), during 1 year (between 2013 and 2014).

Results: This is an aging population, mainly women, with low education and low income. Despite the dependence pattern manifest different between the typologies, overall are found significant positive health outcomes, in particular a positive development on self-care dependence level and bodily processes. However, these positive health outcomes are different between typologies and more evident in the CU and MDRU, influenced by the higher potential of autonomy reconstruction. The planning formal support after clinic discharge was insufficient, particularly of nurses, despite FC show, overall, potential to take care, there were differences in this training among the different typologies.

Conclusions: The NNICC promotes significant positive health outcomes, in the dependents health status. However, we need a better clinic discharge planning, more systematized and professionalized, especially in families that integrate the most dependent patients, for the need of greater complexity and intensity of care to be provided.

Keywords: Self-care. Health positive outcomes. NNICC.

SYMPOSIUM: OCCUPATIONAL HEALTH: PSYCHOSOCIAL RISKS IN THE WORK OF NURSES

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Incorporate Communications

WORKPLACE BULLYING AMONG PORTUGUESE NURSES

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Introduction: Bullying is a reality in the workplace (Johnson, 2015). Studies show that it is a prevalent problem in nursing (Borges & Ferreira, 2015; Purpora, Cooper & Sharif, 2015; Jurado Perez-Fuentes & Linares, 2016). This phenomenon is responsible for many health problems, such as depression and anxiety (EU-OSHA, 2014).

Objectives: To identify the presence of bullying among nurses and analyse the variation of bullying according to sociodemographic and professional characteristics of nurses.

Methods: Quantitative, descriptive and correlational study. For data collection, we used a sociodemographic and professional questionnaire and NAQ-R (Einarsen & Hoel, 2001; Araujo, McIntyre & McIntyre, 2004 Borges & Ferreira, 2015). The sample of convenience consisted of 173 primary health care nurses, from an Azorean Island.

Results: From the preliminary results, we highlight that 9.2% of the nurses admitted to have been bullied in the past six months. The most prevalent negative acts were: "To be forced to perform tasks below their level of competence"; and "Being exposed to an excessive and impossible to accomplish amount of work." Younger nurses, working rotating shift schedules and with higher levels of stress at work, had a higher perception of bullying.

Conclusions: Sociodemographic and professional factors contribute to the prevalence of bullying in nursing. It is necessary to develop occupational health programs and organizational measures to prevent the occurrence of bullying or to promote its effective management.

Keywords: Nursing. Bullying. NAQ-R. Occupational Health.

BULLYING AT WORK: CONCEPT AND OBSERVERS' PERSPECTIVE

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Introduction: Bullying at work is a serious threat to people's health (EU-OSHA, 2014). This phenomenon is present in several work contexts, including the nurses' (and Borges Ferreira, 2015). It's everyone's responsibility to ensure an appropriate behaviour at work and to challenge unacceptable behaviour when witnessed (Whittaker, Davies & Morris, 2015).

Objectives: To describe the nurses' perceptions regarding the concept of bullying at work, observers' perceptions about the consequences on victims and also their behaviour as bullying witnesses.

Methods: Qualitative, exploratory, descriptive and cross-sectional study. Through the network sampling technique, 12 semi-structured interviews were conducted to nurses with more than 10 years of experience. The information was submitted to a thematic category analysis (Bardin, 2009).

Results: From the perception of the concept of bullying, it is noted that most nurses do not refer to two of the main dimensions of this phenomenon namely the frequency and duration of the aggressive behaviour. Participants who identified themselves as observers reported that the service transfer, stress, depression, resentment, and eating disorders, were consequences of bullying acts on victims. Advising and supporting the victim, advocating, undervaluing and passivity were the described behaviours.

Conclusions: We consider that the awareness of this phenomenon and its implications can be a determining factor in the behaviour of people involved in promoting the quality of working life, like Portugal advocates with the resolution of Council of Ministers No. 77/2015.

Keywords: Bullying. Nursing. Observers. Occupational Health.

PRESENTEEISM IN NURSES

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Introduction: Presenteeism concept refers to the physical presence of workers at their workplace. However, this present didn't means a full performance of functions and duties, that is, the worker is present but absent at the same time (Johns, 2010; Scuffham et al., 2013). Nurses are a group very studied in presenteeism literature, with several studies corroborating the predisposition that this professional group shows to present this phenomenon, due to numerous and complex conditions inherent to the profession itself (Letvak et al., 2012; Straw, 2014).

Objectives: To identify the presence of presenteeism in nurses' work.

Methods: Exploratory, descriptive and transversal study. A demographic/professional questionnaire, an health problems questionnaire and the SPS-6 (Koopman et al., 2002, translated and validated for the Portuguese population by Ferreira et al., 2010) were applied, through a networks sampling, to 151 nurses from various regions of the country.

Results: Results showed that 91.4% of the nurses went to work for the last month, with one or more health problems. The most commonly referred were headaches and/or migraine and stress. It was found that the dimensions Completed work and Avoided distraction suggested low presenteeism levels.

Conclusions: Results highlighted that attention should be given to nurses' health condition, or, we may continue to see a continuous physical and psychological erosion of these professionals. Occupa-

tional health plays a key role, contributing to healthy and active workers for longer time (EU-OSHA, 2014).

Keywords: Nurses. Presenteeism. Occupational Health.

JOB SATISFACTION AND ABSENTEEISM IN NURSES

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Introduction: In Portugal the Primary Health Care, considered the pillar of the health systems, adopted new management models which involve significant changes in the organization of the health care. Both the adaptation of nurses to this reality and the professional requirements assigned to the specific nature of nursing enhance the likelihood of repercussions on job satisfaction and absenteeism of nurses.

Objectives: This study aims to identify the level of job satisfaction and absenteeism, and analyze the relationship between satisfaction and absenteeism in the work performed by nurses.

Methods: A quantitative, exploratory and cross study was used as methodology. A sociodemographic/professional questionnaire and a satisfaction questionnaire in the S20/23 (Meliã & Peiró, 1989; Pocinho & Garcia, 2008) work were used for the collection of data. The convenience sample consisted of 109 Portuguese nurses of health centre clusters of northern Portugal.

Results: From the results it is noted that nurses perceive satisfaction at work (full scale and its factors) ranging from “indifferent” to “somewhat moderate.” Nurses missed last year on average 16.7 days in the service and the most given reason for missing work was the nurse’s own disease followed by a relative’s disease. Nurses who did not miss work are those who perceive greater satisfaction in total work (S20/23) and all factors (I to V).

Conclusions: The results point to the importance of the implementation of actions that aim at promoting the quality of working life, one of the objectives of the National Strategy for Safety and Health at Work 2015-2020. Similarly, it would provide a tool for the management of human resources, particularly in sustainable decision making.

Keywords: Nurse. Work satisfaction. Absenteeism. Management.

NURSES’ RESILIENCE AT PUBLIC HOSPITALS IN THE METROPOLITAN AREA OF PORTO

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Introduction: Working environment is composed by different stressors. However, resilience enables balance recuperation after cope with high levels of stress (Wagnild, 2011).

Objectives: To know resilience levels among nurses of public hospitals in the metropolitan area of Porto.

Methods: It is a transversal, exploratory and descriptive research. Data were collected using an anonymous questionnaire with sociodemographic/professional questions, and the Resilience Scale of Wagnild and Young (1993). Participated 220 nurses, being 71.8% female, mean age of 33.8 years, 73.2% with definitive job contract, 78.9% with rotating shift, mean job experience of 10.8 years and mean experience in the institution of 6.7 years.

Results: Using a 1-7 points scale, participants presented an average of 5.76 in Personal Skills factor and an average of 4.98 in the factor Acceptance of Yourself and Life, what means, high scores of resilience.

Conclusions: Results showed that nurses who participated in this study present high scores of resilience.

Keywords: Occupational Health. Nursing. Resilience.

SYMPOSIUM: ONCOLOGY AND PALLIATIVE NURSING: CURRENT PERSPECTIVES

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PALLIATIVE PATIENT SAFETY

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Introduction: Patient safety is a complex issue that started being studied in Portugal in the 90s and, only recently, has been related to the specific characteristics and requirements of the palliative patient.

Objectives: Describe the concept of patient safety exploring the adaptation to the context of palliative care. One of our objectives will be to address the question: What does patient safety means when the patient requires?

Methods: We held an integrative literature review using adequate descriptors for this theme and considered studies from the last 10 years (2006-2016) available at EBSCO research. We obtained 11 articles from Medline, CINAHL Plus with Full Text and Repositório Científico de Acesso Aberto de Portugal (RCAAP).

Results: Our initial search produced 151 results, which were reduced to 11 articles after applying our methodological elements. From these, four articles addressed the issue of symptom control and medication errors; four articles discussed generally the issue of the safety in care, curiously, with incidence in the household; one on the quality of care related, intrinsically, to safety; an article related with the means of therapeutic administration and, finally, one about palliative sedation.

Conclusions: Palliative patient safety is a developing area where the specificity of the patient requires adaptations to the base safety concept and to the procedures already applied. We observed a predominance of the relationship between the patient safety and the notification of medication errors, although the occurrence of falls was also mentioned. Incident report was another prominent element. From this research emerged the idea of creating an error reporting system in the palliative context and the development of measures adapted to these users.

Keywords: Patient safety. End-of-life. Palliative.

INFLUENCE OF SPIRITUALITY IN END OF LIFE ATTITUDES

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Introduction: Spirituality seems to present itself as a complex and less simplistic definition of the term that would apparently sup-

posed to wait. The human being who is in terminal phase undergoes a process which involves introspection and reflection on the meaning of life. The suffering, physical and spiritual, is a component that consciousness of an announced death can trigger.

Methods: This work has the general objective to know the influence of spirituality in the attitudes of users terminally ill, institutionalized in Palliative Care units of the Rede Nacional de Cuidados Continuados integrados in the Nordeste Transmontano. It was operationalized a qualitative study, phenomenological, by applying an appropriate data collection instrument: semi-structured interview based on the Spiritual Assessment tool-FICA®, whose discursive components were treated through. A sample content analysis consists of users hospitalized in two units of the network.

Results: After extensive analysis of the speeches, met the influence of spirituality in the attitudes of users in terminal stage: three main categories, show that the significance and meanings of spirituality and/or religion in people's attitudes is through personal awareness that each It has of himself as being more spiritual; the symbolism of the sacred and the recognition of faith through practice. also emerged a new categorial component relating to aspects of caring for the spiritual end of life, referring to the family as the main support organization and preparation for death.

Keywords: Spirituality. Religiousness. Quality of life.

LEARNING THE PERCEPTION AND STRATEGIES OF DEATH CONTEXT IN PALLIATIVE CARE

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Palliative Care is a place-time of life where the experience of death teaches humans in general to develop strategies to cope with the pain, the anguish, the sadness and loneliness. The question is how caregivers can learn with those experiences to improve the possible quality in Palliative Care. Know how death context is perceived by family and caregivers, and the strategies they build to manage this process in Palliative Care. Systematic Review of literature using the PICO strategy. It resorted to databases B-on and RECAAP, having been gathered 38 studies (articles and thesis) between 2008-2015, which after being subjected to inclusion criteria, nineteen were subjected to content analysis, as to results presented. Fourteen studies present caregivers context (doctors and nurses), eleven studies present results with respect to family. We can divide the results in 3 human contexts: Nurses feel sadness, impotence, uncertainty, frustration, revolt, and mobilize several strategies such as the sharing, the support and the attending other patients. Doctors use prudent words and show apparent emotional detachment. Family in one hand lives the conspiracy of silence or an expressive deep suffering devastating and on the other hand builds different coping strategies according to the degree of significance of the person. Studies verify that the less coping strategies are used by the family, the higher level of stress is perceived. In Palliative Care contexts Family and caregivers perceive dead in different coping strategies to manage this process of pain and anguish, and we need learn with them, how to help patients and family efficiently and effectively to improve the emotional and empathetic support.

Keywords: Perception and strategies of death. Palliative care. Caregivers. Family.

PALLIATIVE CARE RESEARCH: USING THE DELPHI METHOD

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Introduction: the increasingly complex challenges in the context of palliative care result from the growing aging population, the need to develop care in a community context and the social changes that reached Portugal in the last decade. The interest to understand the applicability of a recent research tool, as the Delphi panel, in studies in the field of palliative care results on this research.

Objectives: To understand the application of the Delphi method for research in palliative care.

Methods: We held an integrative literature review using adequate descriptors for this theme and considered studies available at EBSCO research.

Results: Our initial search produced 26 results, which were reduced to 8 articles after applying our methodological elements. The Delphi method was used for purposes of defining research indicators worldwide, in the definition of the best care for patients and in the common point of these studies, in addition to the intention to create new data in the understanding and development of the practice of care is, in fact, the use of this research tool for the management of a high number of data from geographically distant points.

Conclusions: Literature allows us consider the earlier use of the Delphi method in palliative research; no data found in the Portuguese reality. This method has great utility in the systematization, organization and evaluation of the contexts and care practices. Record the favorable use in groups of diverse social contexts, geographically distant, namely, the creation of quality of care indicators in different areas such as: dementia, depression or pediatrics. It reinforces the importance of the development of this resource in the context of palliative care.

Keywords: Delphi study. Palliative care.

SATISFACTION WITH THE HEALTHCARE PROVIDED OF WOMEN WHO HAD UNDERGONE A MASTECTOMY

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Introduction: Breast cancer is the most common form of cancer among women worldwide and, therefore, deserves the highest attention and assistance from medical services. Considering patients' satisfaction as an indication of healthcare quality, women who have undergone a mastectomy will assess the medical care received. This assessment will be based on what is expected from that medical care and on the expected improvement of her health condition.

Objectives: To determine the level of satisfaction of women who have undergone a mastectomy with the medical care provided by nurses, doctors and by the way hospital services are organized. Design: A descriptive and cross-sectional study, developed in Portugal. Participants: A non-probabilistic sample formed by 153 women who underwent a mastectomy with an average age of 55, married (67.3%), unemployed (56.2%), living in a rural area (71.2%) and living on minimum wage (54.9%). Measurement Instrument: European Organization for Research and Treatment of Cancer (EORTC) IN-PATSAT 32 questionnaire.

Results: 113 (73.85%) of the 153 women are satisfied with the medical care provided and 40 (26.14%) of them show their lack of satisfaction. A highly significant percentage of women (49.01%) feel fairly satisfied with the medical care provided by nurses and with the way services are organized (37.9). On the other hand, (37.9%) show their dissatisfaction towards doctors. The family network proved to be a predictor of the satisfaction with doctors ($\beta = 0.163$; $p = 0.044$) and the period of hospitalization predicts the satisfaction with the organization ($\beta = 0.171$; $p = 0.011$). Both predictors will be useful to explain the 3% variability in patients' satisfaction.

Conclusions: Monitoring the satisfaction with the medical care received is a fundamental strategy to promote the well-being of women who underwent a mastectomy.

Keywords: Women. Mastectomy. Satisfaction. Healthcare provided.

PALLIATIVE CARE: EMOTIONAL SKILLS AND MENTAL HEALTH IN HEALTHCARE PROFESSIONALS

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Introduction: Healthcare professionals handle with situations that cause them physical, emotional and mental exhaustion in their daily life. Palliative care, by itself, will require health professionals to develop emotional skills so that they can react effectively to both care for each other and to their own mental health.

Objectives: To assess the mental health profile and emotional skills of health professionals with or without experience in palliative care and to study the relationship between the mental health and the emotional skills of these professionals.

Methods: Cross-sectional, descriptive and correlational quantitative study, with 116 health professionals (40 participants have experience in palliative care), aged between 22-62 years old, female gender (79.3%). It was used validated measurement tools for the Portuguese population, namely: Emotional Skills Questionnaire (QCE), Mental Health Inventory (MHI-5) and a sociodemographic profile datasheet.

Results: Health professionals with a better mental health state are 35 year-old women, owning a university degree and who have experience in palliative care. The study revealed that professionals with high emotional skills have also better mental health conditions. The mental health condition of these professionals influence their emotional Perception, emotional Expression and the Ability to deal with emotions. There were no differences between the emotional skills and the experience they have in palliative care.

Conclusions: The mental health conditions of healthcare professionals should be a concern because it allows a better development of emotional skills and it is reflected on the healthcare quality provided to the patients and their family.

Keywords: Palliative care. Emotional skills. Healthcare professionals.

SYMPOSIUM: PARENTING PRACTICES - IMPORTANCE FOR THE HEALTH OF CHILDREN AND ADOLESCENTS

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ADOLESCENTS' EDUCATION ON ALCOHOL AND TOBACCO

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Introduction: In the adolescence, the adoption of addictive behaviours is a reality, particularly the alcohol and tobacco consumption, and this is a serious public health concern and constitutes a threat to the adolescents' health. Those behaviours are preventable and health education is a strategy that can be adopted. Nurses are target professionals in health education programmes but their role should be more active.

Objectives: To identify the adolescents' informants on alcohol and tobacco effects on a primary and secondary school from the Mogadouro county.

Methods: We conducted a quantitative and exploratory study. Data collection by questionnaire.

Results: Our sample was constituted by 53.1% male adolescents, with an average age of 14,5 years old. About the harmful effects of alcohol, 78.9% have already had information, 87.5% by teachers, 9.3% by health professionals such as nurses, doctors or psychologists, 11.4% by family and 2.1% by colleagues. Regarding tobacco, 80.3% have already had information, 84.9% by teachers, 8.8% by health professional, 15.1% by family and 3.2% by colleagues. Although, 28.2% wish to have more information on both themes and most of the adolescents wanted to be informed by health professionals. The youngest and female adolescents (10-13 years old) were the group that wish to have more information about the themes.

Conclusions: Earlier and continuous health education is an investment that fills the adolescents' needs and their involvement as well as all community (teachers, parents) is important for the success of this strategy and the possibility to reduce and delay the consumption. The school is a privileged local for health education because adolescents are there most of the time and it can be performed in and by a group of peers.

Keywords: Adolescents. Alcohol. Tobacco. Health Education. Health Professionals.

MANAGING FEVER IN CHILDREN: PARENTS' KNOWLEDGE AND PRACTICES

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Introduction: Fever is one of the most common symptoms in childhood and one of complaints and most common reasons in demand for health services by the parents. The study aims to analyse parents' knowledge and practices in managing fever symptoms in their children under six years.

Methods: We conducted a quantitative, exploratory and descriptive study with a convenience sample. Data was collect by questionnaire in the north of Portugal.

Results: Our sample comprises 145 parents (89% mothers), aged between 21 and 47 years old, 46.9% had a degree. Most parents use electronic thermometer and touch to assess fever, consider values under 38 °C as fever and 31.2% assume to give antipyretics with values between 37 °C and 37.8 °C. The antipyretic medication is the preferred intervention of the majority of the parents, 64.4% use more than one in the management of the febrile episodes. In association to antipyretic medication they appeal to non-pharmacological intervention, the most used is the decrease in the amount of clothes. Parents believe that the untreated fever will be able to cause meningitis, coma, mental retardation and even death.

Conclusions: The results show a clear lack of parental knowledge about how to care a child with fever: consider relatively low values of body temperature as fever and as value of reference for antipyretic administration, have erroneous beliefs about fever and consequences it can have on children's health. Some parents administer antipyretics without associating non-pharmacological measures. We can conclude that health education interventions targeted are necessary for parents to learn how to effectively manage the symptoms of fever in child. Nurses have a privileged position for these interventions because of their role in child health surveillance.

Keywords: Child. Fever. Parental knowledge.

KNOWLEDGE OF PARENTS/CAREGIVERS OF FEVER IN CHILDREN

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Introduction: In pediatric settings, fever is a frequent sign of disease and arouses anxiety in parents, leading them to inadequate demand for health care and excessive use of antipyretics, especially due to the lack of knowledge about its meaning.

Objectives: To identify the sociodemographic variables that interfere with the parents' knowledge of fever in children; identify the parents' main sources for information on fever in children.

Methods: This is a quantitative, cross-sectional, descriptive and correlational study in a non-probabilistic convenience sample consisting of 360 parents who attended the infant health surveillance consultations with their children in public health institutions in the center of Portugal. The data collection instrument, built by the researchers, based on literature review, was submitted to validation and pretesting.

Results: A sample with an average age of 34.7 years (± 7.9), mostly female (51.7%). Knowledge of the condition proved to be weak in parents aged ≥ 38 years (36.2%), from rural areas (69.3%) and education up to 9th grade (53.9%). Parents younger than 37 years of age (68.2%), from urban areas (53.0%) and a higher education (43.3%) showed good knowledge. Women are shown to have a better level of knowledge ($63.33\% \pm 12.32$ DP) than men ($56.15\% \pm 15.08$ DP). Most of the sample (64.7%) consider fever temperatures between 37 and 37.5 °C and only 33.1% refer to 38 °C. The main sources of information are health professionals, nurses mentioned in 50.6% of the sample.

Conclusions: The results show that nurses should further contribute to raising the level of literacy in health for parents, in order to enable them to intervene appropriately in children with fever.

Keywords: Child. Fever. Parents. Information sources.

KNOWLEDGE AND ATTITUDES OF PARENTS CHILD WITH FEVER IN CONTEXT OF EMERGENCY DEPARTMENT

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Introduction: Nowadays there is a disproportionate demand for emergency departments, resulting in inappropriate use of resources. Fever in children is anxiety-inducing and is one of the main manifestations that drives parents to that services.

Objectives: Access the relationship between sociodemographic variables with the Knowledge and the attitudes of parents on this topic; prepare a decision chart for children with fever in emergency department.

Methods: This is a quantitative descriptive and explanatory cross-correlated study with a non-probability convenience sample of 144 parents at CHTMAD, in order to verify the influence of some variables that can affect the knowledge and attitudes of parents towards the child with fever.

Results: The sample was predominantly female (86.8%). We found that woman have intermediate knowledge and reveal better attitude towards fever. The symptoms that must concern and led the participants to use the emergency department were: vomiting/dehydration (66.4%), poor general condition (64.6%) and difficulty in breathing (52.1%). In 58.5% of cases of fever without focus, primary health care could have been used. Higher education levels appear to correlate with better knowledge, and participants looking for a health professional as a source of information, have more appropriate attitudes.

Conclusions: We found that parents/caregivers have limited knowledge and some inadequate attitudes towards children with fever. We realize that fear generates exacerbated concerns in associated with parents conceptions and directs their attitudes and practices in child care.

Keywords: Fever. Child. Parents. Knowledge. Attitudes.

SYMPOSIUM: RECOMMENDATIONS FOR NURSING PRACTICE BASED ON EVIDENCE

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THE USE OF BIOFEEDBACK IN TREATMENT OF FECAL INCONTINENCE: A SYSTEMATIC REVIEW

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Introduction: The treatment of fecal incontinence using biofeedback techniques goes back to the 70s, however their effectiveness is controversial.

Objective: To update and determine the best scientific evidence on this therapy.

Methods: A systematic review following the principles proposed by the Cochrane Handbook was performed from 1970 using databases as: Cinahl Complete, Medline Complete, Cochrane Central Register of Controlled Trials, Medic Latina, Scielo, Elsevier, Repositório Científico de Acesso Aberto em Portugal (RCAAP) and Coordenação de Aperfeiçoamento de pessoal de nível superior (CAPES). The inclusion criteria were: adults (+ 18 years old), with deficiency of the pelvic floor muscles due to sphincter injury or denervation of the pelvic floor. Exclusion criteria: children, neurologic diseases (like stroke), multiple sclerosis, irritable bowel syndrome, abuse of laxatives and scleroderma.

Results: Initially we found 1726 studies, after applying the inclusion and exclusion criteria we reduced this number to 11. For the critical appraisal of the studies we used the scale from the Centre for Evidence Based Medicine of Faculty of Medicine Lisbon and we excluded 1 article. Finally, the main corpus of the study had 10 studies (2 randomized controlled trials and 8 prospective studies). Preliminary results show that studies used different evaluation parameters: from anal manometry, Cleveland Clinic Florida Fecal Incontinence scale to the Fecal incontinence Severity Index.

Conclusions: We found a shortness of quality studies available on this subject and the methodological limitations make it difficult to compare study results. We suggest a standardization of instruments and definitions as essential for the improvement of scientific knowledge in the area.

Keywords: Biofeedback. Faecal incontinence. Therapy.

THE EFFECT OF COFFEE ON BLOOD PRESSURE IN HYPERTENSIVE PERSONS: A SYSTEMATIC REVIEW

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Introduction: Hypertension is one of the major risk factors for cardiovascular disease. Coffee consumption has been associated with hypertension leading health professionals advise against him, it being one of the most consumed beverages in the world.

Objectives: To evaluate the effect of coffee consumption in systolic and diastolic blood pressure in people over 18 years with hypertension.

Methods: A systematic review following the principles proposed by the Cochrane Handbook was performed by a systematic search in CINAHL, MedicLatina, Cochrane Central Register of Controlled Trials, Cochrane Database of Systematic Reviews, Nursing & Allied Health Collection; Scielo; Elsevier; Pubmed; Google Scholar from January 2008 to May 2016. The inclusion criteria were: adults with 18 or more years with hypertension. Exclusion criteria: children, pregnant women, diabetes, endocrine or metabolic disorders, cardiovascular disease, liver dysfunction, nephropathy, other serious disease, or caffeine/coffee hypersensitivity.

Results: 5,865 studies were identified, after applying the selection criteria and duplicates removal we stayed with 5 studies. For the critical appraisal we used the scale from the Centre for Evidence Based Medicine of FML and JBI Critical Appraisal Checklist for Cohort and Case-control studies. Preliminary results shows contradictory aspects because studies suggests that coffee consumption increases the risk of cardiovascular diseases in hypertension and by

other hand hydroxyhydroquinone-reduced coffee decreased blood pressure in subjects with mild hypertension.

Conclusions: We found a shortness of quality studies available on this subject and the methodological limitations and differences in interventions make it difficult to compare study results.

Keywords: Coffee. Caffeine. Hypertension. Blood pressure.

EFFECTIVENESS OF NURSE-LED CARE AS ALTERNATIVE TO RHEUMATOLOGIST FOLLOW-UP IN RA PATIENTS: A SYSTEMATIC REVIEW

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Introduction: Rheumatoid arthritis (RA) is a chronic autoimmune joint disease with an increased risk of joint damage and disability if disease control isn't achieved and optimized from early on. Traditionally RA patients are managed by planned medical consultations every 3-12 months; however several recent studies have been demonstrated that this work can be effectively performed by trained nurses.

Objectives: To determine the effectiveness of nurse led consultations in disease activity, fatigue, pain, quality of life, self-efficacy, treatment adherence in patients with RA when compared to rheumatologists.

Methods: A systematic review following the principles proposed by the Cochrane Handbook was performed by a systematic search in PubMed, Embase and EBSCO from 2005 to 30 December 2015 (with monthly updates). Two reviewers independently selected articles, collected data from studies and carried out a manual search of the references of the included studies. For the critical appraisal of the studies we used the scale from Centre for Evidence Based Medicine of Faculty of Medicine Lisbon, and the primary outcome were disease activity, fatigue, pain, quality of life, self-efficacy, and treatment adherence. We excluded studies where the patients didn't have RA in low disease activity.

Results: 126 studies were identified and after duplicates removal, we proceeded with 100 studies. The selection by title and abstract selection leaves us with 11 studies for full reading. Our final selection included 13 (2 gathered by manual search). Preliminary results show that nursing consultations are a good alternative to rheumatologist consultations without deterioration of disease control.

Conclusions: Nursing consultation can enhance patient's self-efficacy, treatment adherence and pain control.

Keywords: Rheumatoid arthritis. Nurse's role. Education.

APPLICATION OF MECHANICAL CHEST COMPRESSIONS IN THE PREHOSPITAL: FAVORABLE NEUROLOGICAL OUTCOME AT HOSPITAL DISCHARGE

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Introduction: The quality of Cardiopulmonary Resuscitation (CPR), especially the chest compression, is vital to the success of the Return of Spontaneous Circulation (ROSC) and for good neurological

outcomes at hospital discharge, in victims who have suffered Out-Of-Hospital Cardiac Arrest (OHAC).

Objectives: The aim of this study is to determine the effectiveness of mechanical chest compressions on the neurological outcomes of victims with OHCA.

Methods: A Systematic Review of Literature (SRL) on studies evaluated the assessing of effectiveness in the using of mechanical devices on chest compressions on cardiac arrest patients with OHCA. After a research (in PubMed, EBSCO and Google Scholar) in studies published between January 2009 and 31 October 2014, were found studies and subjected to analysis, taking into account the previously established inclusion criteria. The quality of the studies included was assessed by two reviewers using the critical evaluation scale of a study describing a prospective, Randomized Controlled Clinical Trial (RCT) by Carneiro (2008). The meta-analysis was performed by using the Mantel-Haenszel method, using the effect of random models.

Results: From three RCTs that involving 7208 participants, were selected 3027 of the group of the mechanical devices and 4181 of the control group. The analysis of the combined trials, shows no significant differences on the good neurological outcome at hospital discharged. The mechanical compressions in PH provide advantage with clinical relevance in comparison to manual compressions (RR = 0.90; 95%CI = 0.68-1.19; p = 0.47).

Conclusions: The mechanical CPR in Prehospital shows benefit, with clinical relevance, in a favorable way the neurological outcome at hospital discharge.

Keywords: Cardiac arrest. Prehospital. Resuscitation.

SYMPOSIUM: VIOLENCE IN ADULTS AND THE ELDERLY: TO INVESTIGATE AND INTERVENE

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PREVALENCE OF VIOLENCE IN ADULTS

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Introduction: It is crucial to know the periodic and lifetime prevalence of domestic violence, currently considered a public health problem. Violence is manifested as a reality that goes beyond any border, regardless of their ethnic, cultural, geographic, political, social, economic or financial nature.

Objectives: To determine the prevalence and periodically throughout life of violence in adults who have used the health services in the District of Évora.

Methods: This is an epidemiological quantitative study. An intentional sample of users who are 18 or older who resorted to the functional units in the Central Alentejo Health Centers Grouping. Data collection is an instrument with a part that allows the sociodemographic and a screening of violence. The study obtained a favorable opinion of the Committee on Health and Welfare of the University of Évora.

Results: The sample had 648 participants. Ages vary between 18 and 91 years-old with an average of 45.73, most are female and married marital status. We found that 20.9% had experienced some

form of violence throughout life and only 5% had been victims in the past year. Most suffered psychological violence. Regarding the charge of violence, in 7.9% of the sample was the husband/partner. In the assessment of the risk 25.8% of the sample had a score of 4, that is, a variable risk.

Conclusions: We conclude that people that know how to read or write, without any degree and who are between 80-89 years-old are more exposed to domestic violence. Mostly there was a combination of psychological, physical and financial violence.

Keywords: Violence. Prevalence. Domestic violence. Risk.

SOCIAL REPRESENTATION OF DOMESTIC VIOLENCE

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Introduction: In the fight against domestic violence, the role of health services is essential for the professional contact with people throughout the life cycle and should question all aspects concerning the health and welfare of these.

Objectives: To understand the social representation of domestic violence.

Methods: A qualitative and quantitative study. This is an intentional sample of 55 people, with more than 18 years-old who live in the district of Évora. The data collection device comprises 4 parts. We used the software Software SPSS® Statistic and Software Evoc®. The study obtained a favorable opinion of the Committee on Health and Welfare of the University of Évora.

Results: The majority of respondents are female, with an average age of 47 years-old, a high level of education and mostly are married/common-law union. The analysis of the evocations of domestic violence stimulus using the software Evoc® identified six elements of the core and 7 elements in the 2nd periphery. Through narrative interview, respondents featured violence and identified the roles of family, friends, health workers and security forces. On exposure to domestic violence throughout life and last year, 14 people were victims throughout life and 2 were still in the last year.

Conclusions: The violence was considered unjustifiable, intolerable and criminal, often associated with alcohol and the need to exercise power over the victim, a serious social problem, often it is not reported for fear or cultural issues. Violence, currently, has become a public health problem and by the fact itself and its dimension, either by the impact it has on the health of victims at various levels.

Keywords: Violence. Social representations. Health.

DOMESTIC VIOLENCE IN PERSPECTIVE OF WOMEN WHO LIVED IT

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Introduction: Knowing the experience of abuse, contextual determinants that led to the rupture of the situation and attempts to build a more harmonious future, it is essential to work sensitivities and better understand victims of domestic violence.

Objectives: To understand the suffering of women victims of violence.

Methods: This is an intentional sample of 21 women who were at shelter home or in the community. The data were collected by in-

interviews, guided by a script organized into four themes. The interviews were conducted with audio record, the permission of the participants were fully passed the text and analyzed as two different corpuses, depending on the context in which they occurred. The analysis was conducted using the ALCESTE computer program. The study obtained a favorable opinion of the Committee on Health and Welfare of the University of Évora.

Results: From the first sample analysis emerged five classes. The association of the words gave the meaning of each class that we have appointed as Class 1 - Precipitating Events; Class 2 - Experience of abuse; Class 3 - Two feet in the present and looking into the future; Class 4 - The present and learning from the experience of abuse; and Class 5 - Violence in general. From the analysis of the sample in the community four classes emerged that we have appointed as Class 1 - Violence in general; Class 2 - Precipitating Events; Class 3 - abuse of experience; and class 4 - Support in the process.

Conclusions: Women who are at shelter home have this experience of violence and its entire context a lot are very focused on their experiences and the future is distant and unclear. Women in the community have a more comprehensive view of the phenomenon of violence as a whole, they can decentralize to their personal experiences and recognize the importance of support in the future construction process.

Keywords: Violence. Domestic violence. Experience of abuse. Shelter. Community.

INTEGRATED INTERVENTION NETWORK OF DISTRICT OF ÉVORA (RIIDE): A MULTIDISCIPLINARY RESPONSE TO VIOLENCE

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Introduction: Network intervention model is the most recommended for the area of violence. Access to the network can happen anywhere and cases must go through the services that make it up, according to their characteristics and needs identified. Through the combination of several wills of a set of entities in the district of Évora, activities in the fight against domestic violence were developing, it was created Integrated Intervention Network District of Évora (RIIDE) to enhance synergistically existing skills and installed features, allowing articulate a more tailored response to people's needs.

Objectives: To know the phenomenon of violence, through the perception of the various actors; to qualify the professionals who care as part of the problem of violence, giving them specific skills.

Methods: Awareness actions in the Educational Community for education professionals, technical and administrative staff and young students in the pilot schools of the District of Évora, training activities for health professionals and technical and administrative staff of health.

Results: 1,488 education professionals were covered by awareness-raising, from various groups, with special attention to students. In health professionals the group covered by the training was 1,387 spread over 60 actions.

Conclusions: In this context it is important to have networks that allow for a streamlining of procedures to minimize the problems and the (re) victimization that the victims is subjected. The RIIDE has played an important role in raising awareness of the population, especially the younger ones, and training professionals who treat victims of violence.

Keywords: Violence. Networking. Health. Education.

ESACA - AGEING SAFELY IN ALENTEJO - UNDERSTANDING FOR ACTION

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Introduction: With regard to violence against the elderly, it appears that, although it has only recently been publicly recognized as a medical and social problem, it is not a new phenomenon. Violence against the elderly results from a combination of individual factors, contextual factors and sociocultural factors (INSA, 2014; Daichman et al, 2008). Violence and abuse in the elderly are also associated with increased morbidity and mortality in the elderly (Cooper, 2008).

Objectives: To promote the Safe Ageing of elderly citizens in the Alentejo region; To understand and prevent situations of violence in the representations and practices of different institutional actors of violence against the elderly; To decrease the individual, social and economic costs related to violence against the elderly; To create an Integrated Model for the Prevention of Violence against Seniors (MIPVI); To establish integrated and multidisciplinary intervention programmes to prevent falls and injuries and violence against the elderly.

Methods: Cross-sectional study, which will cover a population consisting of individuals over 65 years of age who are institutionalised in the CNIS in the district of Évora and non-institutionalised seniors in the Alentejo region. The sample size of seniors who attend the "Active seniors" programmes will be selected via Casually Stratified Sample analysis with Neyman's Optimal Allocation, for a confidence interval of 95% and a maximum permissible error of 2.5% (Marôco, 2014). The selection of the institutionalised and non-institutionalised seniors represents active and voluntary participation in this research, obeying the inclusion criteria of an absence of severe cognitive impairment.

Keywords: Aging. Violence. Elderly. Prevention.

SYMPOSIUM: WEAVING THE EXPERIENCE OF BIRTH AND MATERNITY

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THE EFFECT OF ACUPRESSURE ON PREGNANT WOMEN DURING LABOR: A SYSTEMATIC REVIEW OF LITERATURE

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Introduction: Nowadays, there are alternative methods of pain relief during labor. Acupressure seems to have benefits on pain relief. **Objectives:** Search for evidence that addressed the use of acupressure as a complementary therapy for pain relief in labor and its evolution through scientific articles.

Methods: The search question was: What effects does acupressure have on pregnant women's labor pain? A research was conducted in

the Biblioteca Online, selecting the electronic databases Medline and Nursing Reference Center, using the keywords “acupressure, labor pain, uterine contraction”, thus obtaining 21 results. After reading the abstract and subjecting the studies to the exclusion and inclusion criteria, 5 articles published between 2003 and 2016 were selected, which applied to acupressure points on the L14, BL67, BL32 and BP6 during the 1st stage of labor. Two other articles were also included, which were selected due to its high scientific quality and also because were related to the study’s thematic.

Results: This technique decreased pain intensity and reduced the duration of the active phase of labor, applying acupressure at all referenced acupuncture points. The application in BL32 point also helps reducing stress, anxiety and fear of labor pain. The application in ice acupressure point L14 with pressure, relieves pain more intensely than without application of ice. The decrease in the cesarean rate is most evident when applying acupressure point BP6.

Conclusions: Acupressure reduces pain and the duration of the active phase of labor and can be used as a non-invasive complementary intervention for pregnant women during labor. Acupressure can be applied by trained nurses to improve quality of care.

Keywords: Acupressure. Labor pain. Uterine contraction.

ANNOUNCING MOTHERHOOD

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Introduction: Pregnancy is associated with experiences that integrated socio-cultural contexts of space and time, bring changes in family and/or maternal-fetal relationship. Parenthood is a generational task, and one of the most complex in humans.

Objectives: To describe the construction of motherhood.

Methods: Cross-sectional qualitative study. We used the interview technique. Convenience sample of 10 pregnant women at the end of 3rd trimester.

Results: The analysis of the narrative reveals four categories: a) conceiving pregnancy idea, b) imagining maternity, c) claiming herself through pregnancy and d) announcing attachment.

Conclusions: Pregnant women essentially express positive and typical feelings of pregnancy, seeming an healthy evolution. The transition to parenthood is underway, as well as a developing performance to the best role.

Keywords: Pregnancy. Parenthood. Attachment. Motherhood.

THE EFFECT OF REIKI/THERAPEUTIC TOUCH THE NEWBORN: A SYSTEMATIC REVIEW OF LITERATURE

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Introduction: Reiki is a complementary and integrative therapy of Japanese origin which through the touch of the therapist promotes balance. It is a simple, harmonious, non-pharmacological, non-invasive method to provide well-being. It is a universal energy that exists everywhere with a comprehensive healing and vital frequency. This article illustrates a systematic review of literature on the effects of Reiki/Therapeutic Touch in the newborn.

Objectives: Finding what effects does Reiki/Therapeutic Touch have on the newborn, analyzing the available literature on the subject.

Methods: Research was conducted in the Online Knowledge Library platform (b-On), having accessed databases Academic Onefile, Expanded Academic ASAP, Sciences Direct, MedicLatina, CINAHL Plus

with full text, MEDLINE and Scopus[®]. Articles which included Reiki/Therapeutic Touch as an intervention in the newborn were included, published in the last 21 years, available in English, Portuguese or Spanish. Of the 237 studies found, 8 articles were selected, according to the inclusion criteria previously established.

Results: All results demonstrate benefits in applying Reiki/Therapeutic Touch, such as improving comfort, gaining weight, diminishing pain during invasive procedures, improving development and diminishing stress. Benefit for the newborn is the category that emerges in this study.

Conclusions: The practice of Reiki/Therapeutic Touch in the newborn, can contribute to the well-being of it, bringing you benefits, particularly with regard to comfort.

Keywords: Reiki/Therapeutic touch. Newborn. Effect.

LABOR PAIN: NON-PHARMACOLOGICAL MEASURES PREFERRED BY PARTURIENTS

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Introduction: Labor pain is a legacy given by bipedalism, sedentarism and greater fetus robustness. It is expected that nurses mostly apply non-pharmacological methods of pain relief, putting the account of the mother to your preferences.

Objectives: To describe the women preferences about pain relief no-pharmacological measures.

Methods: Convenience sample of 180 parturients, with mean age of 30.81 years (SD = 5.31), ranging from 17 to 43 years.

Results: All positions are valued as a pain relief way. The most valued, classified as “strongly relief” is the lateral decubitus in bed (45.7%), followed by walking (40.4%) and sitting swing (38.9%).

Conclusions: Mothers show preference for traditional measure as lateral position on the bed. A greater familiarity with other relief measures could facilitate labor experience.

Keywords: Pain. Labor pain. Non-pharmacological measures. Pain relief.

REIKI'S EFFECT ON HEALTH PERSONNEL SUBJECTED TO BURNOUT: A SYSTEMATIC REVIEW OF LITERATURE

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Introduction: Health personnel is subjected to stress and burnout. Reiki presents benefits on the individual’s physical and mental health.

Objectives: Systematic Review of Literature in order to analyze the most recent literature about Reiki’s effects on health personnel subjected to stress/burnout.

Methods: Researches were conducted in electronic databases CINAHL Plus, Medline, Lilacs e Cochrane e Library in search engines Ebsco, Biblioteca do Conhecimento Online (b-On), selecting 7 articles. The research was conducted during April 2016, in articles in Portuguese, English or Spanish, published between January 2011 and April 2016, referring to Reiki and Health Personnel.

Results: From the analysis completed, two categories referring to Reiki’s benefits emerge: personal benefits and professional benefits. At personal level, benefits related to physical and mental health. Physical aspects such as blood pressure and immunity are influenced positively through Reiki; concerning mental health, labor related stress is diminished while self-trust increases.

Conclusions: Reiki is beneficial to health personnel subjected to stress/burnout, improving health, diminishing stress and proportioning self-trust and well-being.

Keywords: Therapeutic Touch/Reiki. Burnout. Health personnel.

SYMPOSIUM: WORK-RELATED MUSCULOSKELETAL DISORDERS (WMSDs) - ONE CONCERN OF REHABILITATION NURSES

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SURVEY OF WMSD'S IN ULS DA GUARDA, PORTUGAL: ADHERENCE OF NURSES TO THE FIRST PHASE OF THE GLOBAL CARE PROJECT

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Introduction: At a time when research among nurses is at its peak, the questionnaires on paper or online emerge on an almost daily basis. The motivation for its fulfillment is noticeably low. Some different strategies to increase adherence to its completion have been used. Prior to the distribution of this instrument was made a disclosure on the ULS website of the Global Care Project, where it's inserted.

Objectives: Assess the adherence rate of nurses to fill the Nordic Musculoskeletal Questionnaire for survey of Work-related Musculoskeletal Disorders (WMSD's) in the ULS da Guarda.

Methods: This is a cross-sectional, descriptive study. Was conducted in a sample of nurses working on Hospital Nossa Senhora da Assunção, in Seia and nurses working in 4 different wards of Hospital de Sousa Martins Hospital, both from the ULS da Guarda.

Results: We note that adherence in Seia hospital was 61.73%, and in Guarda was 70.00%. It gives us a total adherence rate of 66.08%.

Conclusions: The frequency with which arise questionnaires to be filled by nurses is high, so we found the result is satisfactory. We verified that the wards which the questionnaires were delivered individually, adherence was higher when compared to those where the questionnaires were in a specific location and had to be nurses to take the initiative to get them.

Keywords: Adherence. Questionnaires. Nurses.

PREVALENCE OF WMSDs IN THE ULS DA GUARDA: COMPARISON OF TWO HOSPITAL REALITIES

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Introduction: The Work-related Musculoskeletal Disorders (WMSDs) can result from the action of professional risk factors such as repeatability, overload and/or posture while working. Symptoms appear gradually and are often located in the upper limbs and spine. They can also be located in the knees, ankles or other body areas.

Objectives: Characterize WMSDs presented by the nurses working in two institutions of ULS da Guarda (Sousa Martins Hospital in Guarda and Nossa Senhora da Assunção Hospital in Seia).

Methods: This is a retrospective, cross-sectional and descriptive study. It was conducted in a sample of 50 nurses working on Nossa Senhora da Assunção Hospital and 63 nurses working in 4 wards of Sousa Martins Hospital. The data collection instrument was based on the Nordic Musculoskeletal Questionnaire (Kuorinka et al, 1987).

Results: We found that the prevalence of symptoms in the last 12 months was higher in Seia Hospital (98.00%), being the lower back region the one more significant. In the last 7 days, the highest percentage of nurses who reported symptoms (73.02%) were from Guarda Hospital. The lower back was also the most reported (53.19%). The average pain was higher in Guarda and absenteeism related to symptoms was higher in Seia.

Conclusions: We found a high prevalence of WMSDs among the nurses of the two institutions both in the last 12 months as in the last 7 days. This shows the chronicity of these symptoms which tend initially to relieve with the breaks and holidays and later contribute to increased absenteeism which was 29.20% in the last 12 months.

Keywords: WMSDs. Nurses. Absenteeism.

GLOBAL CARE PROJECT - IMPLEMENTATION OF A LABOR GYMNASICS PROGRAM AT ULS DA GUARDA

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Introduction: As part of its professional practice, nurses and operational assistants perform a variety of daily activities, such as positioning, movement and transfer of patients who require a considerable physical exertion, in a frequent and sometimes repetitive way. Due to this fact, did this project, which favors a preventive conduct of complications associated with the professional context.

Objectives: Implement a training program on Prevention of Work related Musculoskeletal Disorders (WMSDs) and Labor Gymnastics.

Methods: The sample consists of nurses and operational assistants working at Sousa Martins Hospital and Nossa Senhora da Assunção Hospital. The data collection instrument was based on the Nordic Musculoskeletal Questionnaire (Kuorinka et al, 1987).

Results: Initially, the analysis was made of the frequency of WMSDs at Sousa Martins Hospital and Nossa Senhora da Assunção Hospital. Then it will be implemented a training program on prevention of WMSDs and finally the implementation of a labor gymnastics program for employees of the Sousa Martins Hospital, established sequentially.

Conclusions: As the health and well being of professionals is a central issue to the Rehabilitation nurse activity, this project encourages the involvement of peers, towards prevention of WMSDs as well as reducing the impact of installed disabilities. These facts contribute positively to gains both in a health and economic way.

Keywords: WMSDs. Project. Labor gymnastics.

WORK-RELATED MUSCULOSKELETAL DISORDERS OF NURSES AND OPERATIONAL ASSISTANTS IN AN ORTHOPEDIC WARD: PRELIMINARY RESULTS

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Introduction: The Work-related Musculoskeletal Disorders (WMSDs) include a set of inflammatory and degenerative diseases of the locomotor system. Usually they are located in the upper limbs and spine and can cause pain, numbness, loss of strength and fatigue.

Objectives: To assess the frequency of WMSDs in nurses and operational assistants in an Orthopedic ward from Sousa Martins Hospital, ULS da Guarda.

Methods: A descriptive, retrospective, quantitative and cross-cutting was done. The sample consisted of 17 nurses and 7 operational assistants working in an Orthopedic ward. The data collection instrument was based on the Nordic Musculoskeletal Questionnaire (Kuorinka et al, 1987).

Results: The study included 17 nurses (58.8% female and 41.2% male) with a mean age of 39 years and 7 operational assistants, all of them female, with an average of 53 years. All of these professionals are to perform 40 hours of weekly work, as nurses have on average 16 years of professional practice and operational assistants 20 years. It was found that no professional is currently receiving rehabilitation treatments. The results show

a high frequency of musculoskeletal symptoms in different body areas, particularly in the lumbar region, where 82.4% of nurses and 85.7% of operational assistants mentioned affectation; in the cervical region (58.8% in nurses and 100% in operational assistants); and shoulders (76.5% in nurses and 85.7% in operational assistants).

Conclusions: Given the high number of nurses and operational assistants who have WMSDs, with affectation of various body segments, it is revealed important to adopt preventive measures of this type of injury, in particular through gymnastic programs in order to promote their health and well-being.

Keywords: WMSDs. Nurses. Operational assistants.