



14^a Conferência Internacional de Investigação em Enfermagem

14th International Conference of Nursing Research

**A translação do conhecimento de
enfermagem: Uma força para a mudança
na prática clínica!**

***Translational nursing knowledge: A force
for change in clinical practice!***

Lisboa, 10 a 12 de Maio de 2017

Fundação Calouste Gulbenkian

Avenida de Berna

Lisboa – Portugal

Lisbon, 10 to 12 May 2017

Calouste Gulbenkian Foundation

Berna Avenue

Lisbon - Portugal

ORGANIZAÇÃO | ORGANIZATION
Associação Portuguesa de Enfermeiros



INSCRIÇÕES | FURTHER INFORMATION

Associação Portuguesa de Enfermeiros

Estrada do Paço do Lumiar, 57 - B.

1600-543 Lisboa - Portugal

e-mail: investigaenf@gmail.com

www.apenfermeiros.pt



14ª Conferência Internacional de Investigação em Enfermagem

14th International Conference of Nursing Research

***A translação do conhecimento de enfermagem:
Uma força para a mudança na prática clínica!***

Lisboa, 10 a 12 Maio 2017

Fundação Calouste Gulbenkian

Avenida de Berna

Lisboa - Portugal

Programa e Resumos – eBook
Program and Abstracts – eBook

ORGANIZATION | ORGANIZAÇÃO
Associação Portuguesa de Enfermeiros



© Julho de 2017 (Versão Atualizada)

ISBN 978 – 989 – 99867 – 0 – 1

Título: 14ª Conferência Internacional de Investigação em Enfermagem. A translação do conhecimento em enfermagem: Uma força para a mudança na prática clínica!

(Org.) Oliveira, Helga | Barros, Irina | Curado, Maria Alice | Fernandes, João | Gomes, José

Editor: APE – Associação Portuguesa de Enfermeiros

ÍNDICE | SUMMARY

COMISSÕES COMMITTEE	7
COMISSÃO ORGANIZADORA ORGANIZATION COMMITTEE	7
COMISSÃO CIENTÍFICA SCIENTIFIC COMMITTEE.....	8
NOTA INTRODUTÓRIA INTRODUCTION	9
MENSAGEM DO PRESIDENTE DA COMISSÃO CIENTÍFICA	10
MESSAGE FROM THE PRESIDENT OF SCIENTIFIC COMMITTEE	11
PROGRAMA PROGRAM	12
PROGRAMA DAS COMUNICAÇÕES LIVRES 	13
ORAL PRESENTATIONS PROGRAM	13
PROGRAMA DOS POSTERS POSTERS PROGRAM	22
RESUMOS DAS CONFERÊNCIAS 	24
CONFERENCE ABSTRACTS	24
MEASUREMENT AND HEALTH ASSESSMENT SCALES OF NEONATAL AND PEDIATRIC POPULATIONS. A MONTE CARLO SIMULATION STUDY WITH ORDINAL VARIABLES	24
FROM CONCLUSIONS TO ACTION: DISSEMINATION AND IMPLEMENTATION	27
PRÉMIO ENFERMEIRA MARÍLIA VITERBO DE FREITAS	29
MARÍLIA VITERBO DE FREITAS AWARD.....	30
RESUMOS DAS COMUNICAÇÕES ORAIS 	32
ORAL PRESENTATIONS ABSTRACTS	32
MEN SEXUAL HEALTH IN PORTUGAL: GAPS AND PROXIMITIES WITH HEALTH CARE PROFESSIONALS	32
AGREEMENT PLAN FOR SELF-CARE OF PATIENTS WITH DIABETES USING INSULIN IN PRIMARY CARE IN SOUTHERN BRAZIL	33
DIAGNOSTICS OF NURSING FREQUENTLY IN NURSING CONSULTATIONS TO DIABETES IN THE USE OF INSULIN IN PRIMARY HEALTH CARE	33
VIOLENCE IN THE MEDIA AND ITS REFLEXES IN DOMESTIC LIFE.....	34
MENTAL HEALTH AND SEXUAL SELF-CONCEPT: INTERVENTION IN NURSING	35
SEXUAL HEALTH AND REPRODUCTION LITERACY, THE HUMAN PAPILLOMA VIRUS (HPV) AND CERVICAL CANCER (CC), AMONG HIGHER EDUCATION HEALTH STUDENTS	36
THE FAMILY CONTEXT AND SLEEP PATTERNS OF CHILDREN AND ADOLESCENTS	37
SEXUALITIES ON AGEING: CONTRIBUTIONS TO HEALTH CARE	38
EVALUATION OF SAFETY CULTURE IN THE OPERATING ROOM: NURSES PERCEPTION	38
THE GROUP OF SELF-CARE IN HEALTH SELF-MANAGEMENT OF THE PERSON WITH DIABETES USING INSULIN	40
DIFFICULTIES AND NEEDS OF PARENTS IN POSITIVE PARENTING PRACTICE	40

NURSING CARE IN FIRST-EPISODE PSYCHOTIC PATIENTS: A QUALITATIVE STUDY	41
THE USE OF CLINICAL SUPERVISION BY NURSES WHO WORK IN MENTAL HEALTH: INTEGRATIVE LITERATURE REVIEW	42
IMPORTANCE OF SUPPORT HOUSES IN THE EXPERIENCE OF CHILDREN WITH CANCER UNDER PALLIATIVE CARE: A SOCIAL ISSUE	43
ADHERENCE OF HEALTHCARE WORKERS TO PREVENTION MEASURES OF NOSOCOMIAL INFECTIONS:PROBLEMS AND IMPLEMENTATION STRATEGIES.....	44
NURSING DIAGNOSES ON WOMEN'S HEALTH IN PRIMARY CARE IN SOUTHERN BRAZIL	45
DAMAGE REDUCTION IN ATTENDANCE OF POPULACION IN STREET SITUATION	46
RECEPTION OF TRAVESTITES BY NURSING IN HOSPITALS	46
CONCEPTIONS OF ELDERLY ON THE PROCESS OF HUMAN AGING: BE AGED OR BE OLD?.....	47
TRIANGULATION OF METHODS IN SOCIAL REPRESENTATION IN THE AGING PROCESS AFTER 65 YEARS: METHODOLOGICAL STRATEGY	48
WHAT DOES IT DO FALLING AT HOUSE IN THE ELDERLY PEOPLE SOCIAL CONCEPTION?	49
DEPRESSIVE SYMPTOMATOLOGY RELATED TO UNEMPLOYMENT IN NURSES OF A BRAZILIAN REGION	50
EDUCATION AND NURSES PERFORMANCE IN OBESITY COMBAT	51
ULCERS OF INFERIOR MEMBERS: DATA INVESTIGATION OF CASES IN ASSIS, A CITY IN THE STATE OF SÃO PAULO, BRAZIL.....	52
DEPRESSIVE SYMPTOMS IN NURSES OF THE FAMILY HEALTH STRATEGY IN THE CITY OF GUARULHOS	53
BEHAVIORAL STRATEGIES IN ADHERENCE TO ORAL ANTIDIABETIC DRUGS AND THEIR EFFECTS ON DIABETES-RELATED DISTRESS	53
EFFECT OF BEHAVIORAL STRATEGIES IN ADHERENCE TO ORAL ANTIDIABETIC DRUGS: RANDOMIZED CONTROLLED TRIAL..	54
EFFECT OF NONPHARMACOLOGICAL INTERVENTIONS ON SLEEP QUALITY AND EMOTIONAL STRESS IN PEOPLE WITH TYPE 2 DIABETES	55
EVALUATION OF SWALLOWING IN A STROKE UNIT (UAVC).....	56
MEASURING COMPLIANCE WITH THE BABY-FRIENDLY HOSPITAL INITIATIVE FOR NEONATAL WARDS GUIDED BY KNOWLEDGE TRANSLATION FRAMEWORK.....	57
THE IMPACT OF BABY-FRIENDLY HOSPITAL INITIATIVE FOR NEONATAL WARDS GUIDED BY KNOWLEDGE TRANSLATION FRAMEWORK IN A BRAZILIAN NEONATAL UNIT	58
THE EMPOWERMENT AS A RESULT: NURSING CARE IN SELF MANAGEMENT'S CHRONIC DISEASE.....	59
EDUCATIONAL MATERIALS IN HEALTH: A NURSING INSTRUMENT IN THE PREVENTION OF HYPERTENSION AND DIABETES MELLITUS	60
HEALTH IN FOCUS: RESEARCH IN BASIC EDUCATION INTEGRATING NURSING AND A SCHOOL COMMUNITY IN THE METROPOLITAN REGION OF BELO HORIZONTE - MG –BRAZIL	60
EFFECTIVENESS OF A NURSING INTERVENTION IN SELF-MANAGEMENT OF SYMPTOMS	61
ADMINISTRATION OF CHEMOTHERAPY ANTI NEOPLASIC; NURSING INTERVENTION TO RELEAF SUFFERING	62
A PILOT STUDY OF IMPACT OF NURSES-LED WEANING PROTOCOL ON OUTCOMES OF MECHANICAL VENTILATION FOR CRITICALLY ILL PATIENTS AMONG PALESTINIAN HOSPITALS.....	63
CARING FOR FAMILIES IN THE EMERGENCY DEPARTMENT	64
PSYCHOTHERAPEUTIC INTERVENTION MODEL IN NURSING: A PILOT RANDOMIZED CONTROLLED TRIAL.....	65
SUPERVISING RELATIONS AND DEVELOPMENT OF SIGNIFICANT LEARNING OF NURSING STUDENTS – RESEARCH PROJECT ..	66
STRESS IN NURSES OF THE FAMILY HEALTH PROGRAM IN THE SOUTH OF MINAS GERAIS/BASIL	67
THE NURSE AND THE USE OF PSYCHOMETRIC SCALES FOR THE DETECTION OF DEPRESSIVE SYMPTOMATOLOGY IN THE GENERAL POPULATION.....	68
FACTORS INFLUENCING THE DEVELOPMENT OF SELF-MANAGEMENT ON ADOLESCENTS WITH DIABETES TYPE 1: A SCOPING REVIEW	68
NURSING SUPPORT TO BREAST CANCER PATIENT'S QUALITY OF LIFE IN NORTH ESTONIAN MEDICAL CENTRE	69
THE INFLUENCE OF NANDA-I NURSING DIAGNOSES TRAINING ON PRACTICE IN HOME CARE NURSING.....	70
CONTINUED LONG-TERM INTEGRATED CARE UNIT AND MAINTENANCE AND THE SYMPTOMS OF EDMONTON AS A QUALITY INDICATOR, A RETROSPECTIVE STUDY	70
FAMILY HOME CARE: EXPERIENCING IN PEDIATRIC HEMATOPOIETIC STEM CELL POST TRANSPLANTATION.....	71
FORMAL THEORY FOR THE HOME CARE	72
DEPRESSIVE SYMPTOMATOLOGY IN NURSES THAT ACT IN EMERGENCY SERVICES	73
PREVALENCE OF ACUTE TRANSFUSION REACTIONS IN A TEACHING HOSPITAL	74

VACCINATION ADHERENCE AMONG HOSPITAL CLEANING ASSISTANT OUTSOURCED IN A TEACHING HOSPITAL FROM SAO PAULO CITY	74
STRATEGIES FOR THE ELUCIDATION OF NURSING PROCEDURES IN RESPONSE TO BASIC HUMAN NEEDS TO THE INTENSIVE CARE UNIT.....	75
PATIENTS` EXPERIENCES AND NEEDS WITH LIFESTYLE COUNSELING IN TALLINN AND HARJUMAA FAMILY HEALTH CENTERS	76
EFFECT OF A NURSING INTERVENTION IN REDUCING THE BURDEN OF THE FAMILY CAREGIVER OF THE ELDERLY WITH DEPENDENCE AT HOME	77
NURSE PRACTITIONERS' PRACTICES AND CHALLENGES IN CHRONIC DISEASE MANAGEMENT IN QUEBEC	77
DEVELOPMENT OF THE EDUCATIONAL PROGRAM FOR PATIENTS WITH ACUTE CORONARY SYNDROME: PEPSCA-CARE	78
PROMOTING SELF-CARE IN HOSPITALIZED PATIENTS: EDUCATIONAL INTERVENTION PROGRAM.....	79
ANALYSIS OF ASSISTENCIAL PRACTICES OF NURSING TO THE NEWBORN WITH HYDROCEPHALY	80
RESEARCH INTO NURSING: KNOWLEDGE, ABILITIES AND ATTITUDES FOR EVIDENCE-BASED PRACTICE IN PRIMARY HEALTH CARE	81
FRAILITY SYNDROME IN ELDERLY ATTENDED IN AN OUTPATIENT SPECIALTY CLINIC.....	82
MASSAGE IN CHILDREN WITH CÂNCER: EFFECTIVENESS OF A PROTOCOL	83
WORKPLACE INCIVILITY AND BURNOUT AMONG PORTUGUESE HEALTHCARE PROFESSIONALS	83
MALE VISION ABOUT THE PERFORMANCE OF THE PROSTATE SURVEY	84
NURSING SAFE STAFF'S INFLUENCE IN THE PATIENTS AND NURSES RESULTS	84
OLDER ADULTS' PERSPECTIVES ON DRUG USE AND THEIR TRAJECTORIES: A GERONTOLOGICAL NURSING CONTRIBUTION	85
OLDER DRUG USERS, CARE DEMANDS AND THE HOSPITAL CONTEXT: A NURSING STUDY.....	86
SEXUALITY, OLDER ADULTS LIVING WITH HIV/AIDS AND NURSING	86
PATERNAL PERCEPTION RELATED TO THE PREMATURE BORNING AND HOSPITALIZATION	87
ANALYSIS OF THE EFFECTS OF REIKI THERAPY AS AN INTERVENTION IN THE HEALTH CARE OF THE ELDERLY – A SYSTEMATIC REVIEW	88
THE PROMOTION OF NURSING CARE FOR ELDERLY PEOPLE WITH BREAKTHROUGH PAIN: NURSING INTERVENTION IN A PAIN UNIT	89
I AM LIKE OTHERS EVEN THOUGH I AM DIFFERENT	90
PEDIATRIC PARTNERSHIP CARE: WHERE ARE WE AND WHERE SHOULD WE BE?	91
DYNAMIC MODEL OF FAMILY ASSESSMENT AND INTERVENTION: CASE STUDY	92
FAMILY PROCESS AND SYSTEMIC QUESTIONS: NEW WAYS OF FAMILY INTERVENTION IN PRIMARY HEALTH CARE	92
THE FAMILY NURSING HEALTH CARE AND THE INDICATORS OF HEALTH: NEW CHALLENGES FOR THE PRACTICE	93
NURSING DOCUMENTATION WITH FOCUS ON EMOTIONAL RESPONSES OF FAMILY CAREGIVERS OF THE HOSPITALIZED CHILD: FROM THE SPEECH TO REGISTRATION IN THE INFORMATIC SYSTEM	94
PROCESS OF MORAL DISTRESS IN THE PROFESSIONAL PRACTICE OF NURSES.....	95
PROFESSIONAL PRACTICE OF THE FAMILY HEALTH NURSE: UNRAVELING ETHICAL CHALLENGES.....	96
NURSING CONSULTATION IN PROMOTING SELF CARE FOR THE ELDERLY WITH CHRONIC PAIN IN A UNIT OF PAIN	96
EXPERIENCE OF FAMILIES AND TEENAGERS WITH DM TYPE 1 IN THE PUBLIC HEALTH OF A REGION IN SOUTHERN BRAZIL.....	97
USE OF FAMILY PLANNING RISK STRATIFICATION OF ATTENTION TO FAMILIES IN BLUMENAU, BRAZIL	98
THE PROMOTION OF THE AUTONOMY OF THE DEPENDENT PERSON FORSELF-CARE; A MODEL OF NURSING INTERVENTION IN LONG TERM CARE.....	99
IMPACT OF A PATIENT CARE BUNDLE FOR PAIN MANAGEMENT IN PEDIATRIC VENIPUNCTURE.....	100
MEANING OF THE EXPRESSIVE-INSTRUMENTAL-AFFECTIVE TOUCH FOR THE NURSES WHO WORK IN AN ADULT INTENSIVE CARE CENTER METROPOLITAN REGION OF BELO HORIZONTE – MG – BRAZIL	101
PUNCTION VEIN PERFORMED IN A BRAZILIAN PRIVATE INSTITUTION: STUDY OF CONVERGENT MIXED METHOD	102
SOCIAL REPRESENTATIONS OF PATIENTS ON HEMODIALYSIS USING ARTERIOVENOUS FISTULA: NURSING CARE EVIDENCE	103
SOCIAL REPRESENTATION OF USERS OF PRIMARY HEALTH CARE REGARDING VENIPUNCTURE SAFETY IN THE STRUCTURAL APPROACH	104
DEVELOPMENT PROJECT OF NURSING INTERVENTION PROGRAM FOR SELF-MANAGING FOOD/DIGESTIVE SYMPTOMS FOR THE PERSON WITH GASTRIC CANCER UNDERGOING SURGICAL INTERVENTION.....	105
FAMILY INTERVENTION STRATEGIES: PERCEIVED COMPETENCE OF NURSES IN PRIMARY HEALTH	105
THE DYNAMIC MODEL OF FAMILY ASSESSMENT AND INTERVENTION AND LEARNING PROCESS IN FAMILY HEALTH: FACTORS VALUED BY STUDENTS	106

TRAINING PROCESS ON DYNAMIC MODEL OF FAMILY ASSESSMENT AND INTERVENTION: CONTRIBUTIONS TO FAMILY NURSING INTERVENTIONS.....	107
WELCOMING OF THE PSYCHIATRIC PATIENT IN AN EMERGENCY REFERENCED UNIT OF A UNIVERSITY HOSPITAL.....	108
CARING FOR CHILDREN, WHAT TEENAGE MOTHERS MOST VALUE	109
CHARACTERISTICS OF WOMEN WHO PERFORMED NURSING CONSULTATIONS IN PRIMARY CARE HEALTH IN A MUNICIPALITY IN THE SOUTH OF BRAZIL.....	109
ATENDIMENTO DE ENFERMAGEM NO PERIOPERATÓRIO - REGISTOS ELETRÓNICOS	110
SOCIODEMOGRAPHIC AND EPIDEMIOLOGICAL PROFILE OF WOMEN WITH BREASTCANCER IN BAHIA	111
FALLS IN THE ELDERLY –CROSS SECTION STUDY	112
OCCUPATIONAL STRESS MANAGEMENT: REPORT OF A GROUP EXPERIENCE AMONG NURSING WORKERS OF AN INTENSIVE CARE UNIT.....	114
FOOD, FOOD SAFETY AND NUTRITIONAL STATUS OF PEOPLE IN STREET SITUATION.....	115
UNDERSTANDING THE EXPERIENCE OF CHILD CAREGIVERS INPROPHYLATIC TREATMENT FOR HEMOPHILIA: A QUALITATIVE STUDY	115
PREVENTION OF DOMESTIC AND SEXUAL VIOLENCE FOR WOMEN: CONTRIBUTIONS FROM THE COMPREHENSIVE ASSISTANCE TO WOMEN´S HEALTH FOR VIOLENCE SURVEILLANCE	116
TRANSLATION AND CULTURAL ADAPTATION OF “SELF-MANAGEMENT DIABETES QUESTIONNAIRE” FOR PORTUGUESE ADOLESCENTS WITH TYPE 1 DIABETES	117
THE NURSES PERCEPTION ABOUT PATIENT SAFETY CULTURE IN LONG TERM CARE UNITS IN PORTUGAL.....	118
A ENFERMAGEM E O CONSUMO DE BEBIDA ALCOÓLICA DURANTE A GESTAÇÃO	118
PUNCTUATION OF BLOOD VESSELS FOR TRANSFUSION: A CASE STUDY ON THE PECULIARITIES OF THE PROCESS.....	119
WORK RELATED CANCER OF URBAN SOLID AND HOSPITAL WASTE COLLECTORS AND MECHANICS: KNOWLEDGE ANDPREVENTION PRACTICES.....	120
RESUMOS DOS POSTERS POSTERS ABSTRACTS	122
CONCEPTIONS ON INFANTILE-JUVENILE MENTAL HEALTH OF THE NURSES IN THE FAMILY HEALTH STRATEGY	122
IMPACT OF THE PROFESSIONAL NURSING PRACTICE ENVIRONMENT IN HEALTHCARE QUALITY	123
CAPACITY OF CAREGIVERS TO COMPLY WITH THE PROPHYLAXIS RECOMMENDATIONS FOR VERTICAL TRANSMISSION OF HIV	124
BUNDLE FOR CENTRAL LINE BASED ON THE KNOWLEDGE TRANSLATION CONCEPTUAL FRAMEWORK IN A BRAZILIAN NEONATAL UNIT.....	125
STAFF PERCEPTIONS OF THE BARRIERS AND FACILITATORS TO IMPLEMENTATION OF THE BABY-FRIENDLY HOSPITAL INITIATIVES FOR NEONATAL WARDS	126
ANALYSIS OF GLYCEMIC RESPONSES, PLASMA LIPIDS AND BODY MASS INDEX AFTER PHYSICAL TRAINING IN INDIVIDUALS WITH TYPE 2 DIABETES MELLITUS	127
INVESTIGATION OF THE CLINICAL CHARACTERISTICS OF ACUTE MYOCARDIAL INFARCTION FOR THE ADOPTION OF THE NURSING DIAGNOSIS OF ACUTE PAIN	128
VALIDATION OF THE NURSING DIAGNOSIS ACUTE PAIN IN VICTIMS OF ACUTE MYOCARDIAL INFARCTION	128
TEACHING METHODS USED IN SIMULATION AND THEIR EFFICIENCY IN NURSES´TRAINING: AN INTEGRATING LITERATURE OVERVIEW	129
THE INVOLVEMENT OF PRIMARY CARE IN HOME CARE FOR MEN WITH SPECIFIC NEEDS: THE VISION OF THE CAREGIVERS.....	130
THE SATISFACTION REFERRED BUT NOT FELT BY THE PART OF CAREGIVERS OF MEN UNDER HOME CARE.....	131
SCOPING REVIEW: WORK ENVIRONMENT AND ITS RELATIONSHIP WITH CHINESE NURSE SATISFACTION IN A HOSPITAL SETTING	132
CARE MODEL IN THE HUMANIZATION PROCESS OF PAIN OF THE NEWBORN IN THE NEONATAL THERAPY UNIT: KANGAROO METHOD.....	133
SOCIOECONOMIC AND NUTRITIONAL PROFILE OF THE USERS OF A POPULAR RESTAURANT OF JOINVILLE/SC.....	134
PHENOMENOLOGY OF PRACTICE IN NURSING: BIBLIOMETRIC REVIEW.....	135
ASSOCIATION BETWEEN FRAILTY AND COGNITION IN ELDERLY PEOPLE ATTENDED IN AN OUTPATIENT OF A TEACHING HOSPITAL	135
QUALITY OF LIFE AMONG SENIOR CITIZENS IN SRI LANKA	136

UTILIZATION OF LUDICAL PEDAGOGICAL MATERIAL USED BY NURSES AS A INSTRUMENT OF PROMOTION TO THE HEALTH OF YOUNG UNIVERSITY	137
HOLISTIC CRITICAL THOUGHT IN NURSING TRAINING	138
WORKERS MENTAL HEALTH IN A PORTUGUESE INDUSTRIAL COMPANY	138
DEPLOYMENT OF BUNDLE FOR PREVENTION OF INFECTIONS RELATED TO CENTRAL VENOUS CATHETERS IN CHILDREN GUIDED BY KNOWLEDGE TRANSLATION	139
IMPACT OF HEALTHCARE-RELATED INFECTIONS ON THE COSTS OF PEDIATRIC HOSPITALIZATION	140
EDUCATIONAL INTERVENTION AS A MEANS TO PROMOTE BEST CARE PRACTICE WITH THE FAMILY IN PEDIATRIC ONCOLOGY CONTEXT.....	141
CORRELATION BETWEEN PHYSICAL MOBILITY, AGE AND DEPRESSION IN 80 YEARS OLD PEOPLE OR OLDER UNDERGOING HEMODIALYSIS IN SÃO PAULO CITY	142
SOCIO-DEMOGRAPHIC CHARACTERIZATION AND ELDERLY PEOPLE MORBIDITY AGED 80 YEARS OLD OR OLDER WITH CHRONIC RENAL FAILURE UNDERGOING HEMODIALYSIS	143
THE INTERVENTION WITH THE NEWBORN BEHAVIORAL OBSERVATIONS IN THE NEWBORN, INFANT AND FAMILY: A SCOPING REVIEW	144
RECEPTION WITH RATING RISK IN EMERGENCIES: CHALLENGES IN PRACTICE NURSES	145
USE OF CHILD RESTRAINT SYSTEMS: THE CASE OF PROVIDAS.....	146
EPIDEMIOLOGICAL PROFILE OF HEPATITIS A IN BRAZIL (1999 TO 2011), ACCORDING TO SINAN	147
EVALUATION OF DRUG INTERACTION IN A LONG STAY INSTITUTION FOR THE ELDERLY OF A MUNICIPALITY OF THE SOUTH OF MINAS GERAIS – BRAZIL	147
QUALITY OF LIFE OF HEPATITIS B, C CARRIERS IN HEMODIALYSIS TREATMENT.....	148
THE KNOWLEDGE OF THE POPULATION ON THE NURSE'S WORK IN THE FAMILY HEALTH STRATEGY	149
THE NURSE IN THE MANAGEMENT OF THE EXTRACORPOREAL OXYGENATION MEMBRANE (ECMO) IN THE INTENSIVE CARE SECTORS	150
ALCOHOL USE BY NURSING STUDENTS AND THE IMPACT OF BRIEF INTERVENTION ON THEIR QUALITY OF LIFE	151
REPERCUSSIONS OF DOMESTIC VIOLENCE DONE BY INTIMATE PARTNERS IN WOMEN'S HEALTH: IMPLICATIONS ON NURSING CARE	151

COMISSÕES | COMMITTEE

COMISSÃO ORGANIZADORA | ORGANIZATION COMMITTEE

ALEXANDRA MANUELA GARCÊS CAMELO TERESO

Escola Superior de Enfermagem de Lisboa, Lisboa, Portugal

CASIMIRO JOSÉ DIAS CORREIA

Centro Hospitalar Lisboa Ocidental, Hospital Egas Moniz, Lisboa, Portugal

FERNANDA MARIA DO CARMO LUÍS

Centro Hospitalar Lisboa Ocidental, Hospital São Francisco Xavier, Lisboa, Portugal
Associação Portuguesa de Enfermeiros

HELGA CATARINA SANTOS ALVES DE OLIVEIRA

Hospital Professor Doutor Fernando Fonseca, Lisboa, Portugal
Escola Superior de Enfermagem de Lisboa

IRINA DIEGE DE SOUSA BARROS

Hospital de Vila Franca de Xira, Lisboa, Portugal
Escola Superior de Enfermagem de Lisboa

JOÃO JOSÉ FIGUEIREDO CARVALHO

Unidade Local de Saúde Norte Alentejano, Hospital de Elvas, Portugal

JOÃO JOSÉ SANTOS FERNANDES

Associação Portuguesa de Enfermeiros, Lisboa, Portugal

JOÃO PEDRO NARCISO RAIMUNDO

Centro Hospitalar Lisboa Ocidental, Hospital São Francisco Xavier, Lisboa, Portugal
Associação Portuguesa de Enfermeiros

MARIA ALICE DOS SANTOS CURADO

Escola Superior de Enfermagem de Lisboa, Lisboa, Portugal

MARIA ISABEL SOARES

Associação Portuguesa de Enfermeiros, Lisboa, Portugal

MARIA JOÃO CAEIRO

Centro Hospitalar Lisboa Central, Hospital Dona Estefânia, Lisboa, Portugal

MARIA ODETE LEMOS E SOUSA

Escola Superior de Enfermagem de Lisboa, Lisboa, Portugal

SUSANA MARIA SOBRAL MENDONÇA

Centro Hospitalar Lisboa Norte, Hospital de Santa Maria, Lisboa, Portugal
Associação Portuguesa de Enfermeiros

COMISSÃO CIENTÍFICA | SCIENTIFIC COMMITTEE

AIDA CRUZ MENDES

Escola Superior de Enfermagem de Coimbra, Coimbra, Portugal

AMÁLIA SIMÕES FIGUEIREDO

Instituto de Ciências Sociais, Universidade Católica Portuguesa, Lisboa, Portugal

CARLOS ALBERTO CRUZ SEQUEIRA

Escola Superior de Enfermagem do Porto, Porto, Portugal

CLÁUDIA MARIA TAVARES

Universidade Federal Fluminense, Rio de Janeiro, Brasil

DEOLINDA ANTUNES DA LUZ

Escola Superior de Enfermagem de Lisboa, Lisboa, Portugal

DULCE DIRCLAIR HUFF BAIS

Universidade Federal Paraná, Curitiba, Brasil

FERNANDO RAMOS PORTO

Escola de Enfermagem Alfredo Pinto, Universidade Federal do Estado do Rio de Janeiro, Brasil

GILBERTO TADEU REIS DA SILVA

Universidade Federal da Bahia, Brasil

JOSÉ CARLOS RODRIGUES GOMES

Escola Superior de Saúde, Instituto Politécnico de Leiria, Leiria, Portugal

JOSÉ SILEZ GONZALEZ

Universidade de Alicante, Alicante, Espanha

MARIA ALICE DOS SANTOS CURADO

Escola Superior de Enfermagem de Lisboa, Lisboa, Portugal

MARIA AUGUSTA ROMÃO DA VEIGA BRANCO

Instituto Politécnico de Bragança, Bragança, Portugal

MARIA DE GUADALUPE PISCARRETA MESTRINHO

Escola Superior de Enfermagem de Lisboa, Lisboa, Portugal

MARIA ISABEL COSTA MALHEIRO

Escola Superior de Enfermagem de Lisboa, Lisboa, Portugal

MARIA MERÍCIA GOUVEIA RODRIGUES BETTENCOURT JESUS

Escola Superior Enfermagem S. José de Cluny, Funchal, Portugal

NÉLIA PINHEIRO VAZ

Escola Superior Enfermagem de Angra do Heroísmo, Angra do Heroísmo, Portugal

PAULINO ARTUR FERREIRA DE SOUSA

Escola Superior de Enfermagem do Porto, Porto, Portugal

SANDRA MARIA OLIVEIRA MARQUES QUEIROZ

Escola Superior de Enfermagem São Francisco das Misericórdias, Lisboa, Portugal

NOTA INTRODUTÓRIA | INTRODUCTION

Em nome da Associação Portuguesa de Enfermeiros e também individualmente, congratulo-me pela concretização da 14ª Conferência Internacional de Investigação em Enfermagem, que hoje se inicia. Saúdo todos os meus colegas de mesa, bem como todos os presentes nesta sala. Bem-vindos a Lisboa!

A divulgação do saber, através de publicações, conferências e outros meios tem sido um dos objectivos da Associação Portuguesa de Enfermeiros desde a sua criação em 1968. A publicação de livros relativos a estudos realizados por enfermeiros, a publicação da revista "Enfermagem" e a realização desta Conferência Internacional de Investigação em Enfermagem, confirmam este propósito.

Durante os próximos dias teremos a oportunidade de tomar contacto com resultados de muitos estudos através de enfermeiros investigadores convidados, comunicações livres, workshops e posters. A translação do conhecimento de enfermagem: uma força para a mudança na prática clínica! É o mote desta conferência.

Esperamos dois dias e meio de intenso trabalho mas também esperamos que sejam dois dias e meio de partilha de conhecimento, que contribua para uma efectiva mudança na prática clínica.

Um agradecimento especial a todos os que colaboraram na organização desta conferência integrando as comissões científica e organizadora e também àqueles que, não integrando nenhuma delas deram um valioso contributo.

Votos de excelente trabalho e aproveitem também esta oportunidade para desfrutar desta linda e acolhedora cidade que é Lisboa.

Obrigado por terem vindo.

On behalf of the Portuguese Association of Nurses and also individually, I am pleased to be able to celebrate the 14th International Conference on Nursing Research, which is starting today.

I greet all my colleagues at the table, as well as everyone present in this room.

Welcome to Lisbon!

The dissemination of knowledge through publications, conferences and other means has been one of the objectives of the Portuguese Association of Nurses since its creation in 1968. The publication of books on studies carried out by nurses, the publication of the journal "Nursing" and the International Conference on Nursing Research, confirm this purpose.

Over the next few days we will have the opportunity to get in touch with results from many studies through invited nurse researchers, communications, workshops, and posters. The translation of nursing knowledge: a force for change in clinical practice! It is the motto of this conference.

We expect two and a half days of hard work, but we also expect two and a half days of knowledge sharing to contribute to an effective change in clinical practice.

A special thanks to all those who has collaborated in the organization of this conference integrating the scientific and organizing committees and also those who, not integrating any of them have made a valuable contribution.

Votes of excellent work and also take this opportunity to enjoy this beautiful and welcoming city that is Lisbon.

Thank you for coming.

João Fernandes
Presidente da/President of Associação Portuguesa de Enfermeiros

MENSAGEM DO PRESIDENTE DA COMISSÃO CIENTÍFICA

A rápida evolução do conhecimento, das organizações e das práticas em saúde, bem como as profundas alterações a que as sociedades têm sido sujeitas em consequência de uma estonteante globalização em todos os aspetos do quotidiano, obrigam a enfermagem a preparar o futuro centrada em soluções para a garantia da qualidade dos cuidados de saúde e para a sustentabilidade da resposta às necessidades de saúde das populações. Recentrar o cidadão no sistema, incluir no sistema de saúde uma vertente salutogénica promotora da capacitação do cidadão e das comunidades e que não desperdice inúmeros recursos, particularmente financeiros, para a resposta a vontades e necessidades que não ultrapassam o enquadramento corporativo, são dos maiores desafios que enfrentamos enquanto sociedade e enquanto enfermeiros. O desenvolvimento de novos indicadores de saúde, centrados nos ganhos em saúde e não no ato; centrados no cidadão e não no técnico; baseados nos ganhos para a comunidade; direcionado para a promoção da saúde e não apenas para uma resposta reativa à doença, são desafios que a investigação em enfermagem deve ser capaz de responder.

Por outro lado, interessa que a comunidade usufrua do conhecimento e das competências dos enfermeiros, frequentemente menosprezados pelo poder político e pela economia (ou será finanças?), vistos erradamente como uma despesa e não como um investimento de longo prazo.

Para que a investigação em enfermagem seja capaz de encontrar respostas a estes desafios, interessa refletir sobre:

1. Porquê construir conhecimento em enfermagem? É uma necessidade para a clínica e docência? Ou a clínica só se desenvolve de uma docência construtiva e vice-versa?
2. Como passar das conclusões para a ação? Como divulgar e implementar o novo conhecimento em enfermagem?
3. Que ganhos em saúde sensíveis à investigação em enfermagem são observáveis? Ganhos na clínica? Ganhos na academia? Ganhos na população?

É com este espírito que a Associação Portuguesa de Enfermeiros (APE) organizou a 14ª Conferência Internacional de Investigação em Enfermagem (CIIE), sob o lema “*A translação do conhecimento de enfermagem: Uma força para a mudança!*”. Ao longo de três dias, usando a sabedoria de peritos de nível internacional, pretende-se um espaço de análise e construção sobre o conhecimento em enfermagem, a enfermagem e os enfermeiros num mundo em rápida mutação. Numa visão que funde a prática clínica, o ensino, a investigação e a gestão e assessoria, propõe-se refletir de onde vimos, onde estamos, para onde queremos ir... e como podemos utilizar a investigação como guia neste processo de construção. Mais de 150 investigadores, oriundos dos quatro cantos do mundo, disseram “presente” e partilham a sua visão, as suas descobertas, as suas questões. Distribuídos por 113 comunicações livres e 45 pósteres, em inglês ou em português, o idioma de eleição é, sempre, o da investigação em enfermagem....

A conferência termina no dia 12 de maio, dia internacional do enfermeiro: o dia em que as sociedades reconhecem o valor da enfermagem. Que esta conferência seja mais um elemento de construção para que este reconhecimento ultrapasse o dia anual e se torne um sentimento permanente que promova a utilização dessa imensa massa de arte e saberes que os enfermeiros semeiam todos os dias, dos mais pequenos gestos, à execução da mais complexa técnica: A translação do conhecimento de enfermagem: Uma força para a mudança! Para as pessoas, para as comunidades...

José Carlos Rodrigues Gomes, RN, MHN, MPH, PhD
Presidente da Comissão Científica

MESSAGE FROM THE PRESIDENT OF SCIENTIFIC COMMITTEE

The quick evolution of knowledge, organization and practice in health, as well as the profound changes that societies have undergone as a result of a dazzling globalization in all aspects of daily life, oblige nursing to prepare the future focused on solutions for quality assurance of health care and sustainability of the health needs of the population response. To bring the citizen back into the system, to include in the health system a salutogenic vision that promotes citizens' and communities' empowerment and that does not waste countless resources, mainly financial, to answer wants and needs that do not exceed the corporate environment, are major challenges which we face as society and as nurses. The development of new health indicators, focusing on health gains and not on acts; Centered on the citizen and not on the professional; Based on community gains; Aimed at health promotion and not just for a reactive response to disease, are challenges that nursing research must be able to answer to.

On the other hand, it is important that the community benefits from the nurses' knowledge and skills, often underestimated by political power and the economy (will it be finances?), understand as an expense rather than as a long-term investment.

To nursing research be able to find answers to these challenges, it is important to reflect on:

1. Why build nursing knowledge? Is it a need for clinical and training? Or does the clinical practice only develop from a constructive training and vice versa?
2. How to move from conclusions to action? How to disseminate and implement new knowledge in nursing?
3. What health gains sensitive to nursing research are observable? What are the gains for clinical practice? What are the gains for academia? What are the gains for communities?

It is in this spirit that *Associação Portuguesa de Enfermeiros* (APE) organizes the 14th International Conference on Nursing Research (ICNR), under the motto "The translation of nursing knowledge: A force for change!". Over three days, using the wisdom of international experts, APE will share a space of analysis and construction on nursing knowledge, nursing and nurses in a rapidly changing world. In a vision that fuses clinical practice, teaching, research and management and policy building, it is proposed to reflect where we come from, where we are, and where we want to go ... and how we can use research as a guide in this construction process. More than 150 researchers from the four corners of the world said "present" and share their vision, their findings, and their questions. Distributed by 113 oral communications and 45 posters, in English or Portuguese, the chosen language is, always, nursing research...

The conference ends on May 12th, International Nurses Day: the day when societies recognize the value of nursing. Let this conference be another element of construction so that this recognition surpasses the annual day and becomes a permanent feeling that promotes the use of this immense mass of art and knowledge that nurses sow every day, from the smallest gestures, to the execution of the More complex technique: The translation of nursing knowledge: A force for change! For people, for communities...

José Carlos Rodrigues Gomes, RN, MHN, MPH, PhD
Chairman of the Scientific Committee

PROGRAMA | PROGRAM

10 DE MAIO/10 th MAY		11 DE MAIO/11 th MAY	
8h30	Abertura do Secretariado/Registration	9h	SEGUNDA CONFERÊNCIA EIXO 2/ TRACK 2 SECOND CONFERENCE From conclusions to action: Dissemination and implementation Rui Pereira
9h30	SESSÃO DE ABERTURA/OPENING CERIMONY Dr. Francisco George: Health Director-General João Fernandes – President of APE José Carlos Gomes – Chairman of SC	10h30	Intervalo/Coffee Break
10h	CONFERÊNCIA PRINCIPAL EIXO 1/ TRACK 1 MAIN CONFERENCE The Long and winding road of nursing science evidence translation to nursing practice Gabriele Meyer	11h	COMUNICAÇÕES ORAIS EIXO 1,2,3/ ORAL PRESENTATIONS TRACK 1,2,3
11h	Intervalo/Coffee Break	13h	Almoço/Lunch
11h30	COMUNICAÇÕES ORAIS EIXO 1/ ORAL PRESENTATIONS TRACK 1	14h	SEGUNDA CONFERÊNCIA EIXO 3/ TRACK 3 SECOND CONFERENCE Health gains sensitive to nursing research: Clinical practice gains? Academic gains? Population gains? Sérgio Gomes
13h	Almoço/Lunch	15h	COMUNICAÇÕES ORAIS EIXO 1,2,3/ ORAL PRESENTATIONS TRACK 1,2,3
14h	PRIMEIRA CONFERÊNCIA EIXO 2/ TRACK 2 FIRST CONFERENCE Measurement and health assessment scales of neonatal and pediatric populations. A Monte Carlo simulation study with ordinal variables Maria Alice Curado	16h	Intervalo/Coffee Break
15h	COMUNICAÇÕES ORAIS EIXO 1/ ORAL PRESENTATIONS TRACK 1	16h30	COMUNICAÇÕES ORAIS EIXO 1,2,3/ ORAL PRESENTATIONS TRACK 1,2,3
16h	Intervalo/Coffee Break	18h	Fim dos trabalhos/End of 2 nd day
16h30	WORKSHOPS História da investigação em enfermagem Paulo Queiroz (Auditorium 3) Intervenções complexas em enfermagem Adriana Henriques (Room 1)	20h	Programa Social/Social Program
18h	Fim dos trabalhos/End of 1 st day		
		12 DE MAIO/12 th MAY	
		9h	COMUNICAÇÕES ORAIS EIXO 1,2/ ORAL PRESENTATIONS TRACK 1,2 APRESENTAÇÃO DE POSTERS EIXO 1,2,3/ POSTERS PRESENTATION TRACK 1,2,3
		10h30	Intervalo/Coffee Break
		11h	CONFERÊNCIA FINAL/ FINAL CONFERENCE Nurse International Day João Fernandes
		12h	CONCLUSÕES/CONCLUSIONS SC Member
		12h30	Entrega do prémio/Award delivery Marília Viterbo de Freitas
		13h	SESSÃO DE ENCERRAMENTO/ CLOSING SESSION

PROGRAMA DAS COMUNICAÇÕES LIVRES | ORAL PRESENTATIONS PROGRAM

10 DE MAIO/MAY – MANHÃ/MORNING

SALA/ROOM 1

Tema/Theme	DAS CONCLUSÕES PARA A AÇÃO: DIVULGAÇÃO E IMPLEMENTAÇÃO <i>FROM CONCLUSIONS TO ACTION: DISSEMINATION AND IMPLEMENTATION</i>
Finalidade/Aim	Analisar as estratégias de translação do conhecimento em enfermagem <i>To analyze the translation of knowledge strategies in nursing</i>
Moderadores/ Moderators	Susana Maria Sobral Mendonça Maria Alice dos Santos Curado
11h30 – 11h40	<i>Analysis of assistencial practices of nursing to the newborn with hydrocephaly.</i> – Luana Carla Santana Oliveira, Neri Eleika Cândido da Silva e Jocelly de Araújo Ferreira.
11h40 – 11h50	<i>Caring for children, what teenage mothers most value.</i> – Paula Sarreira de Oliveira e Manuela Nené.
11h50 – 12h00	<i>Strategies for the elucidation of nursing procedures in response to Basic human needs to the intensive care unit.</i> – Joselly de Araújo Ferreira, et al.
12h00 – 12h10	<i>Factors influencing the development of self-management on adolescents with diabetes type 1: a scoping review.</i> – Inês Carnall Figueiredo, et al
12h10 – 12h20	<i>Importance of support houses in the experience of children with câncer under paliative care: a social issue.</i> – Anna Rosa e Souza Occhiuzzo, et al
12h20 – 12h30	<i>Experience of families and teenagers with DM type 1 in the public health of a region in Southern Brazil.</i> – Marinês Finco e Judite Hennemann Bertoni
12h30 – 12h40	<i>Supervising relations and development of significant learning of nursing students – research Project.</i> – Francisco Monteiro
12h40 – 13h00	Discussão/Discussion

10 DE MAIO/MAY – MANHÃ/MORNING

SALA/ROOM 2

Tema/Theme	CONSTRUÇÃO DO CONHECIMENTO EM ENFERMAGEM: NECESSIDADE PARA A CLÍNICA E DOCÊNCIA? <i>BUILDING KNOWLEDGE IN NURSING: NEED FOR CLINICAL PRACTICE AND TEACHING?</i>
Finalidade/Aim	Identificar áreas prioritárias para a investigação em enfermagem <i>To identify priority areas for nursing research</i>
Moderadores/ Moderators	Nélia Pinheiro Vaz Luísa Conceição Murcho Matado Caldas
11h30 – 11h40	<i>The family context and sleep patterns of children and adolescents</i> – Ana Catarina Certo et al.
11h40 – 11h50	<i>Stress in nurses of the family health program in the South of Minas Gerais/Brasil.</i> – Giovanna Vallim Jorgetto, João Fernando Marcolan e Camila dos Santos Silva.
11h50 – 12h00	<i>The use of clinical supervision by nurses who work in mental health: integrative literature review.</i> – Andressa de Oliveira e Vanessa Pellegrino Toledo
12h00 – 12h10	<i>Violence in the media and its reflexes in domestic life.</i> – Ana Carolina Jacinto Alarcão, Sandra Marisa Pelloso e Maria Dalva de Barros Carvalho
12h10 – 12h20	<i>Male vision about the performance of the prostate survey.</i> – Marco Aurélio Sousa, et al
12h20 – 12h30	<i>Food, food safety and nutritional status of people in street situation</i> – Samara Soares Pereira et al
12h30 – 12h40	<i>Translation and cultural adaptation of “Self-management diabetes questionnaire” for portuguese adolescents with type 1 diabetes.</i> – Sónia Borges Rodrigues et al
12h40 – 13h00	Discussão/Discussion

10 DE MAIO/MAY – MANHÃ/MORNING

AUDITÓRIO/AUDITORIUM 3

Tema/Theme	CONSTRUÇÃO DO CONHECIMENTO EM ENFERMAGEM: NECESSIDADE PARA A CLÍNICA E DOCÊNCIA? <i>BUILDING KNOWLEDGE IN NURSING: NEED FOR CLINICAL PRACTICE AND TEACHING?</i>
Finalidade/Aim	Identificar áreas prioritárias para a investigação em enfermagem <i>To identify priority areas for nursing research</i>
Moderadores/ Moderators	Maria Deolinda Antunes Luz Lopes Dias Maurício Maria Augusta Romão da Veiga Branco
11h30 – 11h40	<i>Prevention of domestic and sexual violence for women: contributions from the comprehensive assistance to women's health for violence surveillance.</i> – Saturnina Alves da Silva Martins, Leonaria Lopes Maia e Roberta Andrea Oliveira.
11h40 – 11h50	<i>Effect of behavioral strategies in adherence to oral antidiabetic drugs: randomized controlled trial.</i> – Danilo Donizetti Trevisan, et al.
11h50 – 12h00	<i>Difficulties and needs of parents in positive parenting practice.</i> – Andreia Lampreia e Maria da Graça Vinagre.
12h00 – 12h10	<i>Frailty syndrome in elderly attended in an outpatient specialty clinic.</i> – Luciane Patrícia Andreani Cabral, et al
12h10 – 12h20	<i>Behavioral strategies in adherence to oral antidiabetic drugs and their effects on diabetes-related distress.</i> – Danilo Donizetti Trevisan, et al.
12h20 – 12h30	<i>Older adults' perspectives on drug use and their trajectories: a gerontological nursing contribution.</i> – Maciane Rodrigues dos Reis Lourenço, Jaqueline da Silva e Luana Lima Riba Andrieto Fernandes
12h30 – 12h40	<i>Sociodemographic and epidemiological profile of women with breast cancer in Bahia.</i> – Rita de Cássia Velozo da Silva, José Carlos Amado Martins e Maria Isabel Domingues Fernandes
12h40 – 13h00	Discussão/Discussion

10 DE MAIO/MAY – TARDE/AFTERNOON

SALA/ROOM 1

Tema/Theme	CONSTRUÇÃO DO CONHECIMENTO EM ENFERMAGEM: NECESSIDADE PARA A CLÍNICA E DOCÊNCIA? <i>BUILDING KNOWLEDGE IN NURSING: NEED FOR CLINICAL PRACTICE AND TEACHING?</i>
Finalidade/Aim	Analisar as estratégias de translação do conhecimento em enfermagem <i>To analyze the translation of knowledge strategies in nursing</i>
Moderadores/ Moderators	Maria Alice dos Santos Curado Carlos Alberto Cruz Sequeira
15h00 – 15h10	<i>Social representations of patients on hemodialysis using arteriovenous fistula: nursing care evidence</i> – Michele Nakahara Melo et al.
15h10 – 15h20	<i>A enfermagem e o consumo de bebida alcoólica durante a gestação.</i> – Tharine Louise Gonçalves Caires, et al.
15h20 – 15h30	<i>Effect of nonpharmacological interventions on sleep quality and emotional stress in people with type 2 diabetes</i> – Danilo Donizetti Trevisan, et al
15h30 – 15h40	<i>Sexual health and reproduction literacy, the human papilloma virus (HPV) and cervical cancer (CC), among higher education health students</i> – Ana Catarina Certo et al
15h40 – 15h50	<i>Health in focus: research in basic education integrating nursing and a school community in the metropolitan region of Belo Horizonte – MG - Brazil.</i> – Estelina Souto do Nascimento, et al
15h50 – 16h00	<i>Social representation of users of primary health care regarding venipuncture safety in the structural approach</i> – Michele Nakahara Melo, et al
16h00 – 16h10	Discussão/Discussion

10 DE MAIO/MAY – TARDE/AFTERNOON

SALA/ROOM 2

Tema/Theme	CONSTRUÇÃO DO CONHECIMENTO EM ENFERMAGEM: NECESSIDADE PARA A CLÍNICA E DOCÊNCIA? <i>BUILDING KNOWLEDGE IN NURSING: NEED FOR CLINICAL PRACTICE AND TEACHING?</i>
Finalidade/Aim	Analisar as estratégias de translação do conhecimento em enfermagem <i>To analyze the translation of knowledge strategies in nursing</i>
Moderadores/ Moderators	Alexandra Manuela Garcês Caramelo Tereso Maria Augusta Romão da Veiga Branco
15h00 – 15h10	<i>Sexualities on ageing: contributions to health care</i> – Ana Silva e Sofia Marques da Silva.
15h10 – 15h20	<i>Understanding the experience of child caregivers in prophylactic treatment for hemophilia: a qualitative study.</i> – Sandra Marisa Pelloso, Wanessa Cristina Baccon e Maria Dalva de Barros Carvalho.
15h20 – 15h30	<i>Paternal perception related to the premature birthing and hospitalization.</i> – Márcia Helena de Souza Freire et al
15h30 – 15h40	<i>Falls in the elderly – cross sectional study.</i> – Rita Almeida, Elisabete Gonçalves e Adriana Henriques
15h40 – 15h50	<i>Development project of nursing intervention program for self-managing food/digestive symptoms for the person with gastric cancer undergoing surgical intervention.</i> – Noélia Pimenta Gomes, Célia Samarina Vilaça de Brito Santos e Maria Merícia Gouveia Rodrigues Bettencourt Jesus
15h50 – 16h00	Discussão/Discussion

10 DE MAIO/MAY – TARDE/AFTERNOON

AUDITÓRIO/AUDITORIUM 3

Tema/Theme	CONSTRUÇÃO DO CONHECIMENTO EM ENFERMAGEM: NECESSIDADE PARA A CLÍNICA E DOCÊNCIA? <i>BUILDING KNOWLEDGE IN NURSING: NEED FOR CLINICAL PRACTICE AND TEACHING?</i>
Finalidade/Aim	Analisar as estratégias de translação do conhecimento em enfermagem <i>To analyze the translation of knowledge strategies in nursing</i>
Moderadores/ Moderators	Sandra Maria Oliveira Marques Queiroz Susana Maria Sobral Mendonça
15h00 – 15h10	<i>Triangulation of methods in social representation in the aging process after 65 years: methodological strategy.</i> – Cristina Arreguy-Sena et al.
15h10 – 15h20	<i>Analysis of the effects of Reiki therapy as an intervention in the health care of the elderly – A systematic review.</i> – Maria da Graça de Oliveira Crossetti e Jeniffer Parraga
15h20 – 15h30	<i>Conceptions of elderly on the process of human aging: be age dor be old?.</i> – Cristina Arreguy-Sena, et. al
15h30 – 15h40	<i>Depressive symptomatology in nurses that act in emergency services.</i> – João Fernando Marcolan e Felipe Perucci de Oliveira
15h40 – 15h50	<i>Psychotherapeutic intervention model in nursing: a pilot randomized controlled trial.</i> – Francisco Sampaio, et al
15h50 – 16h00	Discussão/Discussion

11 DE MAIO/MAY – MANHÃ/MORNING

SALA/ROOM 1

Tema/Theme	DAS CONCLUSÕES PARA A AÇÃO: DIVULGAÇÃO E IMPLEMENTAÇÃO <i>FROM CONCLUSIONS TO ACTION: DISSEMINATION AND IMPLEMENTATION</i>
Finalidade/Aim	Analisar as estratégias de translação do conhecimento em enfermagem <i>To analyze the translation of knowledge strategies in nursing</i>
Moderadores/ Moderators	Maria Deolinda Antunes Luz Lopes Dias Maurício Helga Catarina Santos Alves de Oliveira
11h00 – 11h10	<i>Nurse practitioners' practices and challenges in chronic disease management in Quebec.</i> – Laurence Guillaumie, D. Therrien e L. Bujold.
11h10 – 11h20	<i>Nursing consultation in promoting self care for the elderly with chronic pain in a unit of pain.</i> – Maria Madalena Nobre Marreiros Assunção Mela Martins, Idalina Gomes e Maria Anjos Pereira Lopes.
11h20 – 11h30	<i>The promotion of the autonomy of the dependent person for self-care: a model of nursing.</i> – Marisa Lourenço e Paulino Sousa.
11h30 – 11h40	<i>Atendimento de enfermagem no perioperatório – registos electrónicos.</i> – Rita Baptista Silva, Maria Manuela Martins e Helena Gonçalves Jardim.
11h40 – 11h50	<i>Caring for families in the emergency department.</i> – Florinda Laura Ferreira Rodrigues Galinha de Sá e Maria Antónia Rebelo Botelho.
11h50 – 12h00	<i>Development of the educational program for patients with acute coronary syndrome: PepSCA-CARE.</i> – Lisa Alves Gomes, Gorete Reis e Fátima Marques.
12h00 – 12h10	<i>Educational materials in health: a nursing instrument in the prevention of hypertension and diabetes mellitus.</i> – Estelina Souto do Nascimento, et al.
12h10 – 12h20	<i>Education and nurses performance in obesity combat.</i> Daniel Augusto da Silva, et al.
12h20 – 12h40	Discussão/Discussion

11 DE MAIO/MAY – MANHÃ/MORNING

SALA/ROOM 2

Tema/Theme	GANHOS EM SAÚDE SENSÍVEIS À INVESTIGAÇÃO EM ENFERMAGEM: GANHOS NA CLÍNICA? GANHOS NA ACADEMIA? GANHOS NA POPULAÇÃO? <i>HEALTH GAINS SENSITIVE TO NURSING RESEARCH: CLINICAL PRACTICE GAINS? ACADEMIC GAINS? POPULATION GAINS?</i>
Finalidade/Aim	Identificar ganhos em saúde sensíveis à investigação em enfermagem. <i>To identify health gains sensitive to nursing research</i>
Moderadores/ Moderators	Marta Hansen Lima Basto Correia Frade Maria Dulce Mendes Gonçalves
11h00 – 11h10	<i>A pilot study of impact of nurses-led weaning protocol on outcomes of mechanical ventilation for critically ill patients among palestinian hospitals.</i> – Fatima Hirzallah, Aidah Alkaissi e Maria do Céu Barbieri-Figueiredo.
11h10 – 11h20	<i>Continued long-term integrated care unit and maintenance and the symptoms of Edmonton as a quality indicator, a retrospective study.</i> – Isabel Maria Marques da Silva Pinho Ferreira, et al.
11h20 – 11h30	<i>Administration of chemotherapy anti neoplastic; nursing intervention to releaf suffering.</i> – Eunice Sá, M.A.P. Lopes e Marta Lima Basto
11h30 – 11h40	<i>Men sexual health in Portugal: gaps and proximities with health care professionals.</i> – Alexandra Manuela Garcês Caramelo Tereso
11h40 – 11h50	<i>Damage reduction in attendance of population in street situation.</i> – Cássia Barbosa Reis, et al.
11h50 – 12h00	<i>What does it do falling at house in the elderly people social conception?</i> – Cristina Arreguy-Sena, et al
12h00 – 12h10	<i>Nursing support to breast câncer patient's quality of life in North Estonian Medical Centre.</i> – Irma Nool, et al.
12h10 – 12h20	<i>The family nursing health care and the indicators of health: new challenges for the practice.</i> – Maria Henriqueta de Jesus Silva Figueiredo, et al.
12h20 – 12h40	Discussão/Discussion

11 DE MAIO/MAY – MANHÃ/MORNING

AUDITÓRIO/AUDITORIUM 3

Tema/Theme	CONSTRUÇÃO DO CONHECIMENTO EM ENFERMAGEM: NECESSIDADE PARA A CLÍNICA E DOCÊNCIA? <i>BUILDING KNOWLEDGE IN NURSING: NEED FOR CLINICAL PRACTICE AND TEACHING?</i>
Finalidade/Aim	Identificar áreas prioritárias para a investigação em enfermagem <i>To identify priority areas for nursing research</i>
Moderadores/ Moderators	João Pedro Narciso Raimundo Maria Isabel Costa Malheiro
11h00 – 11h10	<i>Characteristics of women who performed nursing consultations in primary care health in a municipality in the South of Brazil.</i> – Priscila Ponticelli, Judite Henemann Bertoncini e Cármén Liuliam Brum Marques Baptista.
11h10 – 11h20	<i>Family intervention strategies: perceived competence of nurses in primary health.</i> – Palmira da Conceição Martins de Oliveira et al
11h20 – 11h30	<i>Formal theory for the home care.</i> – Jaqueline Dias do Nascimento-Selleti, et. al
11h30 – 11h40	<i>Nursing diagnoses on women's health in primary care in Southern Brazil..</i> – Cármén Liliam Brum Marques Baptista, Priscila Ponticelli e Judite Henemann Bertoncini
11h40 – 11h50	<i>Patients' experiences and needs with lifestyle counseling in Tallin and Harjumaa family health centers.</i> – Kadri Koop, Tiina Toemets e Ruth Kalda
11h50 – 12h00	<i>Pediatric partnership care: where are we and where should we be?.</i> – Maria Goreti Silva Ramos Mendes
12h00 – 12h20	Discussão/Discussion

11 DE MAIO/MAY – TARDE/AFTERNOON

SALA/ROOM 1

Tema/Theme	DAS CONCLUSÕES PARA A AÇÃO: DIVULGAÇÃO E IMPLEMENTAÇÃO. <i>FROM CONCLUSIONS TO ACTION: DISSEMINATION AND IMPLEMENTATION</i>
Finalidade/Aim	Analisar as estratégias de translação do conhecimento em enfermagem. <i>To analyze the translation of knowledge strategies in nursing.</i>
Moderadores/ Moderators	Luísa da Conceição Murcho Matado Caldas Amélia Simões Figueiredo
15h00 – 15h10	<i>Agreement plan for self-care of patients with diabetes using insulin in primary care in Southern Brazil.</i> – Aline Alessandra Wecker, et al.
15h10 – 15h20	<i>Diagnostics of nursing frequently in nursing consultations to diabetes in the use of insulin in primary health care.</i> – Aline Alessandra Wecker, et al.
15h20 – 15h30	<i>Welcoming of the psychiatric patient in an emergency referenced unit of a university hospital</i> – Paula Fernanda Lopes e Vanessa Pellegrino Toledo.
15h30 – 15h40	<i>Dynamic model of family assessment and intervention: case study</i> – Maria Henriqueta de Jesus Silva Figueiredo, et al.
15h40 – 15h50	<i>Research into nursing: knowledge, abilities and attitudes for evidence-based practice in primary health care.</i> – Luana Roberta Schneider, Rui Pedro Gomes Pereira e Lucimare Ferraz
15h50 – 16h00	Discussão/Discussion
Moderadores/ Moderators	Cristina Arreguy-Sena Amélia Simões Figueiredo
16h30 – 16h40	<i>Family process and systemic questions: new ways of family intervention im primary health care</i> – Maria Henriqueta de Jesus Silva Figueiredo, et al.
16h40 – 16h50	<i>Measuring compliance with the baby-friendly hospital initiative for neonatal wards guided by knowledge translation framework.</i> – Edilaine Giovanini Rossettoi et al.
16h50 – 17h00	<i>Nursing documentation with focus on emotional responses of family caregivers of the hospitalized child: from the speech to registration in the informatic system.</i> – Maria João Caeiro, et al
17h00 – 17h10	<i>Meaning of the expressive-instrumental-affective touch for the nurses who work in an adult intensive care center metropolitan region of Belo Horizonte – MG - Brazil.</i> – Mércia Aleide Ribeiro Leite e Luana Canaan de Carvalho.
17h10 – 17h20	<i>Mental health and sexual self-concept: intervention in nursing.</i> – Ana Catarina Certo, Ana Galvão e Ana Noné
17h20 – 17h30	<i>Family home care: experiencing in pediatric hematopoietic stem cell post transplantation.</i> – Jaqueline Dias do Nascimento-Selleti et al
17h30 – 17h40	<i>Use of family planning risk stratification of attention to families in Blumenau, Brazil.</i> – Marinês Finco, et al.
17h40 – 18h00	Discussão/Discussion

11 DE MAIO/MAY – TARDE/AFTERNOON

SALA/ROOM 2

Tema/Theme	GANHOS EM SAÚDE SENSÍVEIS À INVESTIGAÇÃO EM ENFERMAGEM: GANHOS NA CLÍNICA? GANHOS NA ACADEMIA? GANHOS NA POPULAÇÃO? <i>HEALTH GAINS SENSITIVE TO NURSING RESEARCH: CLINICAL PRACTICE GAINS? ACADÉMICA GAINS? POPULATION GAINS?</i>
Finalidade/Aim	Identificar ganhos em saúde sensíveis à investigação em enfermagem. <i>To identify health gains sensitive to nursing research</i>
Moderadores/ Moderators	Sandra Maria Oliveira Marques Queiroz João José Santos Fernandes
15h00 – 15h10	<i>Adherence of healthcare workers to prevention measures of nosocomial infections: problems and implementation strategies</i> – Carla Alexandra Amorim Colaço e Patrícia Pontífice Sousa.
15h10 – 15h20	<i>Nursing safe staff's influence in the patients and nurses results.</i> – Maria João Freitas, P. Parreira e J. Marôco.
15h20 – 15h30	<i>Impact of a patient care bundle for pain management in pediatric venipuncture.</i> – Mauren Teresa Grubisich Mendes Tecla e Larissa D. Grispan e Silva
15h30 – 15h40	<i>Massage in children with câncer: effectiveness of a protocol.</i> – Luís Manuel Cunha Batalha e Aida Alexandra Soares da Costa Mota
15h40 – 15h50	<i>The impact of baby-friendly hospital initiative for neonatal wards guided by knowledge translation Framework in a brazilian neonatal unit</i> – Edilaine Giovanini Rossetto, et al
15h50 – 16h00	Discussão/Discussion

Moderadores/ Moderators	Sandra Maria Oliveira Marques Queiroz Maria Merícia Gouveia Rodrigues Bettencourt Jesus
16h30 – 16h40	<i>Promoting self care in hospitalized patients: educational intervention program</i> – Lisa Alves Gomes e Gorete Reis.
16h40 – 16h50	<i>The empowerment as a result: nursing care in self management's chronic disease.</i> – Elisabete Lamy Luz, F. Bastos e MM Vieira
16h50 – 17h00	<i>The group of self care in health self-management of the person with diabetes using insulin.</i> – Andrea Jordani, Judite Hennemann Bertoncini e Cármén Liliam Brum Marques Baptista
17h00 – 17h10	<i>Ulcers of inferior members: data investigation of cases in Assis, a city in the state of São Paulo, Brazil.</i> – Daniel Augusto da Silva et al
17h10 – 17h20	<i>The nurse and the use of psychometric scales for the detection of depressive symptomatology in the general population</i> – Giovanna Vallim Jorgetto, et al.
17h20 – 17h30	<i>Effect of a nursing intervention in reducing the burden of the family caregiver of the elderly with dependence at home.</i> – Laura Viegas, Pereira Lopes e Ana Fernandes
17h30 – 17h40	<i>Promoting self care in hospitalized patients: educational intervention program</i> – Lisa Alves Gomes e Gorete Reis.
17h40 – 18h00	Discussão/Discussion

11 DE MAIO/MAY – TARDE/AFTERNOON

AUDITÓRIO/AUDITORIUM 3

Tema/Theme	CONSTRUÇÃO DO CONHECIMENTO EM ENFERMAGEM: NECESSIDADE PARA A CLÍNICA E DOCÊNCIA? <i>BUILDING KNOWLEDGE IN NURSING: NEED FOR CLINICAL PRACTICE AND TEACHING?</i>
Finalidade/Aim	Identificar áreas prioritárias para a investigação em enfermagem. <i>To identify priority areas for nursing research</i>
Moderadores/ Moderators	José Carlos Rodrigues Gomes Fernanda Maria do Carmo Luís
15h00 – 15h10	<i>Prevalence of acute transfusion reactions in a teaching hospital.</i> – João Luiz Grandi, Mariana Cabrera Grell e Dulce Aparecida Barbosa.
15h10 – 15h20	<i>Punction vein performed in a brazilian private institution: study of convergent mixed method.</i> – Michele Nakahara Melo, et al.
15h20 – 15h30	<i>Punctuation of blood vessels for transfusion: a case study on the peculiarities of the process.</i> – Valesca Nunes dos Reis, et. al
15h30 – 15h40	<i>Sexuality, older adults living with HIV/AIDS and nursing.</i> – Maciane Rodrigues dos Reis Lourenço, Jaqueline da Silva e Luana Lima Riba Andrieto Fernandes
15h40 – 15h50	<i>Depressive symptomatology related to unemployment in nurses of a brazilian region.</i> – Daniel Augusto da Silva e João Fernando Marcolan
15h50 – 16h00	Discussão/Discussion

Moderadores/ Moderators	Carlos Alberto Cruz Sequeira Irina Diege de Sousa Barros
16h30 – 16h40	<i>Process of moral distress in the Professional practice of nurses.</i> – Maria José Menezes Brito, et. al
16h40 – 16h50	<i>I am like others even though I am different.</i> – Maria Filomena Sousa e Maria do Céu Barbieri.
16h50 – 17h00	<i>Older drug users, care demands and the hospital context: a nursing study.</i> – Maciane Rodrigues dos Reis Lourenço, Jaqueline da Silva e Luana Lima Riba Andrieto Fernandes
17h00 – 17h10	<i>Nursing care in first episode psychotic patients: a qualitative study.</i> – Andressa de Oliveira e Vanessa Pellegrino Toledo
17h10 – 17h20	<i>Occupational stress management: report of a group experience among nursing workers of an intensive care unit.</i> – Rodrigo Sanches Peres
17h20 – 17h30	<i>Reception of travestites by nursing in hospitals.</i> – Cássia Barbosa Reis, Priscila Rosa de Assunção Costa e Laiza Gonçalves
17h30 – 17h50	Discussão/Discussion

12 DE MAIO/MAY – MANHÃ/MORNING

SALA/ROOM 1

Tema/Theme	DAS CONCLUSÕES PARA A AÇÃO: DIVULGAÇÃO E IMPLEMENTAÇÃO <i>FROM CONCLUSIONS TO ACTION: DISSEMINATION AND IMPLEMENTATION</i>
Finalidade/Aim	Analisar as estratégias de translação do conhecimento em enfermagem <i>To analyze the translation of knowledge strategies in nursing</i>
Moderadores/ Moderators	Ilda Maria Rodrigues Lourenço Sandra Maria Oliveira Marques Queiroz
09h00 – 09h10	<i>Effectiveness of a nursing intervention in self-management of symptoms.</i> – Eunice Martins Henriques e Maria Filomena Gaspar
09h10 – 09h20	<i>The promotion of nursing care for elderly people with breakthrough pain: nursing intervention in a pain unit.</i> – Maria Dulce Calhau Guerreiro, Idalina Gomes e Maria Anjos Pereira Lopes.
09h20 - 09h30	<i>Work related câncer of urban solid and hospital waste collectors and mechanics: knowledge and prevention practices.</i> – Valesca Nunes dos Reis e Maria Inês Monteiro.
09h30 – 09h40	<i>Professional practice of the family health nurse: unraveling ethical challenges.</i> – Maria José Menezes Brito, et al.
09h40 – 09h50	<i>The dynamic model of family assessment and intervention and learning process in family health: factors valued by students.</i> – Palmira da Conceição Oliveira, et al.
09h50 – 10h00	<i>Training process on dynamic model of family assessment and intervention: contributions to family nursing interventions.</i> – Palmira da Conceição Oliveira, et al.
10h00 – 10h10	<i>Health in focus: research in basic education integrating nursing and a school community in the metropolitan region of Belo Horizonte – MG - Brazil.</i> – Estelina Souto do Nascimento, et al.
10h10 – 10h30	Discussão/Discussion

12 DE MAIO/MAY – MANHÃ/MORNING

AUDITÓRIO/AUDITORIUM 3

Tema/Theme	CONSTRUÇÃO DO CONHECIMENTO EM ENFERMAGEM: NECESSIDADE PARA A CLÍNICA E DOCÊNCIA? <i>BUILDING KNOWLEDGE IN NURSING: NEED FOR CLINICAL PRACTICE AND TEACHING?</i>
Finalidade/Aim	Identificar áreas prioritárias para a investigação em enfermagem. <i>To identify priority areas for nursing research</i>
Moderadores/ Moderators	Isabel Maria Brito Pão Alvo Nélia Pinheiro Vaz
09h00 – 09h10	<i>The influence of NANDA-I nursing diagnoses training on practice in home care nursing.</i> – Irma Nool, et al.
09h10 – 09h20	<i>Evaluation of safety culture in the operating room: nurses perception.</i> – Ana Sofia de Carvalho Mota e Amélia Filomena Oliveira Mendes Castilho
09h20 - 09h30	<i>Depressive symptoms in nurses of the family health strategy in the city of Guarulhos.</i> – Daniella Marques Fernandes e João Fernando Marcolan.
09h30 – 09h40	<i>Vaccination adherence among hospital cleaning assistant outsourced in a teaching hospital from São Paulo city.</i> – João Luiz Grandi, Patrícia Borges Marcondes e Dulce Aparecida Barbosa
09h40 – 09h50	<i>Workplace incivility and burnout among portuguese healthcare professionals.</i> – Luísa Ribeiro, et al.
09h50 – 10h00	<i>The nurses perception about patient safety culture in long term care units in Portugal.</i> – Susana Marisa Lourenço dos Santos Ribeiro, et al.
10h00 – 10h10	<i>Evaluation of swallowing in a stroke unit (UAVC).</i> – Dulce Gonçalves, et. al
10h10 – 10h30	Discussão/Discussion

PROGRAMA DOS POSTERS | POSTERS PROGRAM

12 DE MAIO/MAY – 09h00 – 10h30

SALA/ROOM 2

Moderadores/ Moderators	Cristina Arreguy-Sena, Helga Catarina Santos Alves de Oliveira, José Carlos Rodrigues Gomes, Maria Isabel Costa Malheiro, Maria Merícia Gouveia Rodrigues Bettencourt Jesus, Susana Maria Sobral Mendonça
1	<i>The involvement of primary care in home care for men with specific needs: the vision of the caregivers – Jocelly de Araújo Ferreira, et al.</i>
2	<i>The satisfaction referred but not felt by the part of caregivers of men under home care – Jocelly de Araújo Ferreira et al.</i>
3	<i>Reception with rating risk in emergencies: challenges in practice nurses – Rita de Cássia Velozo da Silva, Manoela Lima Maciel e Deisiane Lima Araújo</i>
4	<i>Analysis of glycemic responses, plasma lipids and body mass index after physical training in individuals with type 2 diabetes mellitus. – Giovanna Vallim Jorgetto, et al.</i>
5	<i>Association between frailty and cognition in elderly people attended in an outpatient of a teaching hospital. – Luciane Patrícia Andreani Cabral, et al</i>
6	<i>Bundle for central line based on the knowledge translation conceptual Framework in a brazilian neonatal unit – Edilaine Giovanini Rossetto et al</i>
7	<i>Socio-demographic characterization and elderly people morbidity aged 80 years old or older with chronic renal failure undergoing hemodialysis – Odete Teresinha Portela et al.</i>
8	<i>Conceptions on infantile-juvenile mental health of the nurses in the family health strategy – Anna Rosa e Souza Occhiuzzo e Marina Serra Lemos</i>
9	<i>Correlation between physical mobility, age and depression in 80 years old people or older undergoing hemodialysis in São Paulo city. – Odete Teresinha Portela, et al</i>
10	<i>Deployment of bundle for prevention of infections related to central venous catheters in children guided by knowledge translation. – Mauren Teresa Grubisich Mendes Tacla e Patrícia Basso Squarça Mendes</i>
11	<i>Educational intervention as a means to promote best care practice with the family in pediatric oncology context. – Myriam Aparecida Mandetta e Fernanda Ribeiro Baptista Marques</i>
12	<i>Epidemiological profile of hepatitis A in Brazil (1999 to 2011), according to SINAN – Sandra Renata Pinatti, et al</i>
13	<i>Evaluation of drug interaction in a long stay institution for the elderly of a municipality of the south of Minas Gerais - Brazil – Sandra Renata Pinatti, et al.</i>
14	<i>Holistic critical thought in nursing training – Maria da Graça de Oliveira Crossetti e Fernando Riegel</i>
15	<i>Impact of healthcare-related infections on the costs of pediatric hospitalization. – Mauren Teresa Grubisich Mendes Tacla, Jackeline Martins Leoncio e Gilselena Kerbauy Lopes</i>
16	<i>Impact of the Professional nursing practice environment in healthcare quality. – Carina Andrade, et al</i>
17	<i>Investigation of the clinical characteristics of acute myocardial infarction for the adoption of the nursing diagnosis of acute pain. – Jailson Alberto Rodrigues, et al</i>

12 DE MAIO/MAY – 09h00 – 10h30

SALA/ROOM 2

**Moderadores/
Moderators**

Cristina Arreguy-Sena, Helga Catarina Santos Alves de Oliveira, José Carlos Rodrigues Gomes, Maria Isabel Costa Malheiro, Maria Merícia Gouveia Rodrigues Bettencourt Jesus, Susana Maria Sobral Mendonça

18

Care model in the humanization process of pain of the neonatal therapy unit: Kangaroo. – **Lidiane Schultz, et al.**

19

The knowledge of the population on the nurse's work in the family health strategy. – **Saturnina Alves da Silva Martins e Elessandra Alves da Costa Siqueira**

20

The nurse in the management of the extracorporeal oxygenation membrane (ECMO) in the intensive care sectors – **Sérgio Luís Alves de Morais-Junior, et al**

21

Socioeconomic and nutritional profile of the users of a popular restaurant of Joinville – SC - Brazil. – **Lidiane Ferreira Schultz, et al.**

22

Phenomenology of practice in nursing: bibliometric review. – **Lúcia Bacalhau e Patrícia Pontífice Sousa**

23

Quality of life of hepatitis B, C carriers in hemodialysis treatment. – **Saturnina Alves da Silva Martins e Paula Falco Mauricio**

24

Quality of life among senior citizens in Sri Lanka. – **Machiko Higuchi e Chandani Liyanage**

25

Repercussions of domestic violence done by intimate partners in women's health: implications on nursing care. – **Walquiria Jesusmara dos Santos, Maria Imaculada de Fátima Freitas e Marco Aurélio Sousa.**

26

Scoping review: Work environment and its relationship with chinese nurse satisfaction in a hospital setting. – **Jun Chen e Pedro Lucas.**

27

Staff perceptions of the barriers and facilitators to implementation of the baby-friendly hospital initiatives for neonatal wards. – **Edilaine Giovanini Rossetto et al**

28

Teaching methods used in simulation and their efficiency in nurses training: an integrating literature overview. – **Jandra Ristikivi, Kristi Puusepp e Ere Uibu**

29

The intervention with the newborn behavioral observations in the newborn, infant and family: a scoping review. – **Patrícia Martins, et al.**

30

Alcohol use by nursing students and the impact of brief intervention on their quality of life. – **Wanda Cristina Sawicki, et al**

31

Utilization of ludical pedagogical material used by nurses as a instrument of promotion to the health of young university. – **Marco Aurélio Sousa, M. D.O. Lima e R. F. Brito**

32

Use of child restraint systems: the case of PROVIDAS – **Rosa Moreira e Anabela Almeida.**

33

Validation of the nursing diagnosis acute pain in victims of acute myocardial infarction. – **Jailson Alberto Rodrigues, et al.**

34

Workers mental health in a portuguese industrial company. – **Marina Sofia Silva Cordeiro.**

RESUMOS DAS CONFERÊNCIAS | CONFERENCE ABSTRACTS

MEASUREMENT AND HEALTH ASSESSMENT SCALES OF NEONATAL AND PEDIATRIC POPULATIONS. A MONTE CARLO SIMULATION STUDY WITH ORDINAL VARIABLES

Maria Alice Santos Curado*; João Barreiros; Júlia Teles; João Marôco

**RN, MS, PhD*

Escola Superior de Enfermagem de Lisboa, Portugal

Research in the healthcare area has worked as a basis for the improvement of caregiving quality, demanding from healthcare professionals more specific knowledge in the area in which they perform their functions, including knowledge in research methodology which involves observation, data collection and analysis, so that they can become competent readers of research outcomes. Healthcare professionals are privileged observers of human responses to health and sickness, and can therefore contribute for the development and well-being of individuals often in situations of great vulnerability. In infant and paediatric health, the focus is on family care, highlighting the harmonious development of the infant and young child, valuing the measurable results in health, which allow for the determination of intervention efficiency and quality of health and life. In the paediatric context we enhance the evidence based practices, the importance of research and the application of results in clinical practice research, as well as the development of standard measurement instruments, including assessment scales, wide clinical use, which can facilitate the observation and evaluation of the development and health of infants and young children and result in health gains. The systematic observation of neonatal and paediatric populations with assessment scales has been rising, which has allowed for a higher balance in children assessment and also for observation based on theory and on research results. Some of these aspects were the basis for the development of this work that aims to respond to three fundamental objectives.

In order to provide an answer to the first objective of this research, "Identifying in scientific literature the most frequent statistical tests used by researchers in the area of paediatrics and infant health whenever evaluation scales are used", and a systematic review of the literature was first made. It aimed at analysing scientific articles whose data gathering instruments were assessment scales, in the area of paediatric and infant health, developed with ordinal variables, as well as identifying the statistical tests applied to those variables. The exploratory analysis of the articles allowed us to verify that researchers use different instruments with different formats of ordinal measure (3, 4, 5, 6, 7, 9, 10 points) and that they use either parametric or non-parametric tests or even both simultaneously with the ordinal data, regardless of the sample dimension.

The description of the methodology is not always explicit as to whether the test assumptions are met or not. In many reviewed articles the points of scales, the skew, and the magnitude of correlations between items were not mentioned. The reading of this bibliography served as support to the elaboration of two articles, i) a systematic review of literature and ii) a reflection on theoretical

concepts. Although some answers to questions that researchers and professionals face were found, there still is the need to develop more simulation studies in order to confirm some real situations and some of the already existing theory as well as to work on other aspects in which we can frame real scenarios so that the decision making process of researchers and practitioners who use these instruments can be facilitated.

In order to provide an answer to the second objective "Comparing the performance, in terms of power and type I error, of the 4 parametric MANOVA tests (Pillai's trace, Wilks's lambda, Hotelling's trace and Roy's largest root) and 2 non-parametric tests (Pillai's Trace and Wilks's Lambda applied to the ranks' transformed data), using correlated ordinal variables randomly generated". A Monte Carlo resampling simulation (1000 replications) was carried out to estimate the power rate and type I error rate by the proportion of rejected null hypothesis at a 5% significance level of parametric and non-parametric One-way MANOVA, with ordinal data. In the data generation process, we considered scales with three, four, five and seven points. were used three dependent variables, one independent variable with 3 levels (groups), different marginal distributions in groups (symmetric, p_1 ; positive skew, p_2 ; negative skew, p_3 ; and uniform, p_4); different correlation structures (low, $r=0.10$; average, $r=0.40$ and high, $r=0.70$), and different sample sizes were accounted for ($n=30, 60, 90, 120, 240, 300$).

The analysis of the simulation results allows us to conclude that Roy's largest root was the statistic that presented the highest values of the probability of type I error, and was one of the statistics with the biggest statistical power rate. The power presents different behaviours depending on the distribution, the magnitude of correlation between items, the sample dimension, and the points of the scale.

Based on the frequency distribution, the data analysis of the power results allows us to identify three distinct situations. In the first situation, for different scenarios, the power is of low magnitude because MANOVA does not detect differences between groups due to their similarity. In the second situation, the magnitude of the power rate is similar in parametric and non-parametric tests, and it depends on the sample size and the number of scale points, and in different scenarios, the power has a higher magnitude if the sample size is larger and the points of scale are lower. In the third situation, the magnitude of the power rate of MANOVA depends on a combination of the correlation between dependent variables, the sample size, and the number of scale points. As the correlations and number of scale points increased and the sample size decreased, the power rate of MANOVA decreased, and Wilks' lambda applied to the rank transformed data had a higher power rate than the other statistics.

To address the third objective "Framing the results of the application of the parametric MANOVA and the non-parametric MANOVA with real data, three assessment scales were used. The "Early Feeding Skills Assessment Scale", with three points, applied to new-borns; the "Neonatal Skin Risk Assessment Scale" with four points, applied to new-borns; and the "Functional Independence Measure", with five (modified) and seven points, applied to children and youth with spine bifida. Weight and level of spinal cord injuries were the independent variables chosen to select groups (levels of independent variable), whereas new-borns were grouped by "weight classes"; and children and youths with spine bifida were grouped by "level of spinal cord injuries" and age groups. In order to do the analysis of these scales four practical applications that fit the study simulation scenarios were presented. The results of practical applications and simulation study were similar.

Descriptors: ordinal data, Monte Carlo simulation, power rate, type I error probability, parametric and non-parametric MANOVA, child and youth, assessment scales

References:

- Carifio, J., & Perla, R. (2007). Ten Common Misunderstandings, Misconceptions, Persistent Myths and Urban Legends about Likert Response Formats and their Antidotes. *Journal of Social Sciences*, 3(3), 106-116.
- Carifio, J., & Perla, R. (2008). Resolving the 50-year debate around using and misusing Likert scales. *Medical Education*, 42, 1150-1152.
- Curado, M.A.S., Teles, J., Marôco, J. (2013). Análisis estadístico de escalas ordinales. Aplicaciones en el Área de Salud Infantil y Pediatría. *Enfermería Global*, 30, 446-457. <http://www.um.es/eglobal>.
- Curado, M.A.S., Teles, J. & Marôco, J. (2014). Analysis of variables that are not directly observable: influence on decision-making during the research process, *Revista da Escola de Enfermagem da Universidade de S. Paulo*, 48(1), 149-156.
- Curado, M.A.S., Mâroco, J., Vasconcellos, T., Marques, L.C., Oliveira, S.R., & Nicolau, C.S. (2013). Versão Reduzida da Escala de Observação de Competências Precoces na Alimentação Oral. Um estudo de validação estatística com crianças prematuras Portuguesas, *Actas do 1º Encontro de Enfermeiros de Neonatologia da Área de Lisboa: "Cuidar para o Desenvolvimento"*, 15-16 novembro 2013 no Auditório do Hospital S. Francisco Xavier, Lisboa, resumo 4.
- Dawes, J. (2008). Do data characteristics change according to the number of scale points used? An experiment using 5-point, 7-point and 10-point scales, *International Journal of Market Research*, 50(1), 61-77.
- Demirtas, H. (2006). A method for multivariate ordinal data generation given marginal distributions and correlations. *Journal of Statistical Computation and Simulation*, 76(11), 1017-1025.
- Direcção Geral de Saúde (DGS) (2011). *Escala de Braden: Versão Adulto e Pediátrica* (Braden Q). Retrieved October 22, 2012, from: <http://www.dgs.pt/upload/membro.id/ficheiros/i015800.pdf>.
- European Pressure Ulcer Advisory Panel and National Pressure Ulcer Advisory Panel (EPUAP-NPUAP) (2013). *Prevention and Treatment of Pressure Ulcers*. Washington DC: National Pressure Ulcer Advisory Panel.
- Figueiredo, H., Barreiros, J., Gonçalves, I., & Cunha, M. (2007). Avaliação de um programa de intervenção oral em recém-nascidos pré-termo de muito baixo peso. *ESSFISIONLINE*, 3(2), 3-12.
- Finch, W.H. (2005). Comparison of the Performance on Nonparametric and Parametric MANOVA Test Statistics when Assumptions Are Violated. *Methodology*, 1(1), 27-38.
- Guide for the Functional Independence Measure for Children (WeeFIM) (1993). Uniform Data System for Medical Rehabilitation, version 4.0, *Community/Outpatient*. Buffalo (NY), State University of New York at Buffalo.
- Hill, M.M. & Hill, A. (2009). *Investigação por Questionário*. Lisboa: Edições Sílabo Lda.
- Huffines, B., & Lodgson, M.C. (1997). The Neonatal Skin Risk Assessment Scale for predicting skin breakdown in neonates. *Issues Comprehensive Pediatrics Nursing*, 20, 103-114..
- Kaiser, S., Träger, D., & Leisch, F. (2011). *Generating Correlated Ordinal Random Values. Technical Report Number 94*. Munich: Department of Statistics, University of Munich.
- Katz, B.M., & McSweeney, M. (1980). A Multivariate Kruskal-Wallis Test with Post Hoc Procedures. *Multivariate Behavioral Research*, 15, 281-297.
- Laíns, J. (1991). Guia para o uso do Banco Uniformizado de Dados para Reabilitação Médica - MIF. Versão Portuguesa de Guide for the Uniform Data System for Medical Rehabilitation, FIM (1984). Produção Sandoz.
- Leal, I. & Marôco, J. (2010). *Avaliação em Sexualidade e Parentalidade*. Porto: Legis, Ed.
- Lehmann, E.L. (1975). *Nonparametrics: Statistical Methods Based on Ranks*. San Francisco: Holden-Day.
- Loureiro, L.M.J., & Gameiro, M.G.H. (2011). Interpretação crítica dos resultados estatísticos: para lá da significância estatística. *Revista de Enfermagem Referência*, 3, 151-162.
- Marôco, J. (2014). *Análise Estatística com SPSS Statistics*. Pêro Pinheiro: Report Number, Lda.
- Marôco, J. (2010). *Análise de Equações Estruturais: Fundamentos teóricos, Software & Aplicações*. Pêro Pinheiro: ReportNumber, Lda.
- Martins, C.O.A., Curado, M.A.S., & Marçal, T. O. (2014). *Adaptation and Validation of the Observation Scale of Skin Injury Risk in New-borns: A Statistical Study of Pré-validation with Portuguese New-Borns*. Abstracts of 13th International Conference of Nursing Research: Person Centered Culture. Fundação Calouste Gulbenkian, Lisboa: APE, 25.
- Nath, R., & Pavur, R. (1985). A new statistic in the one-way multivariate analysis of variance. *Computational Statistics & Data Analysis*, 2, 297-315.
- Ramsey, P.H., & Ramsey, P.P. (2013). Pairwise testing of group mean vectors in MANOVA with small samples. *Journal of Statistical Computation and Simulation*, 83(6), 1037-1057.
- Ramsey, P.H., Ramsey, P.P., Hachimine, P., Andiloro, N. (2011). Robustness, Power and Interpretability of Pairwise Tests of Discriminant Functions in MANOVA. *Journal of Modern and Applied Statistical Methods*, 10(2), 403-417.
- R Development Core Team (2012). A Language and Environment for Statistical Computing. *R Foundation for Statistical Computing*, Vienna, Austria. (<http://www.R-project.org>).

FROM CONCLUSIONS TO ACTION: DISSEMINATION AND IMPLEMENTATION

Rui Pedro Gomes Pereira

PhD, MSc, COHN, PHN, RN

Escola Superior de Enfermagem – Universidade do Minho, Portugal

Palavras-Chave: Cuidados de saúde baseados em evidências; Transferibilidade do conhecimento; Apoio à tomada de decisão; Translação.

Introdução

A prestação de cuidados de saúde no contexto atual é pautada por inúmeras variáveis que implicam uma prática clínica alicerçada em tomadas de decisão baseadas em evidências de forma a promover a eficiência dos serviços de saúde bem como, o acesso por parte de todos os cidadãos aos melhores cuidados de saúde. A própria Região Europeia da Organização Mundial de Saúde definiu como orientação estratégica para o fortalecimento da enfermagem relativamente às metas da Saúde 2020 a necessidade de se dar prioridade aos cuidados que utilizem a melhor evidência disponível, dinamizando uma cultura profissional de prática baseada na evidência. Também o Conselho Internacional de Enfermeiros advogou numa tomada de posição publica a premência de se promover um combate à desigualdade por via da evidência à ação. Sem embargo é ainda significativo o hiato existente entre a produção e construção do conhecimento em enfermagem e a sua incorporação disseminada e generalizada, constituindo o fenómeno da translação do conhecimento, alvo de crescente interesse e estudo.

Objetivos

Nesta conferência, procuramos abordar no quadro de um modelo global de cuidados de saúde baseados na evidência, a importância da transferibilidade do conhecimento para suportar a tomada de decisão, promovendo melhores práticas, enfatizando sobretudo os ganhos em saúde. Salientaremos que a implementação de uma prática baseada na evidência ocorre a diversos níveis, envolvendo todos os *stakeholders* e percorrendo um espectro que oscila entre o cidadão – utilizador final e o decisor político que, por essa via, compromete a sociedade no seu todo.

Metodologia

No âmbito de uma abordagem teórico/prática recorreremos inicialmente ao modelo de cuidados de saúde baseados na evidência aportado pelo Joanna Briggs Institute – Universidade de Adelaide / Austrália para ilustrar a complexidade inerente aos designados “Cuidados de saúde baseados em evidências”, avançando posteriormente para a noção de transferibilidade do conhecimento (*knowledge translation*), explorando conceitos, características, tipos de utilização e modelos de transferibilidade do conhecimento. Com base em diversos exemplos alavancados em evidências de elevada qualidade, procuraremos ilustrar tendências e ganhos associados à implementação de práticas suportadas pela evidência disponível, assegurando em simultâneo o respeito pelas preferências e valores advogados pelos clientes, os recursos existentes e a *expertise* profissional dos enfermeiros.

Resultados

Apoiar uma prática clínica baseada na evidência implica considerar diversas dimensões: Educação (pré e pós-graduada) e formação contínua; Responsabilização (*accountability*) e consciencialização (*awareness*) profissional; Suporte organizacional e das hierarquias; Dinamização de sinergias entre

organizações profissionais e científicas, instituições de ensino, reguladores e serviços centrais / regionais que envolvam a participação ativa dos profissionais. A incorporação da investigação na prática clínica sendo um imperativo, é uma questão complexa, devendo ser equacionada não só de um modo individual, mas também e sobretudo coletivo, envolvendo todos e exigindo respostas concertadas e multifacetadas.

Conclusões

As mudanças de comportamentos e práticas requerem uma visão sistémica ao nível profissional, do trabalho em equipa, das organizações e do ambiente laboral em termos globais. A incorporação de evidências na prática clínica não deverá ser mais uma discussão recorrente. Enquanto realidade inexorável, deverá ser sobretudo uma prática quotidiana. Nessa media, o foco do debate deverá agora centrar-se na sua disseminação com base em sistemas amigáveis de apoio à tomada de decisão e na sinergia desejável entre produtores, mediadores e utilizadores do conhecimento que deverá em simultâneo com a sensibilização dos diversos decisores organizacionais e políticos.

PRÉMIO ENFERMEIRA MARÍLIA VITERBO DE FREITAS



Marília Pais Viterbo de Freitas, nasceu em 16 de Janeiro de 1933, em Lisboa, formou-se na então designada Escola Técnica de Enfermeiras em 1955. Em 1975 concluiu a licenciatura em história na Faculdade de Letras da Universidade de Lisboa.

Especialista em Enfermagem de Saúde Pública, foi docente na então Escola de Enfermagem de Saúde Pública entre 1974 e 1983. Entre 1983 e 1985 foi docente na Escola de Enfermagem Pós-Básica de Lisboa (na qual a Escola de Enfermagem de Saúde Pública foi integrada).

Em Janeiro de 1986 iniciou funções como Técnica de Enfermagem no Departamento de Ensino de Enfermagem do Instituto Nacional de Saúde Ricardo Jorge.

Entre 1989 e 1995, altura em que se aposentou, exerceu funções como Assessora Técnica de Enfermagem no departamento de Recursos Humanos do Ministério da Saúde.

Em Janeiro de 2009 concluiu o curso de mestrado em estudos sobre as mulheres, na Faculdade de Ciências Sociais e Humanas da Universidade Nova de Lisboa, com a apresentação da dissertação subordinada ao tema “Comadres e Matronas, contributo para a história das parteiras em Portugal (séculos XIII-XIX)”, que se encontra publicada em livro.

Na década de 80 integrou os órgãos dirigentes do então Sindicato dos Enfermeiros da Zona Sul e Açores.

Na Associação Portuguesa de Enfermeiros ocupou a presidência da direcção em sete mandatos, entre 1979 e 2011, e era a presidente da Mesa da Assembleia-Geral na data do seu falecimento. Durante este período representou a enfermagem portuguesa e a APE em inúmeras reuniões, comités e conferências internacionais do Grupo de Enfermeiros Investigadores da Europa (WERNIG), Conselho Internacional de Enfermeiros (ICN), Fórum Europeu de Associações Nacionais de Enfermeiros e Parteiras (EFNNMA) da OMS, Conselho Permanente de Enfermeiros (PCN) (actual Fórum Europeu de Enfermeiros - EFN) de cuja direcção chegou a fazer parte, Federação Ibero-Americana de Enfermagem (FIDE), tendo dado enorme contributo para o reconhecimento da enfermagem portuguesa no âmbito internacional.

Durante o seu percurso na direcção da APE incentivou à prática da investigação também fora das escolas. Iniciou a realização da Conferência Internacional de Investigação em Enfermagem que cativou o interesse ainda hoje presente de enfermeiros além fronteiras; deu início à publicação da revista “Enfermagem”; promoveu dois encontros de enfermagem dos países de língua oficial portuguesa e muitas outras actividades nas quais se incluíram os cursos de formação sobre a linguagem CIPE; cursos de enfermagem no trabalho, etc, etc, etc.

Em 2011 integrou o grupo fundador da Associação Nacional de História de Enfermagem, cuja direcção integrou até à data do seu falecimento.

Publicou ainda a obra “Vidas de Enfermeiras”, da qual constam 25 biografias de enfermeiras portuguesas que se distinguiram no exercício da sua actividade tanto na área clínica como na docência, na gestão e na investigação. Estava prestes a concluir a história da APE e o segundo volume de “Vidas de Enfermeiros”.

A relevância da Senhora Enfermeira Marília Pais Viterbo de Freitas na enfermagem portuguesa fica patente na sua dedicação incansável à profissão e à sua dignificação. Esteve também presente nas acções que levaram à integração da enfermagem no sistema educativo nacional e no ensino superior.

A par da sua dedicação à profissão, manifestou sempre uma grande dedicação à família tendo sido mãe e avó orgulhosa dos seus quatro filhos e dez netos.

Faleceu a 10 de Agosto de 2015.

É pelo seu percurso, pelo seu incentivo à publicação dos estudos realizados por enfermeiros e para preservação da sua memória que a Direcção Nacional da APE decidiu passar a atribuir o prémio Marília Pais Viterbo de Freitas ao melhor trabalho apresentado durante a Conferência Internacional de Investigação em Enfermagem, e que se traduz pela publicação do estudo premiado.

A Direcção Nacional da Associação Portuguesa de Enfermeiros

MARÍLIA VITERBO DE FREITAS AWARD



Marília Pais Viterbo de Freitas, born on 16th January, 1933, in Lisbon, graduated in the Technical School of Nurses in 1955. In 1975 she completed his degree in history at the Faculty of Letters of the University of Lisbon.

Specialist in Public Health Nursing, was a professor at the School of Public Health Nursing between 1974 and 1983. Between 1983 and 1985 he was a lecturer at the Post-Basic Nursing School of Lisbon.

In January of 1986, she began to work as a Nursing Technician in the Department of Nursing Education of the Ricardo Jorge National Health

Institute.

Between 1989 and 1995, when she retired, she served as Technical Nursing Advisor in the Human Resources department of the Ministry of Health.

In January 2009, she completed a master's degree course in women's studies at the Faculty of Social Sciences and Humanities at Universidade Nova de Lisboa, with the presentation of a dissertation on the theme "Comadres e Matronas, a contribution to the history of midwives in Portugal (Centuries XIII-XIX), which is published in a book.

In the decade of the 80's she had belong to the board of the Trade Union of Nurses of the South zone and Azores.

In the Portuguese Association of Nurses, she held the presidency of the board in seven terms, between 1979 and 2011, and was the chairman of the General Assembly on the date of her death. During this period, she had represented Portuguese Nursing and the Portuguese Association of Nurses at numerous meetings, committees and international conferences of the Group of European Nurses Researchers (WERNG), International Council of Nurses (ICN), European Forum of National Associations of Nurses and Midwives (EFNNMA). WHO, Permanent Council of Nurses (PCN) (current

European Forum of Nurses - EFN), Ibero-American Nursing Federation (FIDE), and had made an enormous contribution to the recognition of Portuguese nursing in the international arena.

During his journey in the direction of the Portuguese Association of Nurses she encouraged the practice of research also outside the schools. She started the realization of the International Conference of Research in Nursing that captivated the interest still present of nurses across borders; She had begun the publication of the journal "Nursing"; She had promoted two nursing meetings of Portuguese-speaking countries and many other activities like training courses on CIPE; occupational Nursing, etc, etc, etc.

In 2011 she was part of the founding group of the National Association of Nursing History, whose management was integrated until the date of her death.

She also published the book "Vidas de Enfermeiras", which includes 25 biographies of Portuguese nurses who distinguished themselves in the practice of their activity in the clinical area as well as teaching, management and research. She was about to complete the Portuguese Association of Nurses story and the second volume of "Vidas de Enfermeiras".

The relevance of Nurse Marília Pais Viterbo de Freitas in Portuguese nursing is evident in her tireless dedication to the profession and its dignification. It was also present in the actions that led to the integration of nursing in the national education system and in higher education.

Along with her dedication to the profession, she has always shown great dedication to the family, having been the mother and grandmother of her four children and ten grandchildren.

She died on 10th August, 2015.

It is for this reason, for its encouragement to publish the studies carried out by nurses and for the preservation of its memory, that the National Board of the Portuguese Association of Nurses decided to award the prize Marília Pais Viterbo de Freitas to the best work presented during the International Conference on Research in Nursing, the prize corresponds to the publication of the award-winning study.

The National Board of the Portuguese Association of Nurses

RESUMOS DAS COMUNICAÇÕES ORAIS | ORAL PRESENTATIONS ABSTRACTS

MEN SEXUAL HEALTH IN PORTUGAL: GAPS AND PROXIMITIES WITH HEALTH CARE PROFESSIONALS

Alexandra Tereso

Conceptual framework: Men vulnerability to sexual disease is influenced by socialization processes, sexual literacy, and existence of effective public policies and possibilities of access to sexual health care in their daily lives (Almeida, 2004). Sexual and reproductive health policies traditionally don't include men as subjects what can be seen in the health care political organization and in the medical regulation of sexual health care access. **Objective** - Identify health professional's perceptions about possibilities and constraints regarding access to sexual health care by men. **Method** – Qualitative and exploratory study was conducted in line with Bardin's (2014) referential. Semi-structured interviews were carried out, recorded and transcribed. Doctors, nurses, psychologists, sexologists and pharmacists (24 professionals - 11 women e 13 men) were selected as privileged informants for their relevant position in the scope of resources and therapeutic pathways related to men sexual health [organization and reorganization of health services; designing reproductive health strategies at the national level; health services management; coordination of associations and societies in the field of sexual and reproductive rights; doctors, psychologists and sexologists graduation (1st and 2nd cycles); research on sexuality and sexual health]. Ethical considerations were taken into account. Informed consent of all the participants was obtained and anonymity and confidentiality was assured. **Outcomes** – From the content analysis the following categories have emerged: Constraints experienced by men: awkwardness in physical exposure; disease considered as a weakness; communication difficulties related with sexual health as a subject; lack of contact with health services; difficulties in scheduling appointments. Constraints experienced by professionals: lack of training, time and privacy issues to address sexual health; desire and pleasure considered as taboos; female reproduction centered approach; valuation of examination prescriptions and devaluation of physical observation; feminization of health services. Possibilities: opportunistic approach in other care situations; dissemination of pharmacological alternatives to sexual dysfunctions; health professionals participation in sexual health in schools; search for help related with the diagnosis of sexually transmitted infections. It should be noted that in each category, the heterogeneity of the professional characteristics of the interviewees did not make possible to identify profiles. **Conclusion** – These findings highlight the need to: consider sexual health as an area *per se* and men as subjects in the health care programmes; improve men access to sexual health care; develop health care professional competences in sexuality and in men sexual health approach.

Keywords: men, sexual health, health care professionals

References:

- Almeida, Ana Nunes (org.) (2004). *Fecundidade e Contraceção*. Lisboa: Imprensa de Ciências Sociais.
- Bardin, L. (2014). *Análise de Conteúdo*. (5ªed.). Lisboa: Edições 70.

AGREEMENT PLAN FOR SELF-CARE OF PATIENTS WITH DIABETES USING INSULIN IN PRIMARY CARE IN SOUTHERN BRAZIL

Aline Alessandra Wecker; Ana Cristina dos Santos; Andreia Jordani; Judite Hennemann Bertoncini; Claudia Regina Lima Duarte da Silva; Carmen Liliam Brum Marques Baptista

Introduction: Diabetes Mellitus is a global public health problem that requires adoption of healthy behaviors and adherence to treatments, the glycemic control. Self-care supported proposed in the Chronic Care Model refers to the strategies that aim at preparing and supporting patients to self-manage their health and that the attention offered (MENDES, 2012). The nurse should recognize and support the capacity of people to manage their own symptoms with troubleshooting strategies.

Objective: Evaluate the deployment of self-care supported patients with diabetes using insulin in primary health care unit in the municipality of southern Brazil. **Methodology:** Qualitative research, held in portfolio developed by the nursing academic residency in primary care of the Blumenau Regional University. 13 selected patients who participated in the program of support to self-care. Of these, only 02 maintained adequate glycemic control. Identification data was collected and, with an emphasis on clinical co-morbidities, lifestyles, feet evaluation and the target plan for self-care. The targets were agreed among each patient and the ESF JIC team with the nursing consultation and registered on the chart and form that was in the patient's home. The patient chose two goals (s)he felt confidence in fulfilling. For the assessment and reassessment of the self-care plan, the Likert scale with scores of accession relating the amount of days the behavior agreed: always, 7 days; almost always, 5 days; sometimes 3 days; never, 0 to 1 day. **Results:** 08 participants women and 05 men were covered, between 53 to 88 years of age, with type II diabetes mellitus, on average, for 24 years, using insulin for two years minimum. They proposed to improve the eating habits, 77%; increase physical activity, 62%; perform rotation on the application places of insulin, 31%; cope better with stress, 15%. Improve eating habits, 80% of patients have always joined or almost always. Increase physical activity, 14% always joined. Perform rotation on the application places of insulin, 75% of of them have always joined and 25% sometimes. **Conclusion:** To ensure the patient the correct use of exogenous insulin, we need time and constant education, because there is still ignorance regarding insulin management. Implementation, support and systematic follow-up of the self-care plan with diabetic patients by nurses contributes to the understanding, acceptance and better living conditions with the disease.

References:

Mendes, E. V. (2012). *O cuidado das condições crônicas na atenção primária à saúde: o imperativo da consolidação da estratégia da*. Brasília: Organização Pan-Americana de Saúde.

DIAGNOSTICS OF NURSING FREQUENTLY IN NURSING CONSULTATIONS TO DIABETES IN THE USE OF INSULIN IN PRIMARY HEALTH CARE

Aline Alessandra Wecker; Andrea Jordani; Ana Cristina dos Santos; Judite Hennemann Bertoncini; Cláudia Regina Lima Duarte da Silva; Carmen Liliam Brum Marques Baptista

Diabetes Mellitus is a public health problem in the world, which requires the adoption of healthy behaviors and adherence to treatments, which is fundamental for the achievement of adequate glycemic control. In order for the care to be performed in a way that covers the individual in a whole,

the implementation of the SAE - Systematization of Nursing Assistance - becomes necessary, since it will systematize the work of the Nurse, organizing and directing its objectives and improving the quality of care. The focus of the nursing care is to reduce the impact of the disease on the user and family, emphasizing the supported self-care and the different treatment modalities. The purpose of this study was to characterize the most frequent nursing diagnoses in nursing consultations for insulin - dependent diabetics in a primary healthcare unit. This was a research with descriptive-exploratory foundations and a qualitative approach, carried out through research in the portfolio developed by the students of the tenth stage of the Nursing course of the Regional University of Blumenau. Thirteen users were selected, of these, 02 users had adequate glycemic control and 11 users did not have adequate glycemic control or had difficulties of adhering to treatment. According to the methodology, the nursing diagnoses were performed according to the CIPE / CIPESC during the Nursing consultations and 25 nursing diagnoses were performed. These were grouped and diagnosed more frequently than 23%: inadequate physical activity, 77%, altered dietary intake, 61%, impaired peripheral sensitivity, 54%, insufficient knowledge 38%, 38%, inadequate visual acuity, 38%, postural edema of hypertensive and diabetic patients, 31%, control of inadequate therapeutic regimen, 31%, Inadequate self-care, 31%, smoking, 23%. The systematization of nursing care for the diabetic patient in primary health care proved to be a primordial instrument since it allowed the organization of both data collection and directed the agreement of health goals between professionals and patients. The definition of the most common diagnoses among these patients can allow the implementation of a standard of care, as well as promote the targeting of topics to work in the self-care groups.

References:

- Albuquerque, L., & Cubas, M. O. (2005). *CIPESCANDO EM CURITIBA: Construção e implementação da nomenclatura de diagnósticos e intervenções de enfermagem na rede básica de saúde*. Curitiba: ABEn - PR.
- CONSELHO FEDERAL DE ENFERMAGEM (Brasil). (10 de 1 de 2002). Lei nº 272, de 27 de Agosto de 2002. Revogada pela Resolução COFEN nº 358/09. Dispõe sobre a Sistematização da Assistência de Enfermagem – SAE – nas Instituições de Saúde Brasileiras. Brasília, DF, Brasil.
- Mendes, E. V. (2012). *O cuidado das condições crônicas na atenção primária à saúde: o imperativo da consolidação da estratégia da*. Brasília: Organização Pan-Americana de Saúde.

VIOLENCE IN THE MEDIA AND ITS REFLEXES IN DOMESTIC LIFE

Ana Carolina Jacinto Alarcão; Sandra Marisa Pelloso; Maria Dalva de Barros Carvalho

The news spread by the media involving violence are among the most common ones. In the the pursuit of exclusivity and enormous ratings, journalism is often characterized by the lack of sensitivity from its professionals. The massification of media deepened the tendency to make a spectacle out of violence and aroused controversies about its effects. The war for ratings and the search for exclusivity make violence a currency with great exchange value. Objective - To investigate the experience of mothers in the broadcasting of their children's violent deaths, in addition to its reflex in everyday family life. Methodology - qualitative study of phenomenological approach. Phenomenology has as principle that what underlies all sciences is a return to the world lived in. The subjects were the mothers of young victims of homicide. The data was collected through a phenomenological interview. Five women were interviewed using the data saturation criteria. All ethical principles of human research were respected. Results - Mothers were from low-

income families residing in the urban periphery. Regardless of the time elapsed from the occurrence of the homicide, the mothers experienced the loss with similar characteristics. It was evident the reaction of disapproval and opposition from the majority of the mothers regarding the attitudes of the reporters towards the death of their children. The sensationalist press invaded their privacy only seeking breaking news and ratings. Thus, death became public, impersonal, losing its existential aspect, as the most irrevocable of all possibilities. Advertising and impersonality make death a circumstance that, despite concerning people, does not belong to anybody. Another negative point that came about was the so-called "recurrent betrayal" in the relationship between the journalist and the interviewee. The journalist tells his version of the interviewee's report, usually misrepresenting statements. The social effects were perverse, exposing the relatives of the victims. Another category revealed was the disrespect to the mothers for being deprived of financial assets. They claim that the attitudes of respect from reporters in news coverage, essential for coping with the pain of losing a child, are guaranteed only for those with *status* and money. Conclusion-This research provided an analysis of the role of media coverage in cases of violent nature, revealing that the media, when used in an irresponsible way, becomes another instrument of violence, increasing the pain and suffering of those involved.

Keywords: Violence, Teenager, Media

MENTAL HEALTH AND SEXUAL SELF-CONCEPT: INTERVENTION IN NURSING

Ana Certo; Ana Galvão; Ana Noné

The study focuses on the theme of mental health and sexual self-concept. The objective was to validate and measure the Multidimensional Sexual Self-Concept Questionnaire for the Portuguese population, to compare differences in the levels of sexual self-concept and mental health in a clinical sample and in a non-clinical sample, to determine the predictive relationship between sexual self-concept and mental health. A study of descriptive, operational, inferential and of transversal nature was carried out on two non-probabilistic samples. Sample A, 494 Internet users, mean age of 27.68 and standard deviation of 8.98; Sample B, 131 participants (mean age 36.8 and standard deviation 11.15), divided between 61 patients with clinical diagnosis from a Department of Psychiatry and Mental Health and 70 participants from the general population and without any psychopathology. As tools a socio-demographic questionnaire, a questionnaire about sexuality, the Multidimensional Questionnaire on Sexual Self -Concept (Snell, 1995) and the Mental Health Inventory (Pais Ribeiro, 2001) were used. All ethical issues were duly covered in legal and ethical terms. The psychometric validation of the Multidimensional Sexual Self -Concept Questionnaire indicated good sensitivity, excellent internal consistency ($\alpha = 0.91$), excellent adequacy for factorial analysis ($KMO = 0.95$), and 5 dimensions taken from the factorial analysis with very high internal consistency, proving a good tool for measuring this construct.

In the comparative study between the clinical and nonclinical samples, the clinical sample shows lower levels of mental health, reporting more anxiety, depression, loss of emotional and behavioral control and psychological distress; The clinical population has more negative emotions regarding sexual self-concept; Men seem to be more vigilant about sexual aspects; Those who report taking psychoactive drugs have lower levels of mental health (more anxiety, depression and psychological distress); Subjects with a lower educational level have lower levels of mental health and lower sexual self-concept; Individuals who are currently in a love relationship show more positive affect on mental health and suggest more emotional locus of control and less negative emotions about

sexual self -concept; Those who reported having had sex last month had higher levels of mental health and higher sexual self -concept; Younger individuals exhibit higher levels of mental health and a higher sexual self-concept compared to older subjects. We can conclude that good mental health is a predictor of good sexual self -concept. We thus highlight the pertinence of mental health nursing intervention in health promotion.

Keywords: mental health; sexual self-concept; community nursing

SEXUAL HEALTH AND REPRODUCTION LITERACY, THE HUMAN PAPILLOMA VIRUS (HPV) AND CERVICAL CANCER (CC), AMONG HIGHER EDUCATION HEALTH STUDENTS

Ana Certo; Ana Galvão; Maria Gomes; Cátia Costa

The onset of sexual activity increasingly at a very early age makes it possible for young people to be highly vulnerable to issues of sexuality and sexually transmitted diseases such as HPV. That is why, in fact, it is important to know about the knowledge of young people, so that health screening and promotion strategies can be adapted, trying to minimize the spread of the virus and, of course, the development of CC. Agostinho (2012) reports that young people recognize that the development of CC is related to sexual activity, but they are unaware of the transmission mode of HPV and its possible consequences. In Order No. 3618-A / 2016, we find that the health program establishes as a priority health promotion through a new ambition for Public Health, namely through the creation of a National Program for Health, Literacy and Self-Care. The aim of this study was to evaluate the sexual health and reproduction literacy about HPV and CC in a sample of higher education health students. Descriptive and exploratory study, quantitative, and of transversal nature. Non-probabilistic by convenience sample, consisting of 337 students. The "HPV and cervical cancer" questionnaire, validated by Agostinho (2012) and adapted from Medeiros and Ramada (2010), was used. All ethical aspects were taken into account for the study. In the field of HPV transmission, we found that only 14.2% answered that "HPV is transmitted by anal sex" is true and "HPV is transmitted by oral sex," or 7.4% that "HPV is transmitted by touch of the skin", Only 26.2% of the respondents answered that the statement "HPV is transmitted through the blood" was false and also show little knowledge regarding the incidence and mortality by CC and the percentage of presence of HPV in cases of CC. Respondents showed reduced knowledge of the means of transmission of HPV, lack of knowledge in the areas of incidence, CC mortality and percentage of HPV presence in cases of CC, which could lead to an increase in risky sexual behavior. Given the knowledge of HPV infections, associated diseases and prevention being limited, it indicates the need to continue with educational campaigns and implementation of specific programs to promote sexual and reproductive health literacy within the University.

Keywords: health literacy, HPV, cervical cancer, higher education students

References:

Agostinho, M. I. (2012). *Conhecimento dos Jovens Universitários sobre HPV e Cancro do Colo do Útero, Na era da Vacina*. Dissertação de Mestrado em Oncologia, Instituto de Ciências Biomédicas Abel Salazar da Universidade do Porto e Instituto Português de Oncologia do Porto, Porto. Obtido em 15 de junho de 2014, de

<http://repositorioaberto.up.pt/bitstream/10216/63643/2/Tese%20MestradoMarisa%20Agostinho.pdf>

Medeiros, R., & Ramada, D. (2010). *Conhecimento dos estudantes: HPV e cancro do colo do útero*. Tese de Mestrado em Oncologia, Instituto de Ciências Biomédicas Abel Salazar, Porto. Obtido em 14 de junho de 2014, de

<http://repositorioaberto.up.pt/bitstream/10216/45435/4/TeseDi%20anaRamada.pdf>

THE FAMILY CONTEXT AND SLEEP PATTERNS OF CHILDREN AND ADOLESCENTS

Ana Certo; Henriqueta Figueiredo; Manuel Brás; Kleiver Sanchez

Currently, the devaluation of sleep by society is common in different age groups. Changes in sleep patterns are common even in children and adolescents. These changes may be due to intrafamilial behaviors, cultural, psychological and social factors, genetic alterations and factors of child development. This study is an integrative review of the literature, carried out through the databases: Lilacs, Pubmed, Cinahl, Scopus, Cochrane e ORCID, covering the period from 2009 to 2016, with the descriptors in Portuguese and English: "family; Sleep patterns; children; Adolescents; Changes in sleep patterns" and "family; Sleep patterns; Children; Adolescents; Sleep disorders. Thirty-two articles were selected, of which 12 responded to the inclusion criteria, namely: investigations available in full electronically, Portuguese, English and Spanish; Answer the question of the study. The objective was to identify scientific research on aspects related to family context and sleep patterns of children and adolescents. The results highlight that the parents' behaviors are associated with changes in sleep patterns, that is, the family sleep routine was one of the parameters with a greater significant representation in the sleep patterns of children and adolescents. In addition, the presence of a significant relationship between family socioeconomic indicators, their culture and ethnicity, and adolescents' sleep were evidenced. A striking evidence is that most parents (81%) believed that their child had healthy sleep habits, but 50% to 33% of the children had unhealthy sleep or insufficient sleep. I conclude that the family has an elementary role in the sleep/wake process of children and adolescents. Therefore, the promotion of sleep literacy in different family contexts would be of benefit to their sleep quality.

Keywords: family; sleep patterns; children; adolescents; sleep disorders

References:

- Bernardo, M., Pereira, E., Louzada, F., & D'Almeida, V. (2009). Duração do sono em adolescentes de diferentes níveis socioeconômicos. *J Bras Psiquiatr*. 2009;58(4):231-237.
- Karen A., Barbara, S. & Clyde (2016). Sleep health literacy in head start families and staff: exploratory study of knowledge, motivation, and competencies to promote healthy sleep. *S. Sleep Health*, 2(1): 19–24. doi:10.1016/j.sleh.2015.12.002.
- Shailesh, D., Rebecca, R., & Rakesh J. (2011). Bed Sharing in School-Age Children—Clinical and Social Implications. *Journal of Child and Adolescent Psychiatric Nursing*, 285-289.
- Zhang, J., Li, A. M., Fok, T. F., & Wing, Y. K. (2010). *Roles of Parental Sleep/Wake Patterns, Socioeconomic Status, and Daytime Activities in the Sleep/Wake Patterns of Children*. *Journal of Pediatrics*, 156(4). DOI: [10.1016/j.jpeds.2009.10.03](https://doi.org/10.1016/j.jpeds.2009.10.03).

SEXUALITIES ON AGEING: CONTRIBUTIONS TO HEALTH CARE

Ana Silva; Sofia Marques da Silva

Conceptual framework: As reported by *Health 2020* (WHO, 2013), Europe demographic ageing prioritizes the investment in health along the life cycle. For that, Huber (2013) considers the relevance of sexuality throughout life, what brings new demands for health professionals. In Portugal, Nogueira and Vilaça (2009) interviewed primary care nurses and concluded that sexuality, especially in what concerns elders, is a residual subject during initial training. **Research problem:** Considering that little attention has been given to elders' sexualities, we aim to explore elders' perspectives on their sexualities and on how health professionals might contribute to their sexual health. **Method:** This is an exploratory study based on a qualitative research. We conducted semi-structured interviews to 7 women and 5 men, aged between 61 and 80. For conducting ethically interviews we had followed Sandberg's (2011) steps, we gave to the participants an informed consent sheet which informs about the study purpose, the participants' rights, guarantee the confidentiality and anonymity. Transcriptions were analyzed through content analysis. Furthermore, we did a documental analysis of 1104 master and PhD thesis focusing on aging. **Outcomes:** From the document analysis, we found sexualities on aging have a residual place in research interests. From the interviews, we may acknowledge the relevance is still given by elders to their sexualities and how they experience it, with a gendered perspective. Elders refer to health professionals approaches to their sexualities and how this relates to their sexual health, emphasising the absence or presence of conversations about their sexualities. Women denote more dialogs about their sexual health, mostly with specialist physicians. **Conclusions:** Results suggest that there is a need for more research on ageing and sexualities to contribute for improve health professionals training on sensitive approaches to sexual health.

References:

- Huber, M. (2013). A vision for healthy ageing in Europe: the WHO Strategy and action plan. *Entre Nous*. (77). Retrieved from <http://www.euro.who.in>.
- Sandberg, L. (2011). Getting Intimate: A Feminist Analysis of Old Age, Masculinity and Sexuality. *Linköping Studies in Arts and Science*. Retrieved from <http://www.diva-portal.or>.
- WHO (2013). *Health 2020: A European policy framework supporting action across government and society for health and well-being*. Retrieved from WHO website: <http://www.euro.who>.
- Nogueira, P. & Vilaça, T. (2009) Perceções dos enfermeiros/as das consultas de planeamento familiar e saúde materna sobre as diferenças de género em educação para a saúde sexual e reprodutiva. Paper presented at Congresso Internacional Galego-Português de Psicopedagogia. Retrieved from <http://repositorium.sdum.uminho>.

EVALUATION OF SAFETY CULTURE IN THE OPERATING ROOM: NURSES PERCEPTION

Ana Sofia de Carvalho Mota; Amélia Filomena Oliveira Mendes Castilho

Introduction: Patient safety (PS) is currently recognized worldwide as a public health problem. In this regard, it is imperative to adopt measures to mitigate the effect of incidents in the provision of health care. The evaluation of the Patient Safety Culture (PSC) emerges as a fundamental condition

to identify areas for continuous improvement and to introduce changes in the behavior of professionals and organizations. The Operating Room (OR) is the site with the highest occurrence of adverse events. Nurses by their number and nature of care provide a decisive influence on PS. Evaluating the PSC from the perspective of nurses is thus fundamental to achieve better levels of safety and quality of care. **Methodology:** The study intends to characterize the PSC perceived by the nurses of the OR and to verify if the perception of PSC is influenced by socio-professional characteristics, namely: time of professional experience in the OR, age and gender. We developed a descriptive-correlational study in two ORs from the Central Area of Portugal. We used the Portuguese version of the Survey on Patient Safety Culture questionnaire, which evaluates twelve dimensions of PSC. The sample consists of 57 nurses. **Results:** The PSC's dimensions which stand out with good results are "Organizational learning-continuous improvement" (69.53%) and "Teamwork Within units" (66.68% positive responses). Only 5.3% of the nurses rated the "Overall PS grade" in a negative way. However, the PSC reveals weaknesses in the "Nonpunitive response to error" (26.4%) and "Frequency of events reported" (38.6%), being that most nurses have not reported any notifications in the last 12 months (63.2%). The "Staffing" (45.06%) is also a critical dimension, perceiving nurses who work more hours than would be desirable (A5r-50.9%). There were no statistically significant differences in PSC perception according to gender. There was a moderate, negative association of age with the "Teamwork across units", "Frequency of events reported" and "Handoffs and transitions" ($r = -0.26$, -0.28 and -0.26 , respectively) and the time of the professional activity with the dimensions "Teamwork across units" and "Handoffs and transitions" ($r = -0.27$ and -0.30). **Conclusion:** The PSC in the OR reveals as strong dimensions "Organizational learning-continuous improvement" and "Teamwork Within units" and as weaknesses the "Nonpunitive response to error", "Frequency of events reported" and "Staffing". The results indicate the need for strategies that enhance incident reporting and "Staffing" compliance. Older and more experienced nurses have more negative perception in three PSC dimensions.

References:

- Despacho no 1400-A/2015 de 10 de fevereiro. Diário da República no 28/2015 - II Série. Lisboa, Portugal.
- Direção Geral da Saúde & Associação Portuguesa para o Desenvolvimento Hospitalar (2015). *Relatório Segurança dos doentes Avaliação da Cultura nos Hospitais*. Departamento da Qualidade na Saúde: Lisboa, Portugal: Autor. Recuperado de <https://www.dgs.pt/documentos-e-publicacoes/relatorio-seguranca-dos-doentes-avaliacao-da-cultura-nos-hospitais.aspx>.
- Mota, A. S. (2014). *Cultura de Segurança do Doente e Lista de Verificação de Segurança Cirúrgica: Perceção dos Profissionais do Bloco Operatório* (Tese de mestrado). Coimbra. Portugal: Escola Superior de Enfermagem de Coimbra.
- Nieva, V. & Sorra, J. (2003). Safety culture assessment: a tool for improving patient safety in healthcare organizations. *Quality and Safety Health Care*, 12, 17-23. Recuperado de http://qualitysafety.bmj.com/content/12/suppl_2/ii17.full.pdf+html.
- Organização Mundial de Saúde. (2009). *Orientações da OMS para Cirurgia Segura 2009: Cirurgia Segura Salva Vidas*. Lisboa, Portugal: Direção Geral da Saúde.

THE GROUP OF SELF-CARE IN HEALTH SELF-MANAGEMENT OF THE PERSON WITH DIABETES USING INSULIN

Andrea Jordani; Judite Hennemann Bertoncini; Carmen Liliam Brum Marques Baptista

Diabetes education is an effective means for change of behavior of individuals towards adherence to a healthy lifestyle, which can lead to a better glycemic control. Health professionals advise patients to take care of themselves, during individual and collective calls, in different areas of health. The aim of this study was to analyze the experience of support for patients using insulin in self-care. In the assigned area of the family health strategy Jovino Ignatius Cardoso I and II for 46 patients with diabetes using insulin, being 13 selected to constitute the Group of self-care. The topics covered in 8 meetings were: to know, understand and accept; nutrition; physical exercise; insulin management; oral health and foot care. The meetings if they returned the weekly Wednesday and lasted on average 2 hours. Before starting the group applied a questionnaire with questions related to diabetes, and after the end of the meetings was made new assessment. For the development of active methodologies were used in groups ranging from lecture through dialogue, dramatization, demonstration, exercise of skills and exchange of experiences. In addition to the educational activity were assessed daily glucose values measured during the week, and users who reached the goal or remained in goal earned stars in own card. The best results occurred in related content to the sites of insulin application, storage, and disposal of drill cutting material. Observed improvement in self-management of health as well as better glycemic control on the part of patients. This was due to acquisition or expansion of knowledge on the part of users that allowed them to make decisions consistent with the healthy lifestyle and appropriate to your condition. It is concluded that it is essential to insert the systematic, continuous and regular support from the primary health care team, coordinated by the nurse in the care of the person with diabetes to adopt healthy behaviors and to self-management of your health.

References:

- Albuquerque, L., & Cubas, M. O. (2005). *CIPESCANDO EM CURITIBA: Construção e implementação da nomenclatura de diagnósticos e intervenções de enfermagem na rede básica de saúde*. Curitiba: ABEn - PR.
- CONSELHO FEDERAL DE ENFERMAGEM (Brasil). (10 de 1 de 2002). Lei nº 272, de 27 de Agosto de 2002. Revogada pela Resolução COFEN nº 358/09. Dispõe sobre a Sistematização da Assistência de Enfermagem – SAE – nas Instituições de Saúde Brasileiras. Brasília, DF, Brasil.
- Mendes, E. V. (2012). *O cuidado das condições crônicas na atenção primária à saúde: o imperativo da consolidação da estratégia da*. Brasília: Organização Pan-Americana de Saúde.

DIFFICULTIES AND NEEDS OF PARENTS IN POSITIVE PARENTING PRACTICE

Andreia Lampreia; Maria da Graça Vinagre

The adaptation to parenting is an important transition process in the lives of families so parents should be helped to identify their strengths and develop strategies to improve their parental skills (U. S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families & Children's Bureau, 2012). Nurses can have a prime role in this. Therefore, the problematic of this study was the parents' difficulties and needs, as well

as facilitations and inhibitions in the parenting conditions. This is a descriptive-exploratory study with a quantitative approach. The data was collected through the application of a questionnaire that integrated three scales (self-perception of confidence, self-perception of difficulties and self-perception of need for knowledge) of the various dimensions of positive parenting: child's physical needs, child's safety, development and behavior and child's stimulation, positive communication and positive discipline (Lopes, 2012). The sample included fifty parents of children, between three months and three years, boys and girls, that collaborated voluntarily after consent. The data collection took place in two Health Centers in Baixo Alentejo during two months. The data was analyzed using the statistical program SPSS version 21. This data showed that dimension of positive communication with the child was the one where the parents felt more confidence and had less difficulties. Parents reported greater difficulties and less confidence in areas such as positive discipline (e.g. using positive discipline rather than punishment and threats and being a good role model for the child) and the child's physical needs (e.g. assessing whether breastfeeding is sufficient for the child). These results are congruent with the literature (Dadam, 2011; Pires, 2014) and point to more difficulties in areas such as the physical needs, behavior and development of the child during the first seven months. From eight months onwards, most parents report difficulties with discipline. The limitations of sample size and geographical area made impossible to generalize the results. However, this study reveals very important data on the orientation of nurses' practices, particularly for those working in Primary Health Care, contributing to the promotion of positive parenting.

Keywords: Difficulties, competencies, parents, nurses, positive parenting

References:

- Dadam, S. (2011). *Programa de orientação para parentalidade: avaliação da sua importância e momento adequado de aplicação*. (Dissertação de Mestrado). Faculdade de Psicologia e de Ciências da Educação de Coimbra.
- Lopes, M. S.O. C. (2012). *Apoiar na parentalidade positiva: Áreas de intervenção de enfermagem*. (Tese de doutoramento). Disponível no Repositório da UCP.
- Pires, R. (2014). *Parentalidade e resiliência em casais com filhos a frequentar o primeiro ciclo*. (Dissertação de Mestrado em Psicologia Clínica). Instituto Superior Miguel Torga.
- U. S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families & Children's Bureau (2012). *Child Maltreatment*. Washington.

NURSING CARE IN FIRST-EPISODE PSYCHOTIC PATIENTS: A QUALITATIVE STUDY

Andressa de Oliveira; Vanessa Pellegrino Toledo

The nursing procedure has been described as fundamental for patient's prognosis in first psychotic episode, since this professional, while managing a team, may work with biopsychosocial actions, within the family, and mainly through complementary theories of caring. Although the Psychiatric Reform has provided significant improvements and introduced to the mental health field the psychosocial attention, its practice is still permeated with reductionist actions and with knowledge arising from the common sense. The aim of this study was to investigate nurses' experience in the

care of patients in a first episode of psychosis. Qualitative research based on phenomenographic approach which was conducted in a psychiatric ward of a nursery in a University Hospital of São Paulo and in 4 Psychosocial Attention Centers. Data were collected through semi-structured interviews with 10 nurses, guided by the following question: "Tell me how you perform the caring of psychiatric patients in first psychotic episode". Carper's ways of knowing was used as theoretical framework to analyze and interpret the interview statements. This theoretical framework describes four fundamental patterns of knowing in nursing: empirical, aesthetical, the component of a personal knowledge in nursing and ethical. The results were grouped into one category: "Nursing care of the patient in first psychotic episode, discussed in light of Barbara Carper's nursing ways of knowing". It is argued that the knowledge linked to empirical standards allows theory-based caring. However that was disregarded by nurses, who report actions based in common sense or insufficient theoretical knowledge. Regarding the aesthetic caring, which enables creative work, evidence shows that nurses try to embrace some of its elements, like empathy, bonding and the development of activities that try to create patient autonomy, even though the biomedical model's predominance is unquestionable and the care is still based in strictly curative methods. The ethical pattern showed that the nurses perform caring based in moral aspects, in which emotions and experiences stand out from theoretical knowledge. The personal pattern indicated that nurses can perform a self-reflection about the care given, but that is not perceived as a factor that transforms the practice, being needed its improvement. It was noted that when the ways of knowing are taken in an isolated manner they imply in fragmentary practice, having consequences in specific actions of the nursery work, as the nursing process and its stages.

Keywords: Mental health; Psychiatric nursing; Psychotic disorders; Nursing care

References:

- Carper, B. (1978). Fundamental patterns of knowing in nursing. *Advances in Nursing Science*, 1(1), 13-24.
- Giacon, B.C.C, Galera, S.A.F. (2006). Primeiro episódio da esquizofrenia e assistência de enfermagem. *Revista da Escola de Enfermagem da USP*, 40(2), 286-291.
- Marton, F. (1981). Phenomenography: Describing conceptions of the world around us. *Instructional Science*, 10(2), 177-200.

THE USE OF CLINICAL SUPERVISION BY NURSES WHO WORK IN MENTAL HEALTH: INTEGRATIVE LITERATURE REVIEW

Andressa de Oliveira; Vanessa Pellegrino Toledo

Much has been argued about clinical supervision (CS) in mental health in the attempt to modify the nursing practice, which has been facing high levels of emotional exhaustion related to direct assistance to patients, in the workplace and in the lack of support. Although the CS is considered to have a high potential to optimize the practice there is a lack of evidence in published researches that support such statement, which gives the false impression that the knowledge about the CS in mental health nursing is stronger and more reliable than it really is, and that its benefits are greater than in reality. The aim of this study was to identify the evidences found in the literature about the use of CS by nurses who work in mental health caring. The first part of the search strategy was a combination of brief and building block strategies in four databases. A total of 13 studies

were analyzed. The following inclusion criteria were established: papers published electronically between 2005 and 2017 in Portuguese, English and Spanish. Regarding the languages of published paper, 13 of the publications were in English, showing a lack of publications on the theme in Portuguese and Spanish. Most publications came from the Australia, followed by Switzerland with 3 publications, Denmark with 2, and Finland, Canada, UK and USA with 1 each. After the reading and a synthesis of the works considered in the present study, the categorization was delimited, in which was evidenced that the use of the CS by nurses acting in mental healthcare is being described in literature in its attempt of implementation, with the creation of guides for its development; in the post-implementation evaluation was evidenced that infrequent and short CS sessions have limited worth for professionals and that, when superficially implemented, can be inefficient and waste organizational resources and in alternative methods to traditional models, being used particularly when the therapeutic relation becomes more difficult. Even though benefits are described and there is discussion about how the CS sessions must happen, the gains are seen as limited and only in the short term. It is still perceived the prevalence of badly structured methodology, what reinforces the inconstancy of the described benefits. The results showed a lack of evidence to support the benefits of clinical supervision in mental health, the need for more research about the subject and more empirical studies to verify its efficacy.

Keywords: Integrative Review; Psychiatric nursing; Mental Health; Clinical Supervision

References:

- Buus, N., & Gonge, H. (2009). Empirical studies of clinical supervision in psychiatric nursing. A systematic literature review and methodological critique. *Internacional Journal of Mental Health Nursing*, 18(1), 250-264.
- Edwards, D., & Burnard, P. (2003) A systematic review of stress and stress management interventions for mental health nurses. *Journal of Advanced Nursing*; 4(1), 169-200.
- Whittemore, R., & Knafl K. (2005). The integrative review: updated methodology. *Journal of Advanced Nursing* 52(1), 546-553.

IMPORTANCE OF SUPPORT HOUSES IN THE EXPERIENCE OF CHILDREN WITH CANCER UNDER PALLIATIVE CARE: A SOCIAL ISSUE

Anna Rosa Occhiuzzo; Jael Rúbia Figueiredo de Sá França; Solange Fátima Geraldo da Costa; Maria de Fátima de Oliveira Coutinho Silva; Eliane Cristina da Silva; Evelynne de Lourdes Neves de Oliveira

INTRODUCTION: The care for children with cancer is complex, since it involves multiple aspects. In many cases, the treatment of childhood cancer last long periods and demands from the child many visits to the treatment center for hospitalization, as well as for the outpatient follow-up, exposing them to pain and suffering. In addition, it causes rupture in their daily lives, since many children are not able to stay in another city during the treatment, especially when they live in a place that do not offer the possibility of performing the indicated therapy such as chemotherapy and radiotherapy. Facing this situation, the child and her primary caregiver, often her mother, need a place to spend weeks or months. This necessity exposes the importance of Centers of Support as a reference for the child and his mother to be hosted during the treatment of childhood cancer. **GOAL:** to investigate the experience of children with cancer under palliative care in a Center of support. **METHODOLOGY:** A qualitative field study whose sample corresponded to eleven children with

cancer. The research scenario was in a Child with Cancer Support Center, located in the city of João Pessoa - PB / Brazil, which is a reference in the care of children and teenagers from 0 to 18 years old with cancer, between June/2013 and September/2013. The study was approved by the Research Ethics Committee under Protocol no. 0206/13 and CAAE: 15750313.1.0000.5188. The technique used to collect the data was the interview technique and the empirical material was analyzed through Content Categorical Analysis. **RESULTS:** From the analysis of the empirical material emerged the following category: Experiences of children with cancer in a Support Center. **CONCLUSION:** The study highlights the relevance of the Support Center as a cozy space to support children with cancer and their mothers. However, the work of health professionals requires an understanding of knowledge and techniques in order to provide to the children respect, care and a human reception. In this sense, it is important that nurses articulate knowledge and practices, affectivity in the provision of care for the child and his family aiming the promotion of health, quality of life, comfort and wellbeing of them, been aware to the singularities and personal aspects of the child and the family.

Keywords: child, cancer, nurse

References:

- Silva, T.P.; Leite, J.L; Santos, N.L.P; Silva, I.R, et. al. (2013). Cuidados de enfermagem à criança com câncer: uma revisão integrativa da literatura. *Rev. Enferm. UFSM*, v.3, n.1, p.68-78.
- Silva, L.F, Cabral, I.E. (2014). As repercussões do câncer sobre o brincar da criança: implicações para o cuidado de enfermagem. *Texto & Contexto Enfermagem*, v. 23, n. 4, p. 935-943, 2014.
- Pereira, D.M.B; Bertoldi, K; Roese, A. (2015). Percepções dos profissionais de enfermagem na assistência à crianças portadoras de câncer. *Rev. Enferm. UFSM*, v.5, n.1, p.112-120.
- Selos, P.R; Costa, P.C.P; Toledo, V.P. (2014). Vivendo em casa de apoio durante o tratamento do câncer infantil: percepções maternas. *Rev. Enferm. UFPE on line*, v.8, n.6, p.1474-8.

ADHERENCE OF HEALTHCARE WORKERS TO PREVENTION MEASURES OF NOSOCOMIAL INFECTIONS: PROBLEMS AND IMPLEMENTATION STRATEGIES

Carla Colaço; Patrícia Pontífice-Sousa

Objective: To identify the factors that contribute to the difficulty of acceptance of healthcare workers to prevention and control of infection measures? As a secondary question, "what are the strategies implement." **Method:** Integrative Review in Portuguese, English and Spanish, conducted on the following databases CINAHL®, Nursing & Allied Health, Cochrane, MedicLatina, MEDLINE® and SciELO. **Results:** Seven studies were analyzed. It was found that nurses have difficulty in applying the standard measures, referring over-work, lack of resources, sometimes forgotten and discomfort using some of the measures. The strategies to implement are continuing educational programs in the area, implementation of motivation measures to encourage professionals, either by staff or by the Healthcare Infection Control Practices Advisory Committee, and the creation of spaces for reflection that enable professionals to reflect on their practice. **Conclusion:** Although there are few studies on the subject addressed it became clear the need to develop incentive strategies for healthcare workers.

NURSING DIAGNOSES ON WOMEN'S HEALTH IN PRIMARY CARE IN SOUTHERN BRAZIL

Carmen Liliam Brum Marques Baptista; Priscila Ponticelli; Judite Henemann Bertoncini

Introduction: The cervical cancer was, in 2016, the third most prevalent in Brazil and the second cause of death worldwide (INCA, 2015). The nurse, in primary health care, can contribute to the early diagnosis, promoting women's health. **Objective:** To get to know the nursing diagnoses more prevalent to women that consult with a nurse in primary health care. **Methodology:** Quantitative descriptive research held in Blumenau, southern Brazil, from August to November 2016. Data collected out of 106 women consultants with a nurse at primary care units of from Graduas-SUS project, recorded on the chart and the nurses academic portfolio of Blumenau Regional University. Excel program was used to calculate the frequency of diagnoses according to the International Classification of Nursing Practices in Collective Health/CIPESC (GARCIA; NÓBREGA, 2000). **Results:** Most women were among the age of 31.25 and 49.75 recommended by the Ministry of Health to carry out the preventive exam, observing only two early cases with 17 years old and a late case with 72 years old. The risk factors for developing cancer of uterine cervix and breast were investigated in the consultations. Gynecological examination, 19.57% had leukorrhea; 13.62% friable cervix for the collection; 5 percent ectopy and dryness of the vaginal mucous membrane. Nursing diagnoses were: breast self-examination present, 24.08%; self care inadequate for not wearing a condom, 48%; satisfactory sexual activity, 7.35%; .7% vaginal discharge; preventive examination present, 5%; dyspareunia, 5%; appropriate contraceptive method, 7%; do not use any contraceptive method, 2.45%; smoking and mammogram absent, 3%; and vaginal itching, 2%. The use of condoms during sexual activity can aid in preventing HPV and cervical neoplasia prevention (SANJOSE et al., 2009). The women were driven to adopt behaviors that protect and promote their health. All that showed mammography diagnosis absent were forwarded to its outcome, as advocated by municipal protocol. Dyspareunia may be associated with vaginal dryness due to hormonal decline during menopause and postmenopause, and guide the women to the use of lubricants, available in the ESF, to aid to comfort during sexual intercourse. **Conclusion:** The late diagnosis of cervical cancer may decrease the survival of women and the increase in spending in public health, needing to do active search for women to perform the preventive exam. During the consultaion, the nurse should address risk factors, meet the woman and her habits, identify the nurse diagnoses and plan the appropriate care for women to live longer and better.

References:

- Brasil. Ministério da Saúde. Secretaria de Atenção à Saúde. Departamento de Atenção Básica. (2013). *Controle dos cânceres do colo do útero e da mama - Caderno de atenção Básica nº 13*. Brasília: Editora do Ministério da Saúde.
- Garcia, T. R., & Nóbrega, M. M. (2000). Projeto CIPESC-CIE/ABEn: inventário vocabular de fenômenos e ações de enfermagem em saúde coletiva. In: T. R. Garcia, & M. M. Nóbrega, *Sistemas de classificação da prática de enfermagem: um trabalho coletivo*. João pessoa: Ideia, ABEN.
- Instituto Nacional de Câncer José Alencar Gomes da Silva (Brasil. (2015). *Estimativa 2016: incidência de câncer no Brasil*. Rio de janeiro: INCA.
- Sanjosé, S. (2007). Worldwide prevalence and genotype distribution of cervical human papillomavirus DNA in women with normal cytology: a meta-analysis. *Lancet Infect. Dis.*, 453-459.

DAMAGE REDUCTION IN ATTENDANCE OF POPULACION IN STREET SITUATION

Cássia Barbosa Reis; Laiza Gonçalves; Priscila da Rosa Assunção Costa; Flavio Melgarejo Martins

Harm reduction can be seen as one of the strategies to be used to combat the abusive use of legal and illegal drugs. Therefore, this study aimed to identify the reduction of damages used by the population in the street situation. The qualitative methodology was used in the interview of 15 people with the data tabulated by the Discourse of the Collective Subject, with the authorization of the Ethics Committee of Research on Human Beings. Most of the interviewees were men (91%), aged 41-49 years and unmarried (83%). The drugs used were alcohol, tobacco, crack, heroin and marijuana. Five central ideas were identified from the discourses: reasons for use, reasons for continuity of use, reasons to stop using, consequences of use, strategies for reducing symptoms. It was observed in speeches that this population uses drugs as a form of communication and creation of interpersonal relationships, fun and not to feel discrimination. These are also reasons for the continuity of use, since under the effect of the drug, they forget the problems. The use of drugs by this population is complex due to the sum of factors, such as discrimination and difficulties in acquiring food. This causes a drop in self-esteem, together with the stigma of hopelessness, carelessness and lack of will to live. The drugs are easy to consume, low cost, easy to reach and also because the drink acts as a disinhibitor and anesthetic to support the unpredictability and discomfort of the street. Among the reasons for stopping use, one points to health and loss of family trust. As far as the consequences of the use of the drug were cited from insomnia, until hallucinations. Among the strategies used to reduce symptoms are the use of drugs, alcohol to not feel pain or to reduce craving by the drug. However, the strategies proposed by several authors and the harm reduction policy, although contributing with a "new look" in relation to health practice and can be considered an additional tool in the control of drug abuse, was not observed among the population in the street situation surveyed.

RECEPTION OF TRAVESTITES BY NURSING IN HOSPITALS

Cássia Barbosa Reis; Priscila Rosa de Assunção Costa; Laiza Gonçalves

Subject little studied, often disregarded and avoided, the recognition of transvestites in the hospital may disturb. Thus the objective of this research was to identify the social representations of nurses on the reception and recognition of transvestites in the hospital. It is a research of qualitative design applied in a medium-sized university hospital, carried out between September and October 2016, with data tabulated by the technique of the Discourse of the Collective Subject. The research was approved by the CEP/UEMS Research Ethics Committee under the protocol: 1,786,264. Thirty nurses were accepted, most of them trained from 1 to 10 years and with 1 to 5 years of work in a hospital. A small number of these nurses experimented with transvestite care, and those who had this experience worked in large capitals or Brazilian metropolises. The tabulation of the discourses identified four central ideas (CI): Different type of person; Positioning of the Patient; Nursing positioning; Routine of the nurse. The results demonstrate that there is no approach to this subject during academic training and continuing education. And the difficulty in recognizing gender identity limits the position of nurses who rely on institutional norms, revealing a social representation about transvestites as a different person who has a respected social name in the direct treatment, but not

in hospital identifications to define accommodation. The strangeness before this audience fits with the difficulty of dismantling models of experience of gender and sexuality (MUSSKOPF, 2008). The challenge is to recognize differences and reduce inequalities (BRASIL, 2010) But the process of acceptance and recognition is still under construction, and many are unaware of the right to use a social name in its entirety. According to Albuquerque et al. (2013), this difficulty in the effective elaboration of innovative proposals of social inclusion goes against the discriminatory and heteronormative care provided by health professionals. Preferring to isolate the patient, can be understood as recognizing again in a discreet or disguised way that being a transvestite is not only different, but escapes the rule of normality and therefore should be avoided constraints, social confrontations and personal discomforts. But this undermines the acceptance process and can be understood as exclusion. Given the interviewees' speech, it was possible to identify that there are still doubts about the variables of homosexuality and the rights of the LGBT population.

CONCEPTIONS OF ELDERLY ON THE PROCESS OF HUMAN AGING: BE AGED OR BE OLD?

Cristina Arreguy-Sena; Paulo Ferreira Pinto; Ana Alexandre Fernandes; Maria Amália Botelho; Pedro Miguel Dinis Parreira; Herica Silva Dutra

CONCEPTUAL FRAMEWORK: Self-perception about the human aging process translates conceptions of capacities and potentialities that may reflect on behavioral tendencies and ways of coping with this phase of life, and remains the question about how a group of elderly people can conceive of their aging process. **RESEARCH PROBLEM:** The aim was to capture the perceptions and behaviors of the interviewees in the face of whether or not they feel old or aged. **METHOD:** Qualitative research using the belief system proposed by Rokeach. Data collected by individual interview with audio recording performed at home. Sample by typicity selected from a randomized stratified sample. Participants were people aged ≥ 60 years who attend two public programs of care for the elderly in a city of Minas Gerais, Brazil. Exclusion criteria were: people with dependence for daily life activities and/or instrumental daily life activities and with altered consciousness level. The theoretical densification criterion was the answer to the research questions. Data was consolidated and treated in the NVivo program version 10, according to Bardin content analysis. Ethical and legal research requirements involving human subjects were satisfied, according to Brazilian legislation. **RESULTS:** Eighty - seven interviewees participated in this study which allowed to capture the perception of the aging process by two antagonistic criteria: preservation of autonomy and presence of deterioration. Rokeach belief system consists of 1090 utterances, being 50.6% of type derivatives (type D), tending the system to peripherality. The contents of the beliefs were categorized per the determinants of the human aging process according to a proposal adapted from Pinto et al. (2013) (Personal, family, ideological/social, psycho-communicative, economic, health and demographic), exemplified by fragments of participants' discourses with positive, neutral and negative values. **CONCLUSION:** By knowing and analyzing Rokeach's conceptions and belief systems of elderly people about the aging process, it was possible to identify the predominance of type D beliefs, a fact that can be accessed and modified by educational strategies, since they are in the periphery of the belief system. To this end, it is recommended educational processes structured from the identified evidences.

TRIANGULATION OF METHODS IN SOCIAL REPRESENTATION IN THE AGING PROCESS AFTER 65 YEARS: METHODOLOGICAL STRATEGY

Cristina Arreguy-Sena; Paulo Ferreira Pinto; Jéssica de Castro Santos; Talyta do Carmo Vilela; Hérica Silva Dutra; Elenir Pereira de Paiva

BACKGROUND: The speed of the aging process of the Brazilian population requires a change in the health professionals' performance paradigm, in view of their compatibility with the coverage of services offered and the pursue to qualify the years lived, considering that in Brazil it is estimated that by 2025 there will be 800 million people aged ≥ 65 years¹. **OBJECTIVE:** The aim was to understand the symbolic elements, their origin and hierarchical system of people aged ≥ 65 years on the aging process. **METHOD:** Research outlined in the structural² and procedural³ approaches of the Theory of Social Representations carried out in a Unit of Primary Health Care (UAPS) with a home care approach. Participants were people aged ≥ 65 years. Data collected by individual interviews conducted at home from February to March 2016. Used open-ended question (tell a case about the aging process) to generate discursive content documented in audio and applied association technique of association of words triggered by images (TALPDI) associated to inductive term. Used EVOC and NVivoPro 11 softwares (Pearson's Correlation ≥ 0.7). Ethical and legal precepts of research involving human beings according to Brazilian legislation were met. **RESULTS:** There were 195 elderly people: 66.6% women aged 65 to 94 years, 69.4% self-declared white (skin color), 81.5% ≤ 5 years of schooling, 99.4% 6% married, 79.9% Catholic religion, 33.6% retired. Schooling and income are factors that impact on people's health condition since they have an influence on self-care, the correct use of medicines and means of transportation. The lower intellectual status is a vulnerability factor for diseases and consequently a greater demand for health care. As for social representation, aspects were taken: values, behavioral; cognitive and object. In the probable central nucleus (QSE) the terms "health-disease" and "age" were allocated. Aging emerged by of reducing daily activities, the emergence of chronic diseases and increased dependence. **Conclusion:** The terms that portray the aging articulate with the peculiar limitations of senescence, intensification of drug load and terminality. They had a predominantly negative character, referring to functional, cognitive and memory deficits hierarchically explained and portrayed dimensions of group responses to the aging process. This research contributed to capture and understand the human responses to the aging process fundamental in the structuring and planning of the educational-therapeutic interventions that subsidize the nurses' performance, reflecting the care of the elderly. It is recommended to evaluate the support network to assist in a successful aging.

References:

- Centro de Estudos e Debates Estratégicos. Consultoria Legislativa. (2017) *Brasil 2050: desafios de uma nação que envelhece*. Série Estrudoso estratégicos n.8 Brasília (Brasil): Edições Câmara, 1-298p.
- Abriç, J. C. (1998). A abordagem estrutural das representações sociais. *Estudos interdisciplinares de representação social*, 2(1998), 27-38.
- Moscovici S. (2003) *Representações sociais: investigações em psicologia social*. Petrópolis, RJ: Vozes

WHAT DOES IT DO FALLING AT HOUSE IN THE ELDERLY PEOPLE SOCIAL CONCEPTION?

Cristina Arreguy-Sena; Jéssica de Castro Santos; Paulo Ferreira Pinto; Ana Alexandre Fernandes; Elenir Pereira de Paiva; Herica Silva Dutra

CONCEPTUAL FRAMEWORK: After the age of 65, the chances of a fall increase. In Brazil, the prevalence in the 23 states (27.6%) may result in fracture (11%), deaths due to external causes (11.3%), expenses or hospitalization. Risk factors for falls associated with habits and behaviors of the elderly and require prevention approach that combines professional care with cultural components¹. **RESEARCH PROBLEM:** The aim was to understand the origin of the symbolic contents elaborated by elderly people in a household approach according to Leininger². **METHOD:** Procedural approach outlined in Theory of Social Representations³ performed at the home of people assisted by a Primary Health Care Unit in Minas Gerais, Brazil. People ≥65 years old participated in individual interviews leaded by a guiding question (what makes them fall at home?). The content of the interviews was recorded in audio. Data were transcribed, performed content analysis (Minayo⁴) and treatment in the Program NvivoPro11. The ethical/legal requirements of human research have been complied with in accordance with Brazilian law. **RESULTS:** 40 people participated: 78.5% women; 45.1% older than 75 years; 68.6% with a partner: Schooling: μ 4.85 \pm 4.63 (0-18) years of education and 51.7% had children. By capturing the origin of the symbolic situations on the home fall, three categories were identified, supported by fragments of the participants' discourse: 1) causes and predisposing factors to fall into daily life- emerging the dimensions of objects (wet floor, slipper and how it is, carpet, altered vision and disease) behavioral (dizziness, slipping, throbbing, stumbling and carelessness), evaluative (related to unfavorable outcomes) and cognitive/informational (contents neglected according to values or by being considered accident free); 2) conducts to prevent falls- emergence of dimensions of objects (safety bar, walker and health), behavioral (shoe adjustment, illumination and disease control), evaluative (suffering after occurrence of fall) and cognitive/informative (equipment and personal care), and 3) conceptions that predispose to (un)safety- which referred to object dimensions (environments that require intensification of attention such as bathroom, kitchen, stairway, corridor and bed/sofa) behavioral/attitudinal (newspaper on the ground, change of position and sudden movements), cognitive/informative (neglected values) and values (something bad, unpleasant and with unfavorable consequence). **CONCLUSION:** The understanding of the origin of constructions socially elaborated portrays their proximity to the home fall and shows the need for nurses' contents/strategies based on an approach that contemplates the remodeling of values, habits and customs with a view to the prevention of falls in house.

References:

- World Health Organization (2016). *World Health Statistics 2016: monitoring health for the SDGs sustainable development goals*. Swtzeland: WHO Press. 1-121p.
- Leininger, M.M., McFarland, M.R. (2006). *Culture care diversity and universality: a worldwide nursing theory*. Sudbury, MA: Jones and Bartlett.
- Moscovici S. (2003) *Representações sociais: investigações em psicologia social*. Petrópolis, RJ: Vozes.
- Souza Minayo, M. C. (2011). *Pesquisa social: teoria, método e criatividade*. Editora Vozes Limitada.

DEPRESSIVE SYMPTOMATOLOGY RELATED TO UNEMPLOYMENT IN NURSES OF A BRAZILIAN REGION

Daniel Augusto da Silva; João Fernando Marcolan

The most prominent question in the capitalist system is the idea of accumulation, by instigating the mass discard of workers in the productive process. In this practice there are significant negative consequences and the unemployment is the most serious of them. Unemployed workers live experiences of suffering from diseases such as depression. In Brazil, Nursing, as a regulated profession, corresponds to 64.7% of the health employees and there is a strong tendency to increase the number of nurses in the coming decades due to the spread of undergraduate courses and the incentive of admission to these courses. On the other hand, the occupations do not follow the same rhythm of growth when compared to other professionals. The research aimed to verify if there is depressive symptomatology related to period nurses try to find their first job in the area of Assis/SP. It is an exploratory, qualitative research using content analysis. The research was organized through a socioeconomic questionnaire, guiding questions and the application of the "Beck Depression Inventory". 14 nurses took part of it; they were white and "pardas", between 23 and 48 years old. In the assessment using the Beck Depression Inventory, there were between 4 people that had a previous diagnosis of depression, 3 presented moderate depression. Among the 10 whose did not have a previous diagnosis of depression, all obtained an indicative result for nonexistence of it. However, for all the participants, there was the manifestation of depressive symptomatology. The psychic suffering expressed by the participants was due to frustration, sadness, impotence, unhappiness, misery, disappointment, loss of value, negative ideation associated with physical changes and symptoms. The comparison with the suffering generated in the professionals included subjective and individualistic actions brought temporary relief and subliminally lead to the chronification of the status quo. The capitalist system, in its materialistic essence, which causes unemployment as a factor to sustain its hegemony, was responsible for the suffering situation of those interviewed in circumstances of unemployment as a nurse. The unemployed nurses were taken to psychological suffering because they could not continue their professional activities after the end of the university. Interviewees revealed to be under psychological suffering, specifically under depressive symptomatology and they credited this fact to the situation of unemployment associated to the function of being nurses.

References:

- de Enfermagem, C. F. (2011). Análise de dados dos profissionais de enfermagem existentes nos Conselhos Regionais. Relatório de pesquisa. Brasília: Cofen.
- Gorenstein, C., & Andrade, L. H. S. G. (1998). Inventário de depressão de Beck: propriedades psicométricas da versão em português. *Rev Psiq Clin*, 25(5), 245-50.
- Andreeva, E., Hanson, L. L. M., Westerlund, H., Theorell, T., & Brenner, M. H. (2015). Depressive symptoms as a cause and effect of job loss in men and women: evidence in the context of organisational downsizing from the Swedish Longitudinal Occupational Survey of Health. *BMC public health*, 15(1), 1-11.
- Haw, C., Hawton, K., Gunnell, D., & Platt, S. (2014). Economic recession and suicidal behaviour: possible mechanisms and ameliorating factors. *International journal of social psychiatry*, 61(1), 73-81.

EDUCATION AND NURSES PERFORMANCE IN OBESITY COMBAT

Daniel Augusto da Silva; Guilbert Barcelo de Oliveira; Rosângela Gonçalves da Silva; Caroline Lourenço de Almeida; Verusca Kelly Capellini

The term “obesity” refers to the manifestation of an injury caused by many factors, but in most of the cases it is a consequence of energy imbalance. This way the person consumes more energy than he or she spends. It is associated to global epidemic that affects different races, genders and ages due to the increase of extremely uncontrolled eating habits. This includes the excess of fat and sugars and the decrease of consumption of foods with good nutritional value. This kind of diet may lead to risks which occur because of the accumulation of fat and it may also increase metabolic complications such as high blood pressure, cholesterol and triglyceride levels and insulin resistance. The life style modification is the key to be successful in weight management and it has to be stimulated in an interdisciplinary manner. Therefore, the nurse’s preparation in relation to this issue is considered to be necessary because they of their professional career. This research aimed to verify the perception about nurse’s performance related to the control of the obesity. The main goal of it is to demonstrate the methods of treatment experienced, as well as their achievements and failures. This is an exploratory, descriptive, qualitative research, generated by employees of a higher education institution. The data collected were analysed using information analysis. 37 (60.66%) of the employees interviewed of 61 (100%) possible participants in this study, only 14 (37.84%) presented regular Body Mass. 23 people (62, 16%) were above the indicated rate, proving an institution obesity overview. Almost half of those who were interviewed declared to have done some treatment during their lives. Besides, the difficulty in maintaining their body weight is very evident in their information. The achievements and failures related to the treatment were attributed exclusively to the weight loss and the difficult of the weight loss. They reported feelings as personal appreciation as well as reinforced the idea that empathy and humanization during their practices contributes to the beginning of the treatment. The most difficulty for success in the treatment was related to the low adherence since there is not only one motivation that explains this behavior. On the other hand, there are a variety of individual's own origin factors, such as the proposed treatment, the disease itself, the health system, the health professionals and interpersonal relationships besides the environment.

References:

- Fillingham, A., Peters, S., Chisholm, A., & Hart, J. (2014). Early training in tackling patient obesity: A systematic review of nurse education. *Nurse education today*, 34(3), 396-404.
- Monsen, K. A., Attleson, I. S., Erickson, K. J., Neely, C., Oftedahl, G., & Thorson, D. R. (2015). Translation of Obesity Practice Guidelines: Interprofessional Perspectives Regarding the Impact of Public Health Nurse System-Level Intervention. *Public Health Nursing*, 32(1), 34-42.
- World Health Organization. (1995). Physical status: The use of and interpretation of anthropometry, Report of a WHO Expert Committee.
- World Health Organization. (2000). Obesity: preventing and managing the global epidemic (No. 894). World Health Organization.

ULCERS OF INFERIOR MEMBERS: DATA INVESTIGATION OF CASES IN ASSIS, A CITY IN THE STATE OF SÃO PAULO, BRAZIL

Daniel Augusto da Silva; Juliana Cristiane Bomfim Hatos; Rosângela Gonçalves da Silva; Caroline Lourenço de Almeida; Verusca Kelly Capellini

Leg ulcer is defined as a syndrome that is evidenced by the irregular or circumscribed loss of the integument. It may reach the subcutaneous skin tissue and other underlying tissues, affecting the extremities of the lower limbs and it also may be caused by many factors. Chronic venous disease is the mainly cause that it is associated with, nevertheless, other less frequent etiologies affect this kind of lesion. Venous ulcers are considered a global public health problem due to their extensive incidence, giving a high cost treatment and interfering in the patients' physical, emotional and social quality of life. This disease may lead to the loss of the work capacity and the increase of early retirements. The central idea of this study was to identify the number of people affected by chronic ulcer of lower limbs in the city of Assis, which has of approximately 100 thousand citizens. The research situation included all eleven Family Health Strategies and seven Basic Health Units of the city, by the pieces of information collected by the responsible nurses. The results directly related to the topic showed that 78% of the Health Units with 10 to 20 patients with ulcers of lower limbs and 1 UBS with more than 50 patients. The most common etiology was venous problem, including 72% of a total of 425 patients. However, the instrument used to register the cases by most health units (72%) is only the medical record, which limits the accurate number of people, since many of them do not use the Unified Health System. Other questions correlated to the theme were applied and they indicated that 80% of nurses may not directly follow the treatment of ulcers and 100% of them have difficulties in applying the ideal coverage due to technical and scientific limitations and also because of the lack of material resources. The study concluded that there are several factors directly influencing the accuracy of the investigation of the number of people with leg ulcers. Even though this public health problem is considered to be global, the government do not invested enough money in the technical and scientific preparation of professionals as well as providing resources to each kind of injury. This attitude leads an acute disease converts into a chronic disease and it also causes extra complications to the patient affected by the wound, to his family and community.

References:

- Ribeiro, A. P. L., de Oliveira, B. G. R. B., Soares, M. F., Barreto, B. M. F., Futuro, D. O., & de Castilho, S. R. (2015). Efetividade dos géis de papaína a 2% e 4% na cicatrização de úlceras venosas. *Revista da Escola de Enfermagem da USP*, 49(3), 394-400.
- Aldunate, J. L. C. B., Isaac, C., de Ladeira, P. R. S., Carvalho, V. F., & Ferreira, M. C. (2010). Úlceras venosas em membros inferiores. *Revista de Medicina*, 89(3/4), 158-163.
- AGUIAR JR, A. C., ISAAC, C., NICOLSI, J. T., DE MEDEIROS, M. M. M., PAGGIARO, A. O., & GEMPERLI, R. (2015). Análise do atendimento clínico de portadores de úlceras crônicas em membros inferiores. *Rev. bras. cir. plást*, 30(2), 258-263.

DEPRESSIVE SYMPTOMS IN NURSES OF THE FAMILY HEALTH STRATEGY IN THE CITY OF GUARULHOS

Daniella Marques Fernandes; João Fernando Marcolan

For decades the relationship between work and suffering has been the object of study; When burnout syndrome occurs in health workers, the presence of depression is common. According to the World Health Organization, depression occurs in people of all sexes and ages, affects 350 million people worldwide, is among the leading causes of disability. Nursing in professional practice, has accompanied the emergence of psychoemotional diseases in the your world. The organization and dynamics of nursing work coupled with professional relationships, work overload and type of task, have an impact on the psychic health of the worker. This study aimed to verify the presence and intensity of depressive symptomatology in nurses of the Family Health Strategy in the city of Guarulhos; To know triggering factors, to verify nurses' perception about their psychic suffering and working conditions. An exploratory-descriptive, quantitative study was performed with nurses from the Family Health Strategy through interviews with a semi-structured questionnaire and a psychometric evaluation scale for depression of Beck II (IDB), Hamilton (HAM-D) and Montgomery-Asberg (MADRS). Statistical analysis by Fisher's exact test and Student's t-test. Results point to the presence of depressive symptomatology. Of the 59 interviewees, of which 26 (44.07%) reported a previous diagnosis for depression. Data indicated that the 24-hour IDB scale (40.67%) had depressive symptomatology, HAM-D 53 (89.83%) and MADRS 54 (91.53%). Mild and moderate intensity prevailed. Factors most reported by the interviewees as cause of psychic suffering were work overload, number of nurses' assignments and relationship. Most of the nurses did not perceive themselves ill, but all reported symptomatology that typified depression. They did not perceive that this situation affected the quality of care provided. All had perception of the work as a strong influence triggering the symptoms declared and observed by the scales. A high prevalence of depressive symptoms was observed in the sample studied. The findings should be reflected on interventions to improve the quality of life at work with a view to promoting workers' mental health and reducing/avoiding harmful effects. Education and health promotion actions are necessary, prevention of injuries, direct interventions in the triggering factors listed, protection of workers' rights through legislation and class orders and mobilization of workers.

BEHAVIORAL STRATEGIES IN ADHERENCE TO ORAL ANTIDIABETIC DRUGS AND THEIR EFFECTS ON DIABETES-RELATED DISTRESS

Danilo D. Trevisan; Flávia Helena Pereira; Thaís M. São-João; Roberta Cunha Matheus Rodrigues; Maria Rui Miranda Grilo Correia de Sousa; Maria Helena de M. Lima

Introduction: Negative emotions such as anxiety, depression, and diabetes-related distress (DRD) may be related to worsening patient self-care and, consequently, compromising glycemic control (Aikens, 2012). Understanding adherence to oral antidiabetic drugs (OAD) and their relation to DRD is essential for the clinical practice of nursing, since measures to increase adherence to drug therapy and reduce levels of DRD appear to be directly linked to good glycemic control. **Aim:** to evaluate DRD before and after behavioral strategies on OAD adherence in patients with Type 2 Diabetes Mellitus (T2DM). **Method:** Randomized controlled trial (RCT) involving participants with T2DM attended at primary service care in Brazil between January and December 2016 aged over 18 years,

who had been using OAD continuously for at least six months. At the baseline the participants were randomized into two groups (intervention - IG and control - CG) and followed up for 105 days. The IG has received intervention based on a combination of strategies to promote adherence to OAD; through face-to-face meetings and telephone calls. The CG received the usual care. The Brazilian version of Diabetes Distress Scale (DDS) was used to measure DRD at baseline and follow-up (Apolinario et al., 2016). The Consolidated Statement of Reporting Trials (CONSORT) was followed. Linear mixed effects models and Generalized Estimating Equation models were applied. The study was registered in the Brazilian Registry of Clinical Trials (RBR-439f77), approved by the local Research Ethics Committee and conducted according to the recommendations of the Declaration of Helsinki. **Results:** Eighty-eight patients (n = 88) completed the study (IG = 44, CG = 44). The mean of age was 61.5(± 8.3) years and the majority (70.5%) was female. The difference in adherence percentage between the two groups was statistically significant between the baseline and end of follow-up (p <0.0001). At baseline, the mean DRD score was 2.15 for CG and 2.40 for IG. At follow-up, the values increased to 2.17 and 1.95, respectively (p <0.0001). The domains of emotional burden, regimen-related distress, physician-related distress, and diabetes-related interpersonal distress were statistically significant when compared final versus start of the experiment (p <0.0018, p <0.0004 and (p <0.0001, respectively). The intervention collaborated to reduce the perception of DRD. Future studies and analyzes should be performed to better clarify the relationship between adherence and negative emotions.

References:

- Aikens, J. E. (2012). Prospective associations between emotional distress and poor outcomes in type 2 diabetes. *Diabetes Care*, 35(12), 2472-2478.
- Apolinario, P. P., Trevisan, D. D., Rodrigues, R. C., Jannuzzi, F. F., Ferreira, J. F., de Oliveira, H. C., et al. (2016). Psychometric Performance of the Brazilian Version of the Diabetes Distress Scale in Patients With Diabetes Mellitus Type 2. *J Nurs Meas*, 24(2), 101-113.

EFFECT OF BEHAVIORAL STRATEGIES IN ADHERENCE TO ORAL ANTIDIABETIC DRUGS: RANDOMIZED CONTROLLED TRIAL

Danilo D. Trevisan; Thaís M São-João; Maria Rui Miranda Grilo Correia de Sousa; Roberta Cunha Matheus Rodrigues; Maria Helena de M. Lima

Introduction: Non-adherence medication in patients with type 2 diabetes mellitus (T2DM) in long-term can severely compromise metabolic control (Rwegerera, 2014). **Aim:** to evaluate the effect of the intervention based on the combination of the Action Planning and Coping Planning strategies on oral antidiabetic drugs (OAD) adherence in patients with T2DM. **Method:** Randomized clinical trial (RCT), involving participants with T2DM attended in the primary service care in Brazil between January and December 2016, aged over 18 years, who had been using OAD for at least six months, with ability to read and write in Brazilian Portuguese and that presented positive score of Intention in taking OAD. At the baseline the participants were randomized into two groups (intervention - IG and control - CG) over 105 days. The IG received a combination of strategies to promote adherence to OAD in face-to-face meetings and through telephone calls. The CG received the usual care. The characterization of the sample, the measurement of intention, adherence and glycated hemoglobin (HbA1c) were performed at baseline and follow-up. The primary endpoint was the overall assessment of OAD adherence and secondary to decreased A1c. The Consolidated Statement of

Reporting Trials (CONSORT) was followed (Schulz, Altman, Moher, & Group, 2010). To compare the quantitative variables over time, linear models of mixed effects were applied; for the qualitative variables, models of Generalized Estimates Equations (GEE) were applied. The analyzes were performed using SAS software version 9.4. The study was registered in the Brazilian Registry of Clinical Trials (RBR-439f77), approved by the local Research Ethics Committee and conducted according to the recommendations of the Declaration of Helsinki. **Results:** Of the 90 participants, 88 completed the follow-up (IG = 44, CG = 44). Participants were 61.5(\pm 8.3) years with 5.9(\pm 4.5) years of schooling, and the majority (70.5%) was female. The difference in adherence percentage was statistically significant between the two groups between baseline and follow-up (CG 79,1% - 81,3% and IG 78,1% - 90,6%) ($p < 0.0001$). HbA1c values were lower at the end of follow-up (IG 7,3% - 6,8%) ($p < 0.0001$). At follow-up, it was evidenced that the chance of IG being more adherent corresponds to 7.6 times the CG chance ($p = 0.0001$). **Conclusions:** The intervention based on the combination of the Action Planning and Coping Planning strategies was effective in improving adherence and A1c levels.

References

- Rwegerera, G. M. (2014). Adherence to anti-diabetic drugs among patients with Type 2 diabetes mellitus at Muhimbili National Hospital, Dares Salaam, Tanzania- A cross-sectional study. *Pan Afr Med J*, 17, 252.
- Schulz, K. F., Altman, D. G., Moher, D., & Group, C. (2010). CONSORT 2010 statement: updated guidelines for reporting parallel group randomized trials. *Ann Intern Med*, 152(11), 726-732.

EFFECT OF NONPHARMACOLOGICAL INTERVENTIONS ON SLEEP QUALITY AND EMOTIONAL STRESS IN PEOPLE WITH TYPE 2 DIABETES

Danilo D. Trevisan; Flávia Helena Pereira; Daniela Santos Lourenço; Maria Helena de M. Lima

Introduction: The relationship between type 2 diabetes mellitus (DM2) and sleep disorders is already established and studies indicate that there is a bidirectional relationship. The emotional stress related to diabetes can influence the metabolic control and consequently the chronic complications of the disease (Bloom HG et al.). **Objective:** Evaluate sleep quality and emotional stress before and after non-pharmacological interventions based on sleep hygiene and exposure to light in people with type 2 diabetes with three month follow up. **Methods:** Randomized Clinical Trial (RCT), involving people assisted in primary care units in Brazil between September 2015 and September 2016, under treatment for at least 6 months with oral antidiabetics and/or insulin, between 18 and 65 years of age. At baseline, participants were randomly assigned to one of two groups: intervention group (IG), which was given orientation about sleep hygiene therapies and exposure to light, control group (CG), which was given orientation about foot care. Both groups were submitted to in-person orientation sessions, spaced one month apart from each other as well as reminder calls every month except for the last month. Sample characterization, sleep quality, emotional stress and glycated hemoglobin measurements (HbA1c) were performed at baseline and follow-up. The primary outcome was sleep quality evaluation while the secondary was A1c measurement. The study complies with the Consolidated Statement of Reporting Trials (CONSORT) (Schulz, Altman, Moher, & Group, 2010). Linear mixed-effects models were used for comparisons between the two groups regarding quantitative variables measured over time; for qualitative variables, Generalized Estimating Equations (GEE) models were used. The statistical analyses were

performed using SAS software version 9.4. The study was registered in the Brazilian Clinical Trials Registry (RBR-468WM2), approved by the local Research Ethics Committee and conducted in accordance with the Declaration of Helsinki's recommendations. **Results:** Out of the 95 participants, (Intervention n=47, Control n=48), the majority were female: 65,96% with an average age of 55,01 (DP=6,85) years. Both groups presented statistically significant improvements in sleep pattern and emotional stress at the *follow-up* ($p < 0,0001$). There was a statistically significant difference in the sleep pattern between the groups at the *follow-up* ($p = 0,0385$). There was no difference between groups regarding HbA1c over the course of the study. **Conclusion:** It was concluded that sleep hygiene and exposure to light procedures and self-care orientation result in positive effects on improving sleep quality and emotional stress in people with type 2 diabetes.

References:

Bloom, H. G., Ahmed, I., Alessi, C. A., Ancoli-Israel, S., Buysse, D. J., Kryger, M. H., et al. (2009). Evidence-based recommendations for the assessment and management of sleep disorders in older persons. *J Am Geriatr Soc*, 57(5), 761-789.

Schulz, K. F., Altman, D. G., Moher, D., & Group, C. (2010). CONSORT 2010 statement: updated guidelines for reporting parallel group randomized trials. *Ann Intern Med*, 152(11), 726-732.

EVALUATION OF SWALLOWING IN A STROKE UNIT (UAVC)

Dulce Gonçalves; Paulo Félix; Inês Vieira; Tânia Pinto; Mavilde Vitorino

Introduction: The evaluation of dysphagia after a stroke is of crucial importance nowadays, since there are multiple studies demonstrating that the application of a formal protocol reduces the incidence of aspiration pneumonia, hospitalization time and overall costs in patient care. Therefore, we evaluate dysphagia with the application of the Gugging Swallowing Screen scale (eGUSS) in a UAVC with the following objectives: to identify the degree of dysphagia in the admitted patients; to plan appropriate interventions; to analyse the incidence of aspiration and the efficiency of preventing aspiration before and after the introduction of this scale. **Research Question:** Will the application of eGUSS in patients with ischemic stroke increase the effectiveness of aspiration prevention? **Method:** The prospective study was conducted at a UAVC from 08/2015 to 02/2016, with the application of eGUSS on patients with ischemic stroke (G1). The following data was analysed: demographic information; the effectiveness of preventing aspiration, and incidence of aspiration. The results were compared with retrospective data collected from 01/2014 to 06/2014, a period prior to the application of eGUSS (G0). The statistical analysis was done using SPSS and Microsoft Excel software. **Results:** G0: 106 patients with ischemic stroke, 42 with dysphagia, aspiration prevention effectiveness rate of 54.8%, and aspiration incidence rate of 17.92% ($n = 19$). G1: 103 AVCi, 48 women, 55 men, mean age of 71.08 years, 40 with dysphagia (10 patients with severe dysphagia (dG), 14 with moderate dysphagia (dM), 16 with mild dysphagia (dL)). The efficacy rate of aspiration prevention is of 82.5% and the aspiration rate is of 6.79% ($n = 7$), 3 patients with dG at the entrance, 2 with dM, and 2 with dL, with mean age of 69 years, mean National Institute Health Stroke Scale (NIHSS) of 16.71. Patients without aspiration had a mean NIHSS of 9.5. **Conclusions:** Our data shows a high percentage of patients with dysphagia after a stroke, being our results in line with other studies published in this area. The application of the Gugging Swallowing Screen scale allowed an increase in the effectiveness of aspiration prevention ($p < 0.05$) with the early identification of the different degrees of dysphagia, allowing the implementation of appropriate interventions for diagnosis. The group of patients with aspiration had a higher number

of days hospitalized, with a worse functional outcome, demonstrating the importance of early swallowing assessment (using a reliable and easy-to-use assessment instrument, such as eGUSS) and the implementation of an adequate plan for dysphagia of the patient.

MEASURING COMPLIANCE WITH THE BABY-FRIENDLY HOSPITAL INITIATIVE FOR NEONATAL WARDS GUIDED BY KNOWLEDGE TRANSLATION FRAMEWORK

Edilaine Giovanini Rossetto; Laura Haiek; Mirna Isicawa; Talita Balaminit; Adriana M. Leite; Thaila C. Castral; Carmen G. S. Scochi

Introduction: Despite all the recognition of breastmilk as the best food sufficient and essential for the baby, especially for premature babies, it is known that breastfeeding a premature is not an easy task. To contribute to change this reality was developed the expansion of BFHI for neonatal wards (Neo-BFHI). The aim of this study was to evaluate the compliance with the Three guiding principles and the Ten Steps Neo-BFHI and the International Code for Marketing of Breast-milk Substitutes. Method: This research is a multicenter, pre-post intervention study. Data collection was performed in two stages, before the intervention (M1), followed by the intervention of the Neo-BFHI based on the Knowledge Translation conceptual framework PARIHS in five neonatal units from different regions of Brazil, which lasted 15 months, and after the intervention (M2). The data collection consisted in interviews with the unit's staff, mothers of premature babies hospitalized and observations of reality with document review. The tools used for data collection was the Neo-BFHI Assessment Tool translated and adapted culturally to Brazil. Results: None of the steps met the criteria considered satisfactory for Neo-BFHI in M1. In M2, half of the steps had a significant increase in compliance level, what means 5 steps. Steps 1,2, 3, 8 and 10 showed a greater evolution and met at least 70% of compliance. Steps 4 and 5 did not achieve compliance of at least 70% in M2, but reached above 50% compliance. Only steps 6 and 9 remained below 50%. The overall score of compliance with 10 steps almost doubled compared from M1 to M2 ($p = 0.04$). Step 7 got the highest compliance (80%), though the difference between the two periods was not statistically different. The general compliance with the 10 steps and the three principles showed an increase that was statistically significant. Only compliance with the code was not statistically different when compared the two moments, because it had already good compliance in M1. Conclusion: It was considered that the implementation of the Neo-BFHI guided by Knowledge Translation constituted an innovative and effective strategy for change in the health of premature infants context, with great potential to become a Brazilian public policy complementary to minimize the challenges so complex and multifactorial breastfeeding premature.

References:

- Grimshaw, J.M., Eccles, M.P., Lavis, J.N., Hill, S.J., Squires, J.E. (2012). Knowledge translation of research findings. *Implementation Science*, 7(50), 1-17. doi:10.1186/1748-5908-7-50
- Haiek, L.N. (2011). Measuring compliance with the Baby-Friendly Hospital Initiative. *Public Health Nutrition*, 15(5): 894–905. doi:10.1017/S1368980011002394
- Nyqvist, K.H., Häggkvist, A.P., Hansen, M.N., Kylberg, E., Frandsen, A.L., Maastrup, R.,... Haiek, L.N. (2012). Expansion of the ten steps to successful breastfeeding into neonatal intensive care: expert group recommendations for three guiding principles. *J Hum Lact*, 28(3), 289-96. doi: 10.1177/0890334412441862

Pérez-Escamilla, R., Martinez, J.L., Segura-Pérez, S. (2016). Impact of the Baby-friendly Hospital Initiative on breastfeeding and child health outcomes: a systematic review. *Matern Child Nutr*, 12(3):402-17. doi:10.1111/mcn.12294

THE IMPACT OF BABY-FRIENDLY HOSPITAL INITIATIVE FOR NEONATAL WARDS GUIDED BY KNOWLEDGE TRANSLATION FRAMEWORK IN A BRAZILIAN NEONATAL UNIT

Edilaine Giovanini Rossetto; Ariane Thaise Alves Monteiro; Sarah Nancy Deggau Hegeto de Souza

Introduction: The expansion of the Baby-Friendly Hospital Initiative for neonatal wards (Neo-BFHI) is a program to meet the needs and complexity of exclusive breastfeeding (EBF) in prematurity. Objective: To evaluate the effectiveness of the implantation of the Neo-BFHI guided by the conceptual framework Knowledge Translation (KT) before and after its implantation in a neonatal unit. **METHODS:** This study is part of a multicenter project, "Breastfeeding in Premature Infants: Impact of BFHI for Neonatal Units," funded by the Bill & Melinda Gates / CNPq Foundation. It was an intervention, pre-post study and occurred in a University hospital in north Paraná, Brazil. The data collection was performed in two different moments: before the intervention (M1), which was followed by the implantation of the Neo-BFHI, which lasted for 15 months, and after implantation (M2). Neo-BFHI Assessment Tool was translated and adapted transculturally into the Portuguese language, used to assess the level of compliance to the Three Guiding Principles, the Ten Steps of the Neo-BFHI and the International Code for Marketing of Breast-milk Substitutes. The analysis was done by triangulation of data according to the perspective of staff, mothers of preterm infants and observation of reality with documentary review by external evaluator. In this context, the prevalence of EBF in preterm infants at hospital discharge and in the first fortnight after the discharge in M1 and M2 was also measured. **Results:** The overall Ten-Steps compliance score practically doubled when compared between M1 and M2. Compliance with the code did not present statistical difference when comparing the two moments, since it already had good compliance in M1. The level of partial compliance to the Three Core Principles, Ten Steps and the Code, from the perspective of staff, mothers and external evaluator showed a statistically significant increase. The prevalence of EBF at discharge almost tripled in M2 (84.4%) compared to M1 (29.8%), as well as in the first fortnight after discharge, with 27.3% in M1 and 77.1% in M2. **Conclusion:** It was considered that the implantation of the BFH-Neo guided by the KT was an innovative and effective strategy to change the practice of supporting, protecting and increasing the EBF prevalence in preterm infants.

References:

- Grimshaw, J.M., Eccles, M.P., Lavis, J.N., Hill, S.J., Squires, J.E. (2012). Knowledge translation of research findings. *Implementation Science*, 7(50), 1-17. doi: 10.1186/1748-5908-7-50
- Haiek, L.N. (2011). Measuring compliance with the Baby-Friendly Hospital Initiative. *Public Health Nutrition*, 15(5): 894–905. doi:10.1017/S1368980011002394
- Nyqvist, K.H., Häggkvist, A.P., Hansen, M.N., Kylberg, E., Frandsen, A.L., Maastrup, R.,... Haiek, L.N. (2012). Expansion of the ten steps to successful breastfeeding into neonatal intensive care: expert group recommendations for three guiding principles. *J Hum Lact*, 28(3), 289-96. doi: 10.1177/0890334412441862

Pérez-Escamilla, R., Martinez, J.L., Segura-Pérez, S.(2016). Impact of the Baby-friendly Hospital Initiative on breastfeeding and child health outcomes: a systematic review. *Matern Child Nutr*, 12(3):402-17. doi:10.1111/mcn.12294

THE EMPOWERMENT AS A RESULT: NURSING CARE IN SELF MANAGEMENT'S CHRONIC DISEASE

Elisabete Luz; F. Bastos; M.M. Vieira

Conceptual Framework: The support that nurses can give, in the context of self-management of the therapeutic regimen, is unanimous in considering Empowerment as a result of the self-management process. **Method:** Cross-sectional and correlational study. 271 Participants, men and women aged 18 years and 65 years with chronic diseases. Three scales were applied: Chronic Disease Interference Scale, Individual Empowerment Scale, and Therapeutic Regimen Management Styles. We used, for statistical analysis, Pearson's correlation, multivariate linear regression, backward method and the F test fit. **Results:** Four explanatory models (linear regression) were identified that presented a good fit to the data. The first one studied the Interference of the chronic disease, being a negative impact, being translated in the decrease in the level of Empowerment, so higher when the greater the interference of the chronic illness in the life of the people. Explaining 16.1% of the total variation of Empowerment. In the second model, the impact of the management style of the therapeutic regimen was studied, resulting in the identification of the responsible ($\beta = 0.55$, $p < 0.001$) and negligent ($\beta = -0.23$, $p < 0.001$) scores as statistically significant variables. According to these results, higher levels of Empowerment are related to higher scores in the responsible style and lower scores in the neglected style. These two variables represent an explanatory power of 40.3% on Empowerment. The third model, concerning the impact of the dimensions of the therapeutic regimen on Empowerment, found statistically significant results in the variables control locus ($\beta = 0.24$, $p < 0.001$), self-determination ($\beta = 0.21$, $p < 0.001$), attitude toward Disease ($\beta = 0.24$, $p < 0.001$) and interaction with professionals ($\beta = -0.11$, $p = 0.014$). They obtained an explanatory power of 37.7% on Empowerment. The final model was constructed from the variables with statistical significance ($p < 0.05$) in the three previous models, in an attempt to find the model with greater predictive capacity on Empowerment. The variables with statistically significant results in the final model were instrumental activities ($\beta = -0.05$, $p = 0.015$), relationship and personal development ($\beta = -0.07$, $p = 0.049$), responsible score ($\beta = 0.46$, $p < 0.001$), ($B = 0.18$, $p = 0.009$) and interaction with the professionals ($\beta = -0.09$, $p = 0.018$). The percentage of explained variance of the variables included in the final model was 46.0%. Greater interference of disease in instrumental activities, in relationship and personal development, has a negative impact on Empowerment, diminishing it. The negative association with the interaction with the professionals can be explained by the model in use being still biomedical and focused on adherence (Bastos, 2012 and Sousa, Martins and Pereira, 2015), not favoring empowerment. **Conclusions:** Empowerment will be a desirable outcome in the process of self-management of the therapeutic regimen in the context of chronic disease, and in addition to health gains, it may improve involvement and control of the disease and its life.

EDUCATIONAL MATERIALS IN HEALTH: A NURSING INSTRUMENT IN THE PREVENTION OF HYPERTENSION AND DIABETES MELLITUS

Estelina Souto do Nascimento; Mayra da Silva Pinto; Marco Aurélio de Sousa; Regina Célia Nogueira da Silva; Thais Milene Silva dos Santos; Camila SâmaraAlves Soares

Health education permeates the daily life of nurses and is fundamental to health care practices. With the purpose of health promotion and using health education as a strategy, several activities were carried out by the Núcleo de Pesquisa e Estudos sobre Quotidiano em Saúde - NUPEQS, in a school community in the metropolitan region of Belo Horizonte, MG- Brazil. Initially, one of the purposes was to attract the population around the school to participate in the educational process. During a family party at the school, the nursing team performed blood pressure measurements and blood glucose tests, as well as a survey to diagnose the teaching needs and identify the life and health habits of the community. A questionnaire prepared by the NUPEQS members was used to record the information collected. Ethical aspects related to human research were met. With the analysis of the data, the group verified that the community had a high number of people with altered blood pressure and glucose, which indicated the need for actions aimed at the control of these diseases. Next, the possibility of making leaflets as an instrument of orientation and education was evaluated, in order to encourage the community to adopt and maintain healthy living standards, make health decisions autonomously, as well as aiming to improve health conditions related to hypertension and diabetes mellitus. To elaborate the educational material, the following steps were followed: definition of the target population, content and objectives; research in the literature on the subjects to be treated. After the contents were established, the texts were drafted in a language appropriate to the target audience. The educational material that was distributed to the population in another family party in the school consists of a set of images accompanied by guidelines, mainly about what is each pathology, signs and symptoms, evaluation of the adequate control of the diseases by blood pressure and/or glycemia measurements, maintenance of an ideal body weight, practice of physical activity, reduction of alcohol consumption, elimination of smoking, among others. Finally, it can be affirmed that the educational material produced, which facilitates access to the guidelines, is a way of solving basic doubts about the prevention and control of the selected diseases and a valuable aid in health promotion. The information in simple and direct language contributes positively to the health education of the population, stimulating them to have healthy habits for a better quality life.

HEALTH IN FOCUS: RESEARCH IN BASIC EDUCATION INTEGRATING NURSING AND A SCHOOL COMMUNITY IN THE METROPOLITAN REGION OF BELO HORIZONTE - MG –BRAZIL

Estelina Souto do Nascimento; Virgínia Mascarenhas Nascimento Teixeira; Mércia Aleide Ribeiro Leite; Luana Milena Dias; Patrícia Imaculada dos Santos; Luciana Dalva Ferreira Cardoso de Barros

The school is an institution built by sociocultural subjects, since teachers, students and families experience different social and cultural processes that modify and create different ways of dealing with the school environment. This research was elaborated based on the analysis of actions taken forward by a college group and partners of a school in the metropolitan region of Belo Horizonte -

MG - Brazil. The proposals revolved around the topic of health in schools, in order to ally education and health promotion, purposefully covering aspects of citizenship, social inclusion, healthy food and life habits, as well as environmental and violence issues. The intention was for the partnership to form an innovative system, resulting from the varied production and rich composition of those involved: basic education and university communities. The work began with the preparation and recognition of the problematic situation of the school, culminating with a set of activities aiming at the identification and characterization of the target population, anticipation of health objectives and needs, preparation of activities, gaining of information and entering the school. Next, the group identified the needs, resources and health issues of the school community. Subsequently, the planned actions were executed. The activities covered the following themes: school-family integration; education and health, innovation, action and participation – extensional activities. Finally, there was the analysis and evaluation of the results and the identification of the aspects to be improved, as well as the progress achieved. The ethical aspects related to human research were met. All of the work showed the importance of allying education and health and of carrying out actions in a participatory and articulated way, based on the needs of the community. Extension activities were carried out, with the participation of nurses in the orientation and evaluation of the community through examinations, notions of first aid and healthy eating; leaflets on hypertension and diabetes were written and distributed. A sticker album with topics related to health promotion was also elaborated, applied and discussed with students and teachers. The research contributed to the integration of the university and the school community with the use of interdisciplinary contents involving nursing, nutrition, physical activity, environment, citizenship, violence, accident prevention, death and solidarity. The researchers sought to overcome the traditional biomedical approach to health, promoting integrated actions and with the participation of the school community, seeking to integrate different actors to analyze the demands and reality of the school.

EFFECTIVENESS OF A NURSING INTERVENTION IN SELF-MANAGEMENT OF SYMPTOMS

Eunice Martins Henriques; Maria Filomena Gaspar

Introduction: HIV infection continues to represent a major challenge for public health in Portugal. The evolution of the epidemiological profile of HIV infection has persisted in Portugal over the 34 years of the country's epidemic. Recent trends include the increase in new diagnoses of HIV infection in young males, especially those who have sex with men, the sharp reduction in cases associated with drug use, and the high percentage of late diagnoses, particularly in middle-aged heterosexuals (INSA, 2016). As AIDS is now considered a chronic disease, its effective and sustainable treatment relies naturally on self-management of symptoms as well as promoting adherence to therapy. In this way, you will be able to reduce costs and promote well-being in the person's life. Purpose: To demonstrate the effectiveness of a nursing intervention in the self-management of symptoms in the participants. Specific objectives. Validate and adapt the following instruments: "Revised Sign and Symptom checklist for Persons with HIV disease"; "Self-care symptom management for people living with HIV/AIDS; AACTG (Adult Aids Trial Group) Instruments; "HIV/AIDS Stigma Instrument - PLWA (HASI-P) ©"; To assess the frequency and intensity of the most common signs and symptoms associated with HIV infection among participants, as well as the strategies used; To evaluate the adherence to antiretroviral therapy (ART); Evaluate self-perception of stigma. Material and methods: This is a quasi-experimental, longitudinal study with pre and post

intervention evaluation. Participants were selected at the HCC Day Hospital; HIV-infected, multi-stage, 18-year-olds to have ART for at least 6 months. Carried out the sociodemographic characterization and validation of the instruments. The intervention consists in the application of a manual of strategies for self-management of the most frequent symptoms. Results: The final sample is 73 participants. The most frequent symptoms are: anxiety, fatigue, (100%) fear and worries (98.6%) and depression (94.5%). Most do not use strategies, or they are not effective in managing these symptoms. Of the total number of respondents, 30% never stopped taking the medication and the same number failed to take the therapy in the last 3 months, the main reason being simple forgetting. Conclusions: Most participants do not adequately manage the symptoms due to lack of knowledge of the appropriate strategies, indicating a devaluation based on the belief of inevitability (Pain). Most say they adhere to ART (70%), making more than 95% of the shots, which is not always consistent with viral load. 57,6% use the manual but 44,3% had moderate anxiety; 32,8% had moderate depressed and 49,2% had fatigue.

References:

- WANTLAND, D.J., HOLZEMER, W.L., et. al. - A randomized controlled trial testing the efficacy of an HIV/AIDS symptom management manual. *Journal of Pain and Symptom Management*. (2011); 36 (3), 235-246;
- ELLER et. al. (2013) A randomized controlled trial of an HIV/AIDS Symptom Management Manual for depressive symptoms. *AIDS Care*, 2013.Vol. 25, No. 4, 391_399,
<http://dx.doi.org/10.1080/09540121.2012.712662>;
- ELLER et.al. (2014) Depressive symptoms, self-esteem, HIV symptom management self-efficacy and self-compassion in people living with HIV. *AIDS Care*, 2014 Vol. 26, No. 7, 795–803
<http://dx.doi.org/10.1080/09540121.2013.841842>;

ADMINISTRATION OF CHEMOTHERAPY ANTI NEOPLASIC; NURSING INTERVENTION TO RELIEF SUFFERING

Eunice Sá; M.A.P. Lopes; M.L. Basto

Introduction: The contribution of the advances of science in the fields of diagnosis and mainly in the therapy, allows longer survival, despite side-effects of drugs along with the uncertainty of the natural history of blood-cancer disease. It seems consensual that suffering will be a life constant of these people not only by social representations linked to cancer disease, as well as the uncertainty on the evolution of the disease, and as well as the consequences of drug treatment. The reduction or relieve of suffering is the essence and heart of the nurses clinical practice, and their ethical and technical goals should be to fight, lessen or relieve emotional, physical and family suffering.

Conceptual framework: In these patients, the time spent by nurses in the therapy management have a therapeutic potential in achieving positive results in the relief of suffering, if there is knowledge, intention and an action model in this domain of care, that must be customized and unique to each inpatient. Research problem: We will answer the question "does the administration of anti-neoplastic therapy by nurses can alleviate suffering of the adult or elderly person hospitalized with blood-cancer disease?". Being the suffering an individual, subjective and multi-dimensional experience, with complete interaction with the everyday life of nurses that fact justifies this study. **Method:** A multi-method was used following the steps of the methodological procedure to investigate complex health interventions, in particular the feasibility/pilot stage, with the

longitudinal, quasi-experimental study, with the implementation of the intervention: "administration of Chemotherapy as a Nursing Intervention (Individualized)", to a group of people with malignant blood diseases, admitted to anticancer chemotherapy treatment using the inventory of experiences in sickness and suffering, and the distress thermometer. The control group was formed by a group of patients subjected to a conventional nurse approach. Data were analyzed using SPSS. The study complies with the ethical principles and procedures. **Results:** The experimental group departed from values of suffering and distress lower than the control group; the number of health problems reported by the experimental group increases between the two moments of evaluation, and not in the control group. **Conclusion:** The implementation and evaluation of nursing intervention "administration of Chemotherapy as a nursing Intervention (Individualized)" confirmed the difficulty in measuring results of the relief of suffering, but also demonstrated that interfere positively in their reduction.

Keywords: relief of suffering, of individualized nursing intervention; people with blood-cancer disease, therapeutic administration

A PILOT STUDY OF IMPACT OF NURSES-LED WEANING PROTOCOL ON OUTCOMES OF MECHANICAL VENTILATION FOR CRITICALLY ILL PATIENTS AMONG PALESTINIAN HOSPITALS

Fatima Hirzallah; Aidah Alkaissi; Maria do Céu Barbieri-Figueiredo

Background: Prolonged mechanical ventilation is associated with higher morbidity, longer hospital stay and adverse physiological and psychological experiences for critically ill patients. Weaning protocol provide a systematic approach to mechanical ventilation weaning, reducing patients length of stay in Intensive Care Unit (ICU), by reducing the duration of mechanical ventilation, and improving patient outcome (Blackwood et al., 2009). Traditionally physicians were the major decision-makers in the weaning process. Evidence-based appraisal of the literature suggests that nurses and related health professionals might adhere to protocols more than physicians (Blackwood et al., 2011). Research shows that compared to usual care, weaning protocols applied by nurses reduce the duration of mechanical ventilation, and length of hospitalization, while being accepted by health staff (Danckers et al., 2013). **Aims:** To pilot an evidence-based weaning protocol for mechanically ventilated adult patients, led by nurses, in Palestinian hospitals, compared to usual non-protocol, physician-led care. **Methods:** A pilot study was conducted from January to March 2017 in medical/surgical ICU's, in Palestinian hospitals. Sample consisted of 10 adult patients who were mechanically ventilated for ≥ 24 hours at the time of study enrolment. The protocol was presented to the ICU health staff during a training session with 4 hours duration. The data collection instruments were developed based on routine care of weaning used in clinical practice in Palestinian hospitals and systematic review of the literature, and include the documentation of demographic variables, physiological variables, and ventilation parameters. The study was approved by ethical committee at the Ministry of Health of Palestine. **Results:** The intervention group (5 patients), was weaned according to a nurse-led protocol, and compared with the control group (5 patients) who received conventional, non-protocol, physician-led care. Duration of mechanical ventilation, duration of ICU and hospital length of stay, time of extubation, reintubation and hospital mortality were compared for both groups. In intervention group, median duration of mechanical ventilation was 1 days compared with 2 days in control group, median duration of ICU length of stay was 4 days

compared with 10 days in control group. Time of extubation was 2 hours earlier in the nurse-driven group and there was no reintubation cases. Conclusion: The pilot study showed that weaning protocol: (1) reduces the duration of mechanical ventilation, (2) reduces length of stay (LOS) in Intensive Care Unit (ICU) and hospital (LOS), and time of extubation. The decision-making in application of protocol was side-by-side nurses /physicians to see how the protocol worked. This study provided evidence in support of ICU nurses' crucial role and abilities in protocol-led weaning, as well accepted by all ICU staff among Palestinian hospitals.

Keywords: Mechanical ventilation, nurse-led weaning protocol, critically ill

References:

- 1) Blackwood, B., Alderdice, F., Burns, K. E. A., Cardwell, C. R., Lavery, G. G., & O'Halloran, P. (2009). Protocolized vs. non-protocolized weaning for reducing the duration of mechanical ventilation in critically ill adult patients: Cochrane review protocol. *J Adv Nurs*, 65(5), 957-964.
- 2) Blackwood, B., Alderdice, F., Burns, K., Cardwell, C., Lavery, G., & O'Halloran, P. (2011). Use of weaning protocols for reducing duration of mechanical ventilation in critically ill adult patients: Cochrane systematic review and meta-analysis. *Bmj*, 342, c7237.
- 3) Danckers, M., Grosu, H., Jean, R., Cruz, R. B., Fidellaga, A., Han, Q., Khouli, H. (2013). Nurse-driven, protocol-directed weaning from mechanical ventilation improves clinical outcomes and is well accepted by intensive care unit physicians. *J Crit Care*, 28(4), 433-441.

CARING FOR FAMILIES IN THE EMERGENCY DEPARTMENT

Florinda Galinha de Sá; Maria Antónia Rebelo Botelho

Caring for the family of a critically ill person requires nursing specialized skills for the particularities and challenges imposed by the very context of urgency and emergency (Cypress. 2014). Recently, the presence of family in the emergency department was formalized through the right of accompanying patients at the National Health Service emergency departments (law nº 3312009 of July 14 and law nº 15/2014 of March 21). The state of the art on this subject reveals studies on the experiences of families of the critically ill person and their specific needs (Hsiao, P.-R., et al., 2016), but little is known about nurse's experiences. The conceptual framework is based on the Calgary Family Assessment and Intervention Model (Wright & Leahey, 2013) and the Trinity Model (Spirituality, Suffering and Disease) (Wright, 2005), because both adopt a family nursing perspective where the narratives of nurses, patients and their families are valued in the caring process. The purpose of this study is to unveil the lived experience of nurses, and through it the nursing care, that nurses of the emergency department render to the family of the critically ill person. Phenomenology provides a qualitative methodology to access the lived experience of individuals that is revealed in nurse's experiences, uncovering family care as it is lived and is structured shaping the practice. The study was conducted in a multipurpose emergency department in the Lisbon region where eleven in-depth interviews were conducted. The authorization of the Ethics Committee and the Board of Directors of the hospital was obtained and all ethical assumptions were respected throughout the investigation. Data was analyzed according to the perspective of descriptive phenomenology, using the procedural steps described by Van Kaam (Moustakas, 1994). The initial data shows that the situations reported by nurses, as significant in caring for the family of the critically ill person, mainly involve young people at an end of life situation with CPR (Cardiopulmonary Resuscitation) and/or organ donation processes due to a sudden event of

traumatic origin, and that the relationship between the nurse and the family present is established mainly with only one member of this family. Nurse's experiences are a fundamental source of knowledge, when it is intended to reduce the gap between the evidence and the contexts of practice, optimizing the transferability of knowledge in nursing.

References:

- Cypress, BS (2014). The emergency department: Experiences of patients, families and their nurses. *Advanced Emergency Nursing Journal*. 36 (2), 164-176;
- Hsiao, P. R. et al. (2016). Family needs of critically ill patients in the emergency department. *International Emergency Nursing Journal*;
- Moustakas, C. (1994). *Phenomenological Research Methods*. Thousand Oaks. CA: Sage Publications, Inc.;
- Wright, L. (2005). *Spirituality, Suffering and Illness: Ideas for Healing*. FA Davies Company: Philadelphia;
- Wright, L. & leahey, M. (2013). *Nurses and Families - A Guide to Family Assessment and Intervention* (6th edition). PhiladelphiaF: A Davis Company.

PSYCHOTHERAPEUTIC INTERVENTION MODEL IN NURSING: A PILOT RANDOMIZED CONTROLLED TRIAL

Francisco Sampaio; Odete Araújo; Carlos Sequeira; Teresa Lluch Canut

Conceptual Framework: In Portugal, the provision of psychotherapeutic interventions is considered a competence of mental health nurses. However, mental health nurses encounter great extrinsic difficulties when it comes to providing psychotherapeutic interventions. In this light, evaluating the effectiveness of a psychotherapeutic intervention model in nursing seems germane to guide the professionals' psychotherapeutic practice, contributing hereof to increase mental health nurses' professional autonomy. **Research Problem:** This study aims to test procedures for acceptability of a psychotherapeutic intervention to help solving the nursing diagnosis "Anxiety" that is included in a previously developed psychotherapeutic intervention model in nursing (Sampaio, Sequeira, & Lluch Canut, 2016), to estimate the likely rates of recruitment and retention of subjects, and to calculate the appropriate sample sizes for a future randomized controlled trial. Additionally, it aims to preliminarily evaluate the effectiveness of that psychotherapeutic intervention. **Method:** Beginning in November 2016, we are conducting a pilot randomized controlled trial. A simple random sample of 60 outpatients who present the nursing diagnosis "Anxiety" (assessed using the NOC outcome "Anxiety level" (Sampaio, Araújo, Sequeira, Lluch Canut, & Martins, 2017) is being recruited at the Psychiatry Department of a Hospital in the North of Portugal. Thirty (30) patients are being randomly allocated to the control group, and 30 patients are being allocated to the experimental group. Patients in the control group are receiving treatment as usual (psychopharmaceuticals) and patients in the experimental group are receiving psychopharmaceuticals and a psychotherapeutic intervention that aims to reduce the anxiety level. Approval for the study was obtained from the ethics committee of the Hospital. **Outcomes:** The study is being carried out, so no findings are available yet. However, the study hypothesis points out to the reduction of the anxiety level of the patients who are being allocated to the experimental group. **Conclusions:** If the preliminary effectiveness of the psychotherapeutic intervention to help solving the nursing diagnosis "Anxiety" is proved, that can be extremely useful to demonstrate that

nursing psychotherapeutic interventions are autonomous nursing interventions as they can be entirely based on nursing's body of knowledge.

References:

- Sampaio, F., Sequeira, C., & Lluch Canut, T. (2016). Content validity of a psychotherapeutic intervention model in nursing. *Archives of Psychiatric Nursing*. doi: 10.1016/j.apnu.2016.09.007
- Sampaio, F., Araújo, O., Sequeira, C., Lluch Canut, T., & Martins, T. (2017). Evaluation of the psychometric properties of NOC outcomes "Anxiety level" and "Anxiety self-control" in a Portuguese outpatient sample. *International Journal of Nursing Knowledge*. doi: 10.1111/2047-3095.12169

SUPERVISING RELATIONS AND DEVELOPMENT OF SIGNIFICANT LEARNING OF NURSING STUDENTS – RESEARCH PROJECT

Francisco Monteiro

Nursing training is deeply anchored in clinical contexts, since clinical training "enables the development of clinical skills (...), integration of theory and practice, ..." (Abreu, 2007, p.13). But for students to be able to develop these competencies there is a need to implement, in clinical settings, consistent systems of supervision and follow-up of clinical practice. In this perspective and based on supervision as "the process in which an experienced and well informed person guides the student in his/her human, educational and professional development, in a systematic monitoring of the practice, mainly through reflection and experimentation procedures" (Franco, 2000, p.33), we can say that this monitoring translates into a supervisory relationship that is closely linked to the development of meaningful nursing student learning. Thus, we outlined for this study as the starting point "How do students develop meaningful learning throughout the Nursing Degree?" and as objectives: - Analyze students' experiences in training in a clinical context; - Determine how the student evaluates the supervised relationship that he or she enjoyed throughout the learning process; - To identify, in the context of clinical training, didactic strategies that facilitated the occurrence of significant learning; - Identify moments that students consider significant in the context of supervisory processes. The research strategy is based on a descriptive, cross - sectional study with a multi-method approach: qualitative and quantitative, using as data collection instruments: the Clinical Teaching Evaluation Questionnaire (Abreu, 2006); the semi-structured interview and the biographical narrative. Participants in the study are 45 students who in the 2016/2017 school year attend the 4th year/2nd semester of the Nursing Degree of a Higher School of Health, as well as 4 Teachers of that School who are responsible for Clinical Teaching and 4 Nurses of the Health Units, with which the School has protocol of cooperation, that are tutors of those students. The information treatment and analysis is based on content analysis (thematic) for the treatment of qualitative information collected in the open questions of the questionnaire, semi-structured interviews and biographical narratives, as well as based on the descriptive statistical analysis for the treatment of quantitative information from the closed questions of the questionnaire, using the SPSS® software (version 22.0). Triangulation processes are based on methodological and source triangulation. They comply with the provisions necessary to protect the rights and freedoms of persons participating in the investigations (Fortin, 2003).

References:

- Abreu, W. (2007). Formação e Aprendizagem em Contexto Clínico. Fundamentos, teorias e considerações didáticas. Coimbra: Formasau.
- Fortin, M.F. (2003). O Processo de Investigação: Da Concepção à Realização, (3.ª Ed.). Loures: Lusociência.
- Franco, J. (2000). Orientação dos Alunos em Ensino Clínico de Enfermagem: Problemáticas Específicas e Perspectivas de Actuação. Revista Investigação em Enfermagem, 1, Fevereiro, 32-50.

STRESS IN NURSES OF THE FAMILY HEALTH PROGRAM IN THE SOUTH OF MINAS GERAIS/BRASIL

Giovanna Vallim Jorgetto; João Fernando Marcolan; Camila dos Santos Silva

Conceptual framework: Healthcare professionals, above all nurses that work in the Family Health Strategy, come across daily with various stressful situations, allied with the need to know how to deal, in an effective way, with user's needs. A study detected the presence of depressive symptomatology in most nurses in the Family Health Strategy in a populous Brazilian city, due to work conditions; the suffering wasn't perceived by professionals nor was its influence on the service provided. Excessive emotional involvement of this professional with users, allied with the need to update constantly, can generate increasing consume, which can bring about intense physical and mental suffering. **Research problem:** this study aimed at identifying the occurrence of stress-generating factors in nurses that worked in units of the Muzambinho Family Health Program, a city in the south of Minas Gerais, Brazil. Method: prospective research, descriptive of the field, in which a semi-structured data collection instrument was applied in which the study's population's demographic profile was traced and a questionnaire containing guiding questions about stress. A total of five (5) nurses that worked in the city in 2013 were subjects of the study. **Results:** the data demonstrated that those interviewed were young (80% between 21 and 26 years old), were in the beginning of the professional career (100% have 1 to 5 years of professional experience in the Nursing area), with post-graduation courses in the occupation area (60%). 80% considered that the nursing practice generated stress, occupational, but the stress was not related to work overload or to the number of hours worked, but to the lack of comprehension/information on the part of the health services users, to the nonadhesion of treatment and to the scarcity of material resources. 60% attributed high grades to the lack of recognition from the public. **Conclusion:** An expressive majority considered that the nursing practice generated stress. The occupational stress was related to factors such as the lack of comprehension/information on the part of the health services users, the lack of treatment adhesion, scarcity in material resources, difficult relationships with work colleagues, contact with patients, their own professional performance, lack of recognition from the public, lack of recognition from other authorities, their own emotions to the experienced complications and professional frustration. 60% of the nurses attributed high stress to the lack of recognition from the public.

THE NURSE AND THE USE OF PSYCHOMETRIC SCALES FOR THE DETECTION OF DEPRESSIVE SYMPTOMATOLOGY IN THE GENERAL POPULATION

Giovanna Vallim Jorgetto; Márcia Regina Guedes Silva; Sandra Renata Pinatti de Moraes; João Fernando Marcolan

Conceptual Framework: Depression is a chronic or recurrent disturb responsible for functional disability, impairment in daily activities, and increased use of health services. A study in Brazil evidenced a lifetime prevalence of 18.4%, and therefore, studies related to this area are necessary. Depressed patients who seek health services remain undiagnosed, without adequate treatment, which has repercussion s on suffering, high morbidity and risk of suicide. Because it is highly disabling, it interferes in the personal, professio nal, social and economic life of people affected, such as their families. **Research problem:** It is necessary that the nurse, a professional of the health team who has more hours of direct contact with the user, is qualified to use psychometric scales and qu alitative instruments to detect depressive symptomatology and suicidal behavior to reduce the number of subsequent consultations, shorten duration of the episode, mitig ate long-term effects of depression, and prevent suicide risk. **Method:** Qualification of three nurses to apply psychometric scales for the evaluation of depression for use in research. **Field of study** were cardiological units - infirmary and ICU of general hospital lasting 36 hours. Initially, counselor applied the scales; Clarified doubts, directed method and analysis of the questionnaires and later, the scales were applied by the nurses themselves with the evaluation of the advisor and in followed alones. At the end, a meeting was held to clarify the do ubts and goals reached, and the nurses were allowed to apply the questionnaires in their respective research sites. **Results:** Initial insecurity occurred due to lack of knowledge in the application of the scales, as well as divergences regarding the results obtained in the applicati on of the scales, a fact that was healed throughout the training. The need to understand the nonverbal communication of interviewees was perceive d in order to properly guide the applicability of the scales. Among ten interviews conducted, in five, some degree of depressi ve symptomatology was identified, which was reported to the nurse supervisor of the unit for further action. **Conclusion:** Training was essential to standardize application techniques and provide a link between theory and practice in the application of scal es, to learn the complexity of subjective evaluation in order to adjust the applicability of the scales and to minimize the interference of results of the scales to ob tain results in future studies.

FACTORS INFLUENCING THE DEVELOPMENT OF SELF-MANAGEMENT ON ADOLESCENTS WITH DIABETES TYPE 1: A SCOPING REVIEW

Inês Carnall Figueiredo; Isabel Malheiro; Maria José Góis Paixão; Odete Lemos e Sousa

Background: There are 303 new known cases of children and adolescents (0-19) with Diabetes type 1 (DM1) in Portugal only in the year 2014, and more than 79000 new cases worldwide in 2013 (Sociedade Portuguesa de Diabetologia, 2015). The incidence of this chronic condition is rising (Sociedade Portuguesa de Diabetologia, 2015), and the technological and medical advances in the last years allow for the well-being of individuals who, in other conditions, would not have survived. Diabetes is the fourth most prevailing chronic condition in adolescence (Barros, 1999). Health interventions directed to the adolescent with DM1 aim to motivate and facilitate self-management transition from caregiver to self, having the specificity of the adolescence in mind. The caregiver

plays an essential role in this transition. His control and support should not end abruptly in the beginning of the adolescence, but slowly become an orientation that respects the young person's autonomy (Barros, 1999). The DM1 has always been a widely studied subject, and the interventions directed specifically to the adolescence period are one of the focus on recent papers. However, an initial search including JBI Database of Systematic Reviews and Implementation Reports, CINAHL and MEDLINE revealed there is not a scoping or a systematic review (published or in progress) about this subject. **Objective:** The objective of this review is to examine/identify and map the knowledge about the self-management development process in adolescents with DM1. **Method:** This scoping review was carried out according to the Joanna Briggs Institute Reviewers' Manual: 2015 (Joanna Briggs Institute, 2015). It takes into account the perspectives of adolescents (aged 10-18) with DM1 and their parents/caregivers. It also includes the perspectives of health professionals and young adults (aged 18-25) with DM1, where the participants are considered experts in their chronic condition. **Discussion/Results:** Six main categories of factors that can pose as barriers or facilitators in the development process of self-management in adolescents with DM1 could be found: Adolescent Self; Family; School; Peers; Health Care and DM1 evolution/Health regimen. Interventions can be adopted by health professionals in order to surpass identified challenges to self-management. Further investigation is needed on the matter, and focus groups are recommended with adolescents, caregivers and young adults regarding this theme.

References:

Barros, L. (1999). *Psicologia Pediátrica: Perspectiva Desenvolvimentista*. Coimbra: Climepsi.
Joanna Briggs Institute. (2015). *Joanna Briggs Institute Reviewers' Manual: 2015 edition/Supplement*. The Joanna Briggs Institute. Retrieved from www.joannabriggs.org
Sociedade Portuguesa de Diabetologia. (2015). *Diabetes: Factos e Números – O Ano de 2014 - Relatório anual do Observatório da Diabetes*. Lisboa: Letra Solúvel.

NURSING SUPPORT TO BREAST CANCER PATIENT'S QUALITY OF LIFE IN NORTH ESTONIAN MEDICAL CENTRE

Irma Nool; Annika Hunt; Eva Näf; Mare Tupits; Erika Wathen; Meeri Koivula; Kateriina Rannula

Background: The patient's quality of life being supported by nurses is essential for professional development. Society expects health services to be more patient-centered, but there is more of a health service authority directed than a patient-centered approach in Estonia, meaning that the needs of patients are not always taken into account. Each year about 600 cases of breast cancer are diagnosed. **Aim:** to describe nursing support to breast cancer patient's quality of life in North Estonian Medical Centre and to establish correlations between the patient's background variables and nursing support given to patients. **Method and sample:** The research is quantitative, empirical and of descriptive nature. The sample consisted of adult outpatient breast cancer patients of the North Estonian Medical Centre. The data was collected using a B-fact questionnaire. Statistical data processing was performed with the SPSS 22.0 package. The Spearman correlation analysis and χ^2 -test were used to describe correlations between patient's background and nursing support. **Results:** The results showed that patients often did not get enough information and practical support from nurses and the lowest rating of nursing support was given to sexuality related issues. Breast cancer patients gave the highest ratings to emotional support. **Conclusions:** The research findings show that patients do not get enough support from nurses. It can be also due to the nurses' duties at the

workplace, but nurses should be more independent in encouraging patients and providing information.

THE INFLUENCE OF NANDA-I NURSING DIAGNOSES TRAINING ON PRACTICE IN HOME CARE NURSING

Irma Nool; Eha Hörrak; Mare Tupits; Marika Asberg; Kateriina Rannula

Background: Growing interest in using NANDA-I nursing diagnoses has been observed in health care facilities due to the fact that it ensures using common terminology for patient's health assessment and in planning nursing care. **Aim:** The aim of the research was to describe the influence of NANDA-I nursing diagnoses training on practice in home care nursing. **Participants:** Participants were recruited from one of the largest home care facilities in Tallinn, Estonia. All home care nurses (N=27) participated in the study. **Methods:** Study is empirical, quantitative and descriptive. Data was collected from 27 home care nurses from OÜ Koduõde by anonymous questionnaire during the period of 20.05.2015- 19.06.2015. **Analysis:** To analyse data SPSS 19.0 was used. Descriptive statistics, frequency contributions and chi-square test were used for data analyses. **Results:** 53% of home care nurses were using NANDA-I nursing diagnoses every day. 70,4% of home nurses considered it to be important to use the NANDA-I as one possibility to use the "same language". All participants agreed that using NANDA-I in nursing documentation needs special training. 50% of them said that using NANDA-I demands more patient-centered nursing care. 71,4% of home care nurses agreed that the domain that has undergone most change in nursing documentation is terminology. **Conclusions:** Results of the study showed the importance of training in the process of application new documentation requirements into nursing practice. This study helps nursing teachers to enhance the training process and therefore to improve the quality of nursing care.

CONTINUED LONG-TERM INTEGRATED CARE UNIT AND MAINTENANCE AND THE SYMPTOMS OF EDMONTON AS A QUALITY INDICATOR, A RETROSPECTIVE STUDY

Isabel Pinho Ferreira; Adelaide Ginga; Ana Rita Mota; Cátia Sirgado; Marlene Martinho; Sílvia Gouveia; Telmo Menino

The International Council of Nurses states that nursing research is needed to generate new knowledge, advanced nursing science, evaluate existing practice and services and provide evidence that will inform nursing education, practice, research and management. The emergence of care units from the National Integrated Care Network with the Gestcare CCI application has facilitated the computer registry of health problems, interventions, nursing assessments and their monitoring. Nurses are responsible for observing the quality standards of nursing care and require that the proposed requirements, goals or objectives to be met on a regular basis. The GestCare CCI health data platform has enabled the possibility to monitor nursing care and assessments, such as Edmonton's symptoms. Furthermore, we intend with this qualitative research to know the efficacy of nursing care, in the monitoring and control of the symptoms of Edmonton, defined as quality indicator for the Continued Long-term Integrated Care Unit and Maintenance of Tomar. In a year retrospective study, all patients admitted to the Unit were evaluated by December 2016. The results

of the study demonstrated that the nine symptoms of Edmonton were detected early and controlled in the 48 users surveyed. Gradually as the qualitative research is used, the knowledge produced is used to develop practices, improve quality of care and maximize health outcomes.

FAMILY HOME CARE: EXPERIENCING IN PEDIATRIC HEMATOPOIETIC STEM CELL POST TRANSPLANTATION

Jaqueline Dias Do Nascimento; Ingrid Meireles Gomes; Maria Ribeiro Lacerda; Luana Tonin

The hematopoietic stem cell transplantation involves a large arsenal of objective knowledge in constant developing, yet subjective aspects permeate its achievement and determine its success. This study had as objectives: to understand the meaning of the experience of the family's caregiver in the home of children going through post-transplantation of hematopoietic stem cells; develop a substantive theory that makes this experience explicit. Symbolic Interactionism was used as theoretical reference and the Grounded Theory as methodology. Interviews were conducted with 36 caregivers of posttransplant pediatric patients, who were divided into four sample groups: the first one included 10 caregivers who resided in transitional support houses during ambulatory treatment; the second one with 07 caregivers who resided in temporary houses during ambulatory follow-up, but were already in their own homes; the third one with 11 caregivers who returned to their home of origin after hospital discharge; and the fourth group with eight caregivers of children who had already gone through more than one transplant. The data analysis was carried out through open, axial and selective coding, which allowed to build the theory entitled "experiencing the family home care in pediatric hematopoietic stemcell post-transplantation" which pointed as central construct that "family home care in pediatric hematopoietic stem cell post transplantation means for the family caregiver a singular, non-transferable, modifying and learned experience", and it was built from the development of 19 concepts associated with an organizational scheme comprising the causes, context, intervening conditions, strategies and consequences of the phenomenon under study. The proposed theory promoted the construction of knowledge about the subjectivities that permeate the phenomenon, enabling understanding and preparation to those who still will experience this and the professionals who advise and guide these people. It is believed that the theory has implications over practice, since in addition to the acquired knowledge, it has enabled the indication of care actions to the caregiver. Also, implications over the research in the area, since it has the differential of seeking the overall perspective of the experience without temporal interruptions and identifying knowledge gaps that still need further development, such as the patient caregiver relation, the children's experience,

References:

- Beattie, S., & Lebel, S. (2011). The experience of caregivers of hematological cancer patients undergoing a hematopoietic stem cell transplant: a comprehensive literature review. *Psycho-Oncology*, 20 (11), 1137-1150.
- Bevans, M., Wehrle, L., Castro, K., Prince, P., Shelburne, N., Soeken, K. & Wallen, G. R. (2014). A problem-solving education intervention in caregivers and patients during allogeneic hematopoietic stem cell transplantation. *Journal of health psychology*, 19 (5), 602-617.
- Elliott, N., & Higgins, A. (2012). Surviving grounded theory research method in an academic world: Proposal writing and theoretical frameworks. *The Grounded Theory Review*, 11 (2), 1-12.

Lindahl Norberg, A., Mellgren, K., Winiarski, J., & Forinder, U. (2014). Relationship between problems related to child late effects and parent burnout after pediatric hematopoietic stem cell transplantation. *Pediatric transplantation*, 18 (3), 302 -309.

Oliver, C. (2012). The relationship between symbolic interactionism and interpretive description. *Qualitative Health Research*, 22 (3), 409-415.

FORMAL THEORY FOR THE HOME CARE

Jaqueline Dias Do Nascimento; Ana Paula Hermann; Ingrid Meireles Gomes; Tatiana Braga Camargo; Fernanda Catafesta; Luana Tonin; Maria Ribeiro Lacerda

Home care features specific broadness and complexity (Andrade et al 2013, Lindahl et al 2011). However, there has been theoretical-instrumental vacuum for care development in this kind of health care (McCrae 2012, Machado et al 2011). Thus, it is questioned: What concepts and relations underpin home care practice? The aim was to build a formal theory which clarifies the concepts and relations that underpin home care practice. It is an interpretive meta-synthesis which aimed to build a formal theory (Sandelowski & Barroso 2007). Synthesis and analysis of 8 grounded theories (dissertations and theses) as well as their 30 related articles, developed between 1996 and 2012 were carried out, totaling 141 participants and 159 interviews. Comparative analysis generated 25 key elements, 9 derived elements, 13 evidences, 33 components, 11 categories and 4 sequential concepts. The phenomenon evolved as a social process, entailing cause, strategy, intervention condition and consequence with a time sequence between actions and interactions. Therefore, the concept Initiating in home care unveils professional qualification, the pursuit of theoretical knowledge, relating it to practice and interdisciplinary articulation, also elucidates how to approach homes, with internal and external motivation, thus revealing the individual in this context. Acting within home care involves planning, situation recognition, decision making and elaboration of an action plan, development of relationships towards patients, their families and/or the healthcare team, and still carrying out care itself, meeting the objective and subjective needs of the involved subjects, taking on an educational role; Acknowledging home care idiosyncrasies enables to identify and understand family caregivers' role, teaching them to care and perceiving them as caring beings; it points out the perception of the caring context, considering intra-home subjectivities, perceiving home structural and organizational aspects; the incorporation of support networks; and coping with ethical issues. Perceiving home care results evolves from the changes generated to patients, nurses and members from the social support networks, associated with work, finances, social and emotional relations; and it still encourages reflection on the home care weaknesses, due to the attempt to deal with the existing limitations, as well as improvement suggestions. Another result was a gap identification on the knowledge of the home context, on the objective and subjective meanings that such an experience brings to the studied subjects.

References:

Andrade A. M., Brito M.J.M., Silva K.L., Randow R.M.V. & Montenegro L.C. (2013). The home care job and its peculiarities: impressing a new health care logic. *Revista de Pesquisa: Cuidado é Fundamental Online* 5(1), 3383-3393. doi:<http://dx.doi.org/10.9789>

Machado A. L. G., da Silva M. J. & Freitas C. H. A. (2011). Home healthcare: a critical appraisal on nursing scientific production. *Revista Brasileira de Enfermagem* 64(2):365-369.

<https://dx.doi.org/10.1590/S003471672011000200023>

McCrae N. (2012). Whither nursing models? The value of nursing theory in the context of evidence-based practice and multidisciplinary health care. *Journal of Advanced Nursing* 68(1):222-9. doi: 10.1111/j.1365-2648.2011.05821.x.

Lindahl B.L., Lidén E. & Lindblad B.M. (2011). A meta-synthesis describing the relationships between patients, informal caregivers and health professionals in home-care settings. *J Clin Nurs*. 20(3-4):454-63. doi: 10.1111/j.1365-2702.2009.03008.x.

DEPRESSIVE SYMPTOMOLOGY IN NURSES THAT ACT IN EMERGENCY SERVICES

João Fernando Marcolan; Felipe Perucci de Oliveira

Depression is the second cause of incapacitation in the world. Stress is the important factor to trigger depression. Of nursing in this scenario it is required action to lead to stress. Emergency's nurses with depression do not perform properly with prejudice for assistance. Working conditions in nursing cause suffering. To verify presence and intensity of depressive symptomology in nurses from the emergency system of Presidente Prudente/SP, recognize intervening factors in development of depressive symptomology and analyze the nurses' perception about the reported psychic suffering and influence on the care provided. Cross-sectional study, quantitative, with nurses of emergency services from Presidente Prudente/SP. Sample for convenience, minimum 40% of professionals in each unit, distributed evenly by work period and institution. Interviews were held with demographic and semi-structured questionnaire and psychometric scales: Beck's inventory scale of depression, Montgomery & Asberg scale of depression, Hamilton scale of depression. Statistical analyses by Fisher's exact test and define scores for the scales. 23 nurses participate. Predominant female (69.6%). Minority (34.8%), had previous diagnoses to depression. The expressive majority of participants (91.3%) presented symptomology depressive by the scales. Main factors that have been suggested for illness were related with work conditions as overload, excessive working hours, wear, preoccupation, unsatisfactory remuneration, professional devaluation and lack of recognition. There are specific aspects to psychicsuffering due to acting in emergency area as provoked stress, severity of patients and quick service. Majority did not perceive themselves sick (78.2%), nor that such situation affected the assistance rendered (65.2%). The perceived symptoms and self-reported coincided with the depressive symptomology. Convergent results to scales of observation (Hamilton and Montgomery-Asberg) with a predominance of moderate and severe symptomatology, divergent to scale the self-evaluation (Beck) by the low result for depressive symptomatology. This is associated with the omission or non-perception of the symptoms by the interviewees. Everyone was oriented about depressive symptomatology presented and sent to specialized care. Highly significant presence of moderate to severe depressive symptoms. Majority attributed this condition to inadequate working conditions. It was shown that they did not perceive the illness or damage caused by the care given. Work institutions should provide adequate work conditions, specialized support to suffering professionals and actions to prevent psychological distress, detect depressive symptomatology early in order to intervene immediately in the framework presented by the worker.

PREVALENCE OF ACUTE TRANSFUSION REACTIONS IN A TEACHING HOSPITAL

João Luiz Grandi; Mariana Cabrera Grell; Dulce Aparecida Barbosa

Research Problem: To identify the frequency and severity of most common adverse events related to Immediate Transfusions Reactions –ITR, occurred in Teaching Hospital and that were inserted on Brazilian National Hemovigilance System (NHS). **Methods:** The retrospective cross-sectional study was carried out from May 2002 to May 2016. The research was fulfilled in a philanthropic teaching hospital with 862 hospital beds, located in the City of São Paulo. The mentioned hospital is a national and international reference to teach and research. As criteria for the inclusion, all the Notification Reports appropriately fulfilled with the diagnosis of ITR confirmed were included in the samples. All the ITR classification about the diagnosis followed the 2015 NHS recommendations. This study was approved by The Ethics Committee of Hospital São Paulo, University Hospital of the Federal University of São Paulo. **Results:** Until May 2016 were reported 1.462 Immediate Transfusion Reactions, with the incidence rate of 0.64% per thousand transfusions. The most frequent reactions were by Red Blood Cells (1,050/71.8%), followed by Platelet Concentrate (255/17.4%), being the Febrile Nonhemolytic Reaction (FNHTR), and Allergic Transfusion Reaction (ATR) the most frequent with the lowest level of severity. Between the severe ones, these two types occurred in 13 (62%) patients. Furthermore, when we observe the ITR of moderate or severe levels, we can observe the inversion of these data, being the most common the ATR (128 cases), and the FNHTR only 37 cases. The highest number of occurrences were in oncology unit (451/30.8%), and the lowest one were in pediatric unit with only 2.2% of the global total of T R. We haven't taken into consideration the gender of the patients who were undergone transfusion components. Related to the age, we could observe a discrete difference between men and women, being the largest distribution in men at the age of 70 or more and women in the age between 60 to 69. The data on the ITR of the Hospital São Paulo presented in this study show an increasing average in the last years, with 142 reports/month after 2010. **Conclusion:** The most common immediate reactions were FNHTR basically reported by oncology patients and the ones who could present larger morbidity, and however, the few mentioned the severe reactions TACO and TRALI. The study allowed a better evaluation and understanding of transfusion reactions which allows improvement in the quality of the blood cycle and greater safety of the patients undergoing transfusions therapy.

VACCINATION ADHERENCE AMONG HOSPITAL CLEANING ASSISTANT OUTSOURCED IN A TEACHING HOSPITAL FROM SAO PAULO CITY

João Luiz Grandi; Patricia Borges Marcondes; Dulce Aparecida Barbosa

Research Problem: Professional of Hospital Cleaning Service present great risks to catch infectious diseases and to prevent them some vaccines are mandatory for this group of Hospital Cleaning Assistant (HCA), according the Brazilian National Immunization Program. It is the responsibility of the employer to provide that all hired be immunized, according Brazilian Labor Law. **Objective:** To determine the adherence of vaccination for Tetanus and Diphtheria (Td), Hepatitis B (HVB) and Measles, Mumps, Rubella (MMR) among outsourced HCA. **Methods:** A prospective cohort study, carried out from October to December 2016, in a Teaching Hospital of high complexity, from São Paulo City which hires 273 outsourced to hospital and outpatient clean service. In October 2016,

were collected the all vaccination cards of all HCA to evaluate the vaccination status. From total sample, 264 were included in this study and 19 were deleted because they were not active at work at the time of first intervention. The monthly training included lectures about the disease and the importance of vaccines to workers. After the training, the vaccination cards were weekly being gathered again to assess the adhesion of the vaccines. **Results:** Overall 264 HCA, only 160 had received the 1 stdose of the vaccine to Td, 150 the 2nd and 143 the 3rd and only 106 had a booster dose. For Hepatitis B, 160, 114 e 90 had received the first, 2nd, and 3rd doses respectively. While for MMR only 148 had received the vaccine and 56 had a register of the Flu vaccine. After the first intervention the adherence of vaccination to Td was 35,7% (57) to first dose, 34% (51) to 2nd and the 32.9% the last one. For the booster dose, there was 32.2% adherence of the HCA. For Hepatitis B, the adherence to the campaign was 35.7%, 41.2%, respectively, for the 1st and 2nd doses. Among those who completed the HBV scheme adherence was 37.8%. Among those who received MMR vaccine, new vaccinates index was 48 people (32.4% adherence), After the first intervention it was totaled 317 new doses of vaccines. We expect to accomplish 100% of adherence in the third wave of the study in April. **Conclusions:** Incomplete vaccination coverage was associated with Socioeconomic factors. Systematic campaigns of vaccination should be included in the training of HCA encouraging greater vaccine coverage, reducing the risks of this population group in catching infectious diseases in the work environment.

STRATEGIES FOR THE ELUCIDATION OF NURSING PROCEDURES IN RESPONSE TO BASIC HUMAN NEEDS TO THE INTENSIVE CARE UNIT

Jocelly de Araújo Ferreira; Cecilia Jéssica Azevêdo da Silva; Gabriela Medeiros Martins; Nayda Babel Alves de Lima

With regard to the various practices of nurses are those developed in the Intensive Care Unit (ICU). The nurses working in the Intensive Care Unit should seek a systematized and individualized care to the critical patients, so as to develop a care continued and with in-depth knowledge of Basic Human Needs (BHN), because the procedures performed in this area are of high complexity and demand strategies for their implementation. The study aimed to investigate the strategies proposed by nurses for the effectuation of nursing procedures, in compliance with the Basic Human Needs of patients in the Intensive Care Unit. It is a descriptive study with a qualitative approach, carried out with 22 nurses from two public hospitals located in the city of Campina Grande, Paraíba, Brazil. The data collection was carried out by means of an interview guided by structured guide and indirect approach to participants. The analysis of data was performed by thematic content analysis as proposed by Bardin (2011), which uses a set of investigative techniques of communication through three steps: Pre-analysis, Exploration of the material and Processing of results obtained. There followed the ethical principles established by Resolution N 466/12 of the National Health Council, under CAAE N 45971115.6.0000.5182. It was found that some strategies were suggested by nurses in search of a job interconnected, systemized and that made it possible to improve the procedures in the scope of the basic human needs of patients in intensive care. The realization of the Standard Operating Procedure is a method rather that among professionals, but little used because their absence or was obsolete. Coupled to this, the creation of a proposal of systematization of nursing assistance for the promotion of an integral care and humanized care directed at patients' satisfaction, in addition to the enhancement and motivation. The continuing education was another proposal launched by nurses as a strategy to promote the implementation

of the procedures. In this way, these strategies were considered as something driver of healthcare practice, which may contribute to the quality of care. It was found that the nurses were concerned in understanding the basic human needs mentioning strategies that contribute to their knowledge and for the improvement and development of procedures in the care needs; we are presented by patients as a way of helping their practice, allowing the understanding of an assistance of excellence, holistic and humane.

Keywords: Intensive Care Units; Nursing; Needs

References:

- Bardin, L. (2011). Content analysis. Portugal: 70's Editions.
- Bordinhão, R. C. (2010). Nursing process in an intensive care unit in the light of the Theory of Basic Human Needs (Master's Thesis). Federal University of Rio Grande do Sul, Porto Alegre, RS, Brasil.
- Colaço, A. D., & ROSADO, F. M. (2011). Nursing assessment: perceptions of nurses of Intensive Care Unit (final project). Federal University of Santa Catarina, Florianópolis, SC, Brasil.
- Resolution N 466 from 12nd December 2012. Provides for guidelines and regulatory norms for research involving humans. Recovered from http://bvsms.saude.gov.br/bvs/saudelegis/cns/2013/res0466_12_12_2012.htm

PATIENTS' EXPERIENCES AND NEEDS WITH LIFESTYLE COUNSELING IN TALLINN AND HARJUMAA FAMILY HEALTH CENTERS

Kadri Kööp; Tiina Tõemets; Ruth Kalda

Lifestyle counseling in family health centers allows to influence the risk factors of lifestyle-related chronic diseases, but health care workers acknowledge that patient-side barriers are the main obstacles to efficient lifestyle counseling. Research regarding patients' experiences with, and needs for lifestyle counseling would enable to support patients' efforts to make lifestyle changes and as a result lifestyle counseling could be effective and patient-centered. The research is qualitative, empirical, descriptive. Data were collected through semistructured interviews that were carried out between May and September 2015. The sample (n=15) consisted of patients from one Tallinn and one Harjumaa family health center who have been diagnosed with type II diabetes or hypertension or had cardiovascular disease risk (SCORE- systematic coronary evaluation system risk over 5%). Participation in the research was voluntary and confidential. To analyze the data inductive content analysis method was used. Data analysis led into the development of subcategories which were divided under two main categories: patients' experiences about lifestyle counseling and patients' needs about lifestyle counseling. Patients' experiences encompassed experiences with a counselor, counseling service recipient and counseling process. Patients' needs in relation to lifestyle counseling included needs concerning professionalism and individuality. The research showed that patients had experienced counselors' friendliness and attentiveness. However, it was also experienced that counselor had not been sufficiently focused and could not motivate the patient. Patients valued highly the development of trusting contact, justification of recommendations given and offering of alternatives. It was also deemed necessary that counseling would be regular, consistent and impartial.

EFFECT OF A NURSING INTERVENTION IN REDUCING THE BURDEN OF THE FAMILY CAREGIVER OF THE ELDERLY WITH DEPENDENCE AT HOME

Laura Viegas; Pereira Lopes; Ana Fernandes

CONCEPTUAL FRAMEWORK: According to Collière (2003), caring is to accompany difficult passages of life, both for people cared for and for families. The caregiving for a dependent person has consequences on the physical and emotional health of the family caregiver (FC) (Leone et al., 2013). The duration, quantity and intensity of the role of family caregiver in their role leads to burden (Ory, M. et al, 2000) associated with this chronic health problems (Losada et al, 2007). At the home visit, the nurse establishes a nursing care project taking into account the whole of the action to be taken to meet the health needs of the dependent elderly person and their caregiver. **PROBLEM:** It is necessary to measure the impact of the nursing interventions directed to the family caregiver in reducing the burden of the FC to prevent the risk of becoming also clients of the health system and prevented from fulfilling its social role. **OBJECTIVE:** To evaluate the effect of a nursing intervention carried out through the educational action and support to reducing burden of the FC at home. **METHOD:** Quasi-experimental study (Experimental Group-EG and Control Group-CG). Participants: FC of the elderly receive nursing care at home through the UCC of an ACES of SRSLVT. 77 participants distributed among the 2 groups. The EG received a nursing intervention with 1 individual session for 5 weeks at home, made by the nurse. The nursing intervention is based on the psychoeducational program of Ducharme, Trudeau, & Ward (2008). The Control Group received the usual care. The participants of both groups were followed for 8 months and evaluated: Baseline (month 0); Intervention (month 2) and follow-up (month 8). Questionnaire characterizing the FC/Elderly and context of care was applied; Caregiver Burden Scale. Ethical aspects were fulfilled: informed consent of the FC and nurses, authorization from the ACES Directorate and the Ethics Committee for Health ARSLVT. IBM-SPSS statistical software, version 23. Descriptive statistics and analysis of mean difference between groups. **RESULTS:** Burden of the EG decreased significantly ($p < 0.05$) after nursing intervention ($p = .031$) from intense to mild and at follow-up the decrease was slight. Changes in the burden of the CG were not significant ($p = .697$) (month 2) with small increase in follow-up. **CONCLUSION:** The nursing intervention had a beneficial effect the burden of CF compared to the burden of FC that receives usual nursing care at home.

NURSE PRACTITIONERS' PRACTICES AND CHALLENGES IN CHRONIC DISEASE MANAGEMENT IN QUEBEC

Laurence Guillaumie; D. Therrien; L. Bujold

BACKGROUND: Since 2007, nurse practitioners specialized in primary health care (PHCNP) have combined nursing and medical training to better meet the health needs of the Quebec population. Several studies conducted outside Quebec have demonstrated the positive impacts of PHCNP practice on the quality of care provided to people with chronic diseases. **OBJECTIVE:** The aim of this study was to document the practices adopted and challenges faced by PHCNPs in chronic disease management in Quebec. **Methodology:** A qualitative descriptive exploratory study was conducted. A total of 23 PHCNPs were consulted in ten regions of Quebec. Data was collected through twelve individual interviews and three focus groups. Interviews were transcribed verbatim and analyzed in the QDA Miner software. A thematic analysis was conducted. **FINDINGS:** Results revealed three

main aspects of PHCNP practice in chronic disease management: 1) PHCNPs display dual identification, questioning what distinguishes them from physicians and clinical nurses, (2) Some PHCNPs are more likely to value delegated medical procedures in their practice, while others emphasize counseling and teaching with patients; 3) PHCNP face challenges in their practice, but share a common vision of promoting accessibility to health services for the population. **CONCLUSION:** Optimizing PHCNP practice would require the clarification of different practice dimensions and challenges encountered, as well as recommendations for fostering the implementation of their shared vision of care.

DEVELOPMENT OF THE EDUCATIONAL PROGRAM FOR PATIENTS WITH ACUTE CORONARY SYNDROME: PEPSCA-CARE

Lisa Gomes; Gorete Reis; Fátima Marques

Introduction: Considering that Chronic Diseases are the leading cause of death and disability in the world and approximately half of the deaths are directly associated with Cardiovascular Diseases, there is a visible need to help people learn to live with their new health condition. The educational process is imperative for acquiring knowledge and developing self-care skills. Therefore, an Educational Program was developed for patients hospitalized with acute coronary syndrome to raise awareness about the meaning of the disease and the importance of altering lifestyles and controlling modifiable risk factors. It is intended that nurse's intervention in this context can improve the patient's quality of life and also ensure greater participation in the social, economic and cultural life.

Objectives: The aim of this study was to develop an educational program (PepSCA-CARE) to improve self-care skills, focused on the needs and expectations of post- acute coronary syndrome patients.

Methodology: According to the problems identified in a previous study, new practices in nursing care for people with chronic illness are necessary. Due to the changes in health and disease patterns, a qualitative study based on action research principals was conducted. **Results:** PepSCA-CARE was developed to improve self-care skills for hospitalized patients with acute coronary syndrome. In order to obtain meaningful learning for the development of this skills, the implementation of the program was carried out through four structured and systematic educational sessions. Shorter hospitalization trends among cardiac patients increase the need to repeat the information, consequently the first session was held in the Coronary Unit, two sessions in the Cardiology Unit and one session after hospital discharge. Pedagogical methods such as constructivism, inquiry-based, reflective, collaborative and integrative were used during the individual and group sessions with the rehabilitation clinical nurse specialist. Visualization of a video was also used as a pedagogical strategy. **Conclusions:** Following Acute Coronary Syndrome, patient rehabilitation should involve counselling and education to improve self-care compliance. Nurses being agents in the teaching-learning process of new skills related to health and illness experiences, can prepare patients for a healthy transition with the help of an educational program that supports adherence and effective management of the therapeutic regimen.

Keywords: Educational Program; Self-Care Skills; Acute Coronary Syndrome

References:

Holman, H., & Lorig, K. (2004). Patient self-management: A key to effectiveness and efficiency in care of chronic disease. *Public Health Reports*, 119(3), 239-243. doi:10.1016/j.phr.2004.04.002

Meleis, A. I. (2010). *Transitions Theory: middle range and situations-specific theories in nursing research and practice*. New York: Springer Publishing Company.

Mohammadpour, A., Sharghi, N. R., Khosravan, S., Alami, A., & Akhond, M. (2015). The effect of a supportive educational intervention developed based on the Orem's self-care theory on the self-care ability of patients with myocardial infarction: a randomised controlled trial. *Journal of Clinical Nursing*, 24(11-12), 1686-1692. doi:10.1111/jocn.12775

Timmins, F. (2005). A review of the information needs of patients with acute coronary syndromes. *Nursing in Critical Care* 10 (4), 174-183.

Weibel, L., Massarotto, P., Hediger, H., & Mahrer-Imhof, R. (2016). Early education and counselling of patients with acute coronary syndrome. A pilot study for a randomized controlled trial. 15(4), 213. doi:10.1177/1474515114556713

PROMOTING SELF-CARE IN HOSPITALIZED PATIENTS: EDUCATIONAL INTERVENTION PROGRAM

Lisa Gomes; Gorete Reis; Fátima Marques

Introduction: In Portugal, the high number of hospitalizations due to Coronary Disease and the low adherence to cardiac rehabilitation programs are an excellent opportunity for nurses to develop interventions aimed at the promotion, empowerment and accountability of the person for their self-care, contributing to successful transitions processes. Meeting this goal requires the development of educational programs that increase self-care skills of people with chronic illness.

Objectives: The aim of the present study was to present the findings of a literature review regarding the effect of educational intervention programs in the development of self-care skills in hospitalized patients with coronary disease. **Methodology:** To begin this study, a review protocol was developed, subsequently, a systematic review of the literature of studies published between January 2006 and December 2016, present in the electronic databases EBSCO-CINAHL and ISI Web of Science was conducted and guided by the Cochrane Handbook for Systematic Reviews of Interventions. The PICOS methodology was used to develop the terms of research and the inclusion/exclusion criteria.

Results: Regarding the effects of an educational program aimed at the development of self-care skills in patients with coronary disease, no national study was found. Of the thirty-eight articles identified (Medline, n = 33, CINAHL, n = 5), four articles were repeated, six were excluded because they did not meet the inclusion criteria, and ten articles were excluded after full reading. Of the eighteen studies included in this review, fifteen used a quantitative research methodology (quasi-experimental), one used a qualitative research methodology and two articles are systematic literature review. Although the results support the benefits of educational interventions in coronary diseases through increased knowledge and behavior change of the patients, only six articles referred to educational programs during hospitalization. **Conclusions:** The studies included in this review indicate that educational programs developed and implemented by nurses have a positive impact on the self-care skills of patients with heart disease, however, they are not conclusive enough to answer the initial question that guided this systematic review. We also conclude that nursing interventions aimed at adhering to healthy lifestyles effectively influence cardiac risk factors and may improve the patients's prognosis, but it is necessary to develop and test educational programs during hospitalization, so they can be reproduced and evaluated.

Keywords: Educational Program; Self-care skills; Coronary Disease; Hospitalized patients

ANALYSIS OF ASSISTENCIAL PRACTICES OF NURSING TO THE NEWBORN WITH HYDROCEPHALY

Luana Carla Santana Oliveira; Neri Eleika Candido da Silva; Jocelly de Araújo Ferreira

The hydrocephaly is a permanent health problem that affects the patient in all his life. It is characterised by excessive accumulation of the cerebrospinal liquid and the subsequent dilatation of ventricles, which causes increase of the intracranial pressure. The newborn with hydrocephaly does not have only biological necessities to be attended, but also psychosocial necessities. Investigation Problem: The nursing assistance to the newborn with hydrocephaly consists of providing integral and resolute care to him and to the responsible caregivers or parents, considering their multiple necessities. Therefore, this study aimed to evaluate the assistance of nursing to the newborn with hydrocephaly in intensive care unit and of neonatal intermediary care of reference, in a capital of the Brazilian northeast. Method: It is a descriptive, transversal and with quantitative approach research. The scenery of the study was the *Cândida Vargas* reference Maternal Infant institute, situated in the capital of the Estate of Paraíba, Brazil. The sample was composed of twenty nurses and fifty-five nursing technicians. The data collection occurred between May and June 2016, through a questionnaire, elaborated by the authors of the research. The data analysis was performed in the statistic Software EPI INFO 7.1.5, through calculation of descriptive procedures. The Committee of Ethics in Research approved the research, under technical opinion number .1.520.283 and the Term of Informed and Free Consent supported the participation of the professionals. Results: 90,00% of the nurses had post-graduation courses, although, only 27,78% in the area of Neonatology and Paediatrics; only 6,67% of the participants received training for care to newborn with hydrocephaly; on the assistance, most of the professionals implemented essential care, such as: provision of comfort and security (86,67%), changes of decubitus at every 3 hours (78,67%), control of hydric balance (93,33%), reduction of environmental stressors (61,33%); strategies of a nalgesia and comfort, like the skin to skin contact with the parents (58,67%), minimum manipulation (88,00%) and head support (94,67%); on the nursing care to the newborn with external ventricular derivation, 61,33% mentioned to keep the bed head raised 30º, among other intervention, however, only 45,33% of them performed daily verification of the weight of the Newborn baby; it is highlighted that only 29 (38,67%) of the participants answered that they "always" performed the systematization of the nursing assistance. Conclusions: The relevance of an integral, resolute and systematized assistance to the newborn with hydrocephaly, aiming to care with excellence their biopsychosocial necessities.

Keywords: Newborn. Hydrocephaly. Nursing Assistance

References:

- Alcântara, M. C. M., da Silva, F. A. A., de Castro, M. E., & Moreira, T. M. M. (2011). Clinic Characteristics of children using ventricular derivations for treatment of hydrocephaly. (Características clínicas de crianças em uso de derivações ventriculares para tratamento da hidrocefalia). *Northeast Network Nursing Journal*, 12(4).
- Alves, E. R. S., Jaques, A. E., & Baldissera, V. D. A. (2010). Actions of nursing fundamental to the child carrier of hydrocephaly. (Ações de enfermagem fundamentadas à criança portadora de hidrocefalia). *Files of Health Science of the UNIPAR*, 14(2).

Cunha, A. H. G. B. (2014). Hydrocephaly in childhood. (Hidrocefalia na infância). *Brazilian Magazine of Neurology and Psychiatry*, 18(2). Kliemann, S. E., & Rosemberg, S. (2005). Hydrocephaly derived in childhood: an epidemiologic-clinic study of 243 consecutive observations. (Hidrocefalia derivada na infância: um estudo clínico-epidemiológico de 243 observações consecutivas). *File Neuropsychiatry*, 63(2b).

Rocha, M. C. P., Carvalho, M. S. M., Fossa, A. M., Pedroso, G. E. R., & Rossato, L. M. (2015). Necessities and difficulties of families who live the experience of having a child with hydrocephaly. (Necessidades e dificuldades de famílias que vivenciam a experiência de ter uma criança com hidrocefalia). *Health in a Magazine (Saúde em Revista)*, 15(40), 49-66.

RESEARCH INTO NURSING: KNOWLEDGE, ABILITIES AND ATTITUDES FOR EVIDENCE-BASED PRACTICE IN PRIMARY HEALTH CARE

Luana Roberta Schneider; Rui Pedro Gomes Pereira; Lucimare Ferraz

In Primary Health Care (PHC), nurses develop promotion, prevention, recovering, and rehabilitation actions, as well as palliative care.¹ In order to be able to develop their activities following scientific advances; they need to overcome obstacles to keep updated continuously.² One of the main challenges is to train professionals who are competent to understand clinical studies and apply them according to the model of Evidence-Based Practice (EBP), ³ defined as an approach that associates the best scientific evidence with clinical experience and patient's choice, developed with the purpose of decreasing mistakes and qualifying health work.⁴ When referring to PHC, particularly in the Brazilian nursing area, there is a scarcity of scientific research on EBP. This study aimed at discussing knowledge, abilities and attitudes of nurses in relation to research and EBP in PHC. Therefore, an investigation was carried out, having a qualitative and quantitative approach, with 44 nurses of PHC, in Chapecó, Santa Catarina, Brazil. Data was collected through questionnaire and focal group, between July and November, 2016. The questionnaire was culturally adapted to Portuguese Brazilian Language, called Questionnaire of Evidence-Based Practice and Clinical Effectiveness ⁵ and a Script of Secondary Questions, developed by researchers. In the focal group, there were six nurses and the script presented questions about perception of EBP, sources and obstacles to carry out scientific research. To analyze the quantitative data, the software Statistical Package for the Social Sciences (SPSS®) was used; there were also calculations of position and dispersion measurements. Qualitative information was analyzed by content analysis. The Research Ethics Committee approved the research under number 1.573.371. Results showed that nurses, in spite of recognizing the importance of research and EBP, do not have abilities to produce and make use of scientific studies. They did not feel completely able to handle information technology, accessing and interpreting the articles acutely. In their practices in PHC, clinical experience is the main sign of their actions, considering their high workload, work organization and their deficiency in academic training as the main barriers to produce and make use of scientific information. It is really necessary to reflect on the aspects that involve research and EBP, in a perspective of not blaming the nurses, but of (re) thinking the professional training process and the importance of research in graduation and in health services.

References:

1. Andrade LOM, Bueno ICHC, Bezerra RC, Silva RM. (2012). Atenção Primária à Saúde e a Estratégia Saúde da Família. In Campos GW S, Bonfim JRA, Minayo MCS, Akerman M, Junior MD, Carvalho YM,

organizadores. Tratado de saúde coletiva (pp 845-901). São Paulo (SP): Hucitec.

2. Pereira, RPG. (2016) Enfermagem Baseada na Evidência: Um desafio, uma oportunidade. In Vieira CM, Sousa C, coordenadores. Cuidados de Enfermagem de Reabilitação à Pessoa ao Longo da Vida (pp 101-111). Loures (PT): Lusodidacta.

3. Barbosa D, Taminato M, Fram D, Belasco A. (2014). Enfermagem baseada em evidências (pp 02-07). São Paulo (SP): Atheneu.

4. Sackett DL, Rosenberg W M, Gray JA, Haynes RB, Richardson WS. (1996). Evidence based medicine: what it is and what it isn't. British

Medical Journal, 312:71-2. Retrieved from:

<http://www.bmj.com/content/312/7023/71?variant=extract&eaf=>.

5. Rospendowski K, Alexandre NMC, Cornélio ME. (2014) Adaptação cultural para o Brasil e desempenho psicométrico do "Questionário de Prática Baseada em Evidências". Acta paulista de Enfermagem, 27 (5), 405-411. Disponível em: [dx.doi.org/10.1590/1982-0194201400068](https://doi.org/10.1590/1982-0194201400068).

FRAILTY SYNDROME IN ELDERLY ATTENDED IN AN OUTPATIENT SPECIALTY CLINIC

Luciane Patrícia Andreani Cabral; Clóris Regina Blanski Grden; Pollyanna Kássia de Oliveira Borges; Vanessa Regina de Andrade; Jacy Aurélia Vieira de Sousa; Carlos Eduardo Coradassi

The aging process contributes to the increase of chronic diseases and disabilities, highlighting the frailty that can be defined as a syndrome which shows many causes and is characterized by a decrease in strength, endurance and physiological function, collaborating to make the individual more vulnerable to dependence and/or death (MORLEY, et al., 2013). Studies on frailty have aroused interest in researchers in the area, health professionals and health managers, as it is a public health problem with significant repercussion on the high costs of assistance. Researchers point out that the frailty syndrome is more frequent in women (CURCIO; HENAO; GOMEZ, 2014; CHEN et al., 2015), which are more exposed to unfavorable physical, psychological and social conditions, stress factors that interfere in the state of general health and contribute to the increase of accumulated deficits throughout life. In view of the foregoing, this study aimed to evaluate the frailty syndrome in the elderly women attended in the ambulatory of a teaching hospital. This cross-sectional study was carried out with 252 elderly women who were waiting for appointment in an outpatient clinic between October 2015 and March 2016. It was applied the Edmonton Frailty Scale (ROLFSON et al., 2006) for data collection. These data were analyzed by *Stata* software version 12 and described by measures of frequency, mean and standard deviation (SO). The association between variables was verified through simple linear regression (Fisher tests and Student's t), significance level of $p < 0,05$. The project received a favorable feedback from the Ethics Committee on Research in Human Beings, registry CAAE: 34905214.0.0000.0105. The results showed a predominance of married women (44.4%), low education (50%), minimum wage (68.6%), and residence with family members (51%). Regarding the frailty syndrome, 60 (23.8%) of the elderly women were considered non-fragile, 77 (30.6%) apparently vulnerable to frailty, 73 (29%) had a slight frailty, 33 (13.1%) presented moderate frailty and 9 (3.6%) presented severe frailty. There was a significant association between frailty and the variables age ($p = 0.021$), low level of education ($p = 0.001$), and residence with family members ($p = 0.013$). It was concluded that almost half of the sample had some kind of frailty, which shows the importance of the early

screening of the syndrome by the health group, especially the nurse, who can implement a care plan aimed at managing the syndrome for this age group.

Keywords: Fragile elderly; Geriatric Nursing; Aging

MASSAGE IN CHILDREN WITH CÂNCER: EFFECTIVENESS OF A PROTOCOL

Luís Manuel Cunha Batalha; Aida Alexandra Soares da Costa Mota

The massage can help relief pain, although empirical evidence is scarce and contradictory. This study aims to assess the effectiveness of a massage protocol in relieving pain in children hospitalized with cancer. A randomized, controlled and assessor-blind study was conducted on a sample of 52 children aged between 10 and 18 years who were hospitalized in a pediatric cancer ward. The intervention consisted in the implementation of a massage protocol with three sessions of 20 and 30 minutes on alternate days over a one-week period. The effectiveness of the protocol was evaluated by assessing pain using the Brief Pain Inventor, while the effectiveness of each massage session was measured using the Visual Analogue Scale. The differences between and within the groups were analyzed for continuous variables, by Mann-Whitney's U test and Wilcoxon's test. This study was approved by Ethics Committee and was conducted in accordance with the Declaration of Helsinki. The massage protocol was only effective in reducing the interference of pain in walking ($p < 0,05$), although it also contributed to relief pain and its impact on the children's activities. After each massage session, the intensity of the pain experienced by the child decreased ($p < 0,001$). Despite the small sample size, massage therapy has proven to be a useful intervention in reducing the pain in the child with cancer. However, there are still doubts regarding the effectiveness of this massage protocol. The authors recommend its use because of its contribution to the promotion of the child's well-being and quality of life.

WORKPLACE INCIVILITY AND BURNOUT AMONG PORTUGUESE HEALTHCARE PROFESSIONALS

Luisa Ribeiro; Martina Nitzsche, João Hipólito; Sandra Queiroz; Saul Neves de Jesus; Tito Laneiro

Abstract: Workplace incivility is defined as rude behavior at work, which has been linked to psychological distress. To the best of our knowledge there are no studies addressing the impact of workplace incivility on the well-being of Portuguese healthcare professionals. The primary aim of this study was to examine the relationship between workplace incivility (from supervisors, coworkers, and instigated by respondents) and burnout (emotional exhaustion and cynicism). Cross-sectional data for 315 healthcare professionals (59% nurses; 77% female; Mean = 35.5 years, SD = 1.0 year) from one public-private hospital in the greater Lisbon area were analyzed using regression models. Results revealed that (1) there was significantly more incivility from supervisors and coworkers than incivility instigated by respondents; (2) almost one third of the participants reported a high level of burnout; and (3) supervisor, coworker and instigated incivility significantly predicted emotional exhaustion and cynicism. These results provide insight into the phenomena of workplace incivility and burnout among Portuguese healthcare professionals.

Keywords: workplace incivility, burnout, Portuguese nurses, hospital context

MALE VISION ABOUT THE PERFORMANCE OF THE PROSTATE SURVEY

Marco Aurélio Sousa; R.B.R. Dias; K.L. Paulo; T.M. Marra; E.S. Nascimento

Introduction: When looking at a man's health, we can see that the male population since birth is shorter life expectancy and greater vulnerability to diseases, especially cancer. The low demand for primary health care services by men reduces the health care of these people, thus reducing the protection of their health, and it is often necessary to use invasive procedures that could be avoided. Cancer is responsible for a large number of deaths in Brazil and in the male population, prostate cancer is the second most prevalent, and there is a need for preventive actions and early diagnosis of this disease. However, the purpose of this study is to understand the meaning attributed by men to prostate examination and to health promotion actions performed by nurses to promote this examination. **Methodology:** This is a study with a qualitative approach. Participants in this study were men, aged 50 years or older who had already undergone prostate examination at least once. The interviews were recorded in audio, being transcribed and analyzed later. In order to carry out this research, the current legislation was respected and was initiated only after acceptance by the Research Ethics Committee and after the participants signed the Terms of Free and Informed Consent, in two ways. **Results:** Based on the interviews, it was possible to organize the material obtained in groups of meanings, which allowed the understanding of the reports. These groups are: taking the subject in sports: jokes in the wheel of friends; Feeling doubt, between the possibility of cure and the sequel of impotence; Doing what has to be done; Serving as an example: encouraging touch examination, preventing prostate cancer; Sexuality, between restlessness and the use of devices. Barriers to the early diagnosis and treatment of this disease are common to other types of diseases with regard to access to medical services, the habit of seeking preventive health services and the perception of the need to diagnose and treat diseases. **Conclusions:** It was possible to understand that the male population performs prostate-related exams in order to take care of their health, in order to increase their longevity, and to remain with quality of life, recognizing the importance of nursing actions to stimulate the accomplishment of this exam.

Keywords: Man. Prostate cancer. Men's Health. Qualitative research. Nursing.

NURSING STAFF'S INFLUENCE IN THE PATIENTS AND NURSES RESULTS

Maria João Freitas; P. Parreira; J. Marôco

The necessity of adequation of the nursing resources to the patient's real necessities, maintaining a balance between quantity and capacities, without disregarding the quality of the care as well the safety of patients and nurses, has constituted a preoccupation to the administrators. This was the starting point of this investigation, which purpose is identifying staff patterns and evaluate its effect over several result variables for patients and nurses. Quantities', cross-sectional and correlational study. The data were collected through a questionnaire in three samples: nurses (n=629), chief nurses (n=43) and patients (n=1290), in 43 hospital services from 8 hospitals. The psychometric evaluation of measuring instruments study, resorting to the *Factor Exploratory and Confirmatory Analysis*, had demonstrated adequate validity and reliability. The *Cluster Analysis* allowed us to identify 2 Staff Patterns. For the analysis of the Staff Patterns' A and B effect over the outcome for patients and nurses, we resorted to *Parametric and Non-Parametric* tests. The safest Staff Patterns (Pattern A) is

present at 55.8% of the services. It is characterized by more developed teams with less young nurses, with major professional experience and more specialist nurses, being the nurses' number equal or superior to the estimated by the formula of the Normative Circular n1, MS, 2006. The less safe Staff Patterns (Pattern B) observed in 44.2% of the services integrates nursing teams with a less developed capacities profile and the nurses' number is inferior to the estimated one. The results evidence that the hospitalized patients in services with Safest Staff ($M_{\text{Pattern A}}=4.53$), have Global Satisfaction levels with higher nursing care comparatively to Pattern B ($M_{\text{Pattern B}}=4.39$), being the differences statistically significant for $p \leq 0.05$ ($t(41) = 2.502$; $p = 0.016$). Also, the Risk and/or Occurrence of the patients to suffer Adverse Events Associated to the Nursing Practices is lower for who is taken care of by those teams ($M_{\text{Pattern A}}=2.76$; $M_{\text{Pattern B}}=2.91$), the differences are statistically significant to $p \leq 0.05$ ($t(41) = -2.771$; $p = 0.008$). As for the influence of the safety of staff at the nurses level, we verified the Turnover Rate is significantly higher to $p \leq 0.05$ ($U = 86.50$; $p = 0.001$), on Pattern B ($M_{\text{Pattern B}}=24.82$; $M_{\text{Pattern A}}=6.28$). The study revealed the necessity of a major attention and preoccupation with the Safe Staff Nursing questions, specifically the teams' constitution, based on a mix of different capacities, crucial to the quality of the developed processes and obtained results.

References:

- Castilho, A.& Parreira, P. (2012). Design and assessment of the psychometric properties of an adverse event perception scale regarding nursing practice. *Revista Investigação Em Enfermagem*, 26, 59-73.
- Enfermeiros, Ordem. (2 de Dezembro de 2014). Standard for the calculation of Safe Staff of the nursing care. *Diário da República 2ª série- Nº 233*. Portugal.
- Freitas, M. & Parreira, P. (2013). Safe staffing for nursing practice: operationalization of the concept and its impact on outcomes. III Série - nº 10 - Jul. 2013; pp.171-178. *Revista de Enfermagem Referência*, pp. 171-178.
- Freitas, M.J.; Parreira, P., & Marôco, J. (Jul./Ago./ Set., 2016). Assessment of the psychometric properties of the Patient Satisfaction with Hospital Nursing Care Scale, *Revista de Enfermagem Referência*, nº10, Série IV, p. 9-17.
- Saúde, Ministério. (12 de Janeiro de 2006). Normative Circular nº1 of 12/01/2006, da Secretaria Geral do Ministério da Saúde. Ministério da Saúde.

OLDER ADULTS' PERSPECTIVES ON DRUG USE AND THEIR TRAJECTORIES: A GERONTOLOGICAL NURSING CONTRIBUTION

Maciane Rodrigues dos Reis Lourenço; Jaqueline Da Silva; Luana Lima Riba Andrieto Fernandes

Section of a dissertation report presented to the qualifying exam committee of the Doctoral Program at the Anna Nery School of Nursing (EEAN) at the Federal University of Rio de Janeiro (UFRJ). Objective: Analyze older drug users' motivation do sustain self-care practices. Methodological approach: Qualitative, descriptive study using Grounded Theory (GT) to guide data collection, analysis and discussion. Study approved by the Anna Nery School of Nursing (EEAN) / São Francisco de Assis Teaching Hospital (HESFA) Research Ethics Committee under Protocol nº51663315.4.0000.5238 on 02/04/2016. Participants were ten older adults 60 and over, living in Rio de Janeiro City, who have used or use licit and illicit drugs. Recruitment used the snowball technique. The primary data source for this paper was semi structured interviews. Results from the data submitted to GT analytical process, 61 codes emerged, were grouped in 11 subcategories and

three categories: “Life Trajectory in meeting and sustaining drug use: actors and experiences”; “intersections on the disease and possibility of care in life: events, symptoms and actors”; and “Life sustaining care and care sustaining life: actors and actions”. From initial results up to the writing moment of this paper, data on motivation to sustain self-care of older drug users’ indicate self-care as fundamental to treatment. Additionally, data highlighted the therapeutic approach as being of substantial influence to sustaining self-care.

Keywords: Gerontological nursing; Nursing care of elderly, Drug abuse, Motivation

OLDER DRUG USERS, CARE DEMANDS AND THE HOSPITAL CONTEXT: A NURSING STUDY

Maciane Rodrigues dos Reis Lourenço; Jaqueline Da Silva; Luana Lima Riba Andrieto Fernandes

Study on health care needs of older drug users admitted to hospital. Guiding question: What are the health care needs of older drug users in a hospital setting? Objective: Analyze health care demands of older drug users admitted to hospital settings. Participants were ten older drug users in a hospital setting. The study setting was a private institution contracted by the SUS and military facility, located in the West Zone of Rio de Janeiro. Study submitted to the ethics committee in research of Nursing Anna Nery School - Hospital São Francisco de Assis School EEAN/HESFA, approved in December 2012 protocol 168924. Qualitative descriptive study using the Symbolic Interactionism as theory reference and elements of the Grounded Theory (GT). Emerged from the data one hundred and six (106) free codes, sixteen (16) sub-categories and four (04) main categories: life path, drugs, care and perception of care. On expectations on how care should be, older people highlight the importance of dialogue and sensitive listening. Half (five) of seniors shared perspectives and experiences on nursing care from actions and procedures on basic nursing care they received in their hospital experiences. Needs for physical and mental health care, not identified - by older drug users - as being of nursing scope, refer to issues such as limited knowledge on care actions, visibility, presence and social recognition of its professionals. Data on nursing care demands indicate even more complex perception or description of care needs. Especially in the context of biological and psychosocial changes, of individuals who get older within bodies exposed to life - like all the other people in the aging process – but exposed to drugs, harmful agents to physical and psychosocial health. Also refer to issues that portrait challenges imposed by nursing care work conditions in the institution. Nonetheless, results point out towards the conclusion that nursing can make the difference with specific care actions within interdisciplinary and intersectoral contexts, with direct repercussion in the global health of older illicit drug users.

Keywords: Gerontological nursing; Nursing care of elderly, Drug abuse

SEXUALITY, OLDER ADULTS LIVING WITH HIV/AIDS AND NURSING

Maciane Rodrigues dos Reis Lourenço; Jaqueline Da Silva; Luana Lima Riba Andrieto Fernandes

In Brazil between 2005 and 2015, new HIV/aids infection cases increased 3.01% in the general population and alarming 97.6% in the older adults’ population, generating new gerontological nursing demands, in particular those related to the sexuality of older adults living with HIV/aids. The

sexuality lived experience is influenced by the HIV due to altered body image, low self-esteem and due to challenges in partner-sharing the diagnosis, given the existing prejudice and condom use difficult negotiation. **Method:** Qualitative study, based on elements of the Grounded Theory, with theoretical foundation on the Symbolic Interactionism. Approved by Institutional Review Board on the Plataforma Brasil protocol n 660809. Interviewed through semi-structured questions, participants were 25 older adults with HIV/aids under treatment at the infectious disease outpatient unit at a large teaching hospital between July 2014 and June 2015. **Results:** Older adults were mostly men (60%), 48% between 60 and 64 years old, 68% heterosexuals, 32% single and 32% widows, 40% without children, 48% with nine (09) to eleven (11) years of schooling, 84% retired and 68% with income between one (01) and three (03) minimum monthly wages. Four codes Emerged from the data related to sexuality: Practices, Experiences, Relationships and Affection. Older adults approached their sexual practices before and after the HIV diagnosis, their experiences, experimentations, and the establishment of relationships and affection. All reported changes in the lived sexuality, often times inhibited by the fear of prejudice and HIV transmission. Age associated problems, such as vaginal dryness, erection difficulties are possible to overcome with stable relationships, in which affection is central focus counting on professional, individualized, information and interventions. Conclusion: A gerontological nursing holistic approach, of high touch and sensitive emerged from the data, with of instrumental meaning to self-care of older adults with HIV/aids. Its implementation demands updated, accurate and individualized information, followed by understanding check and motivation assessment – fostering the adoption and maintenance protective and promoting practices for the older adults' with HIV/aids global health.

Keywords: Gerontological nursing; Nursing care of elderly, Sexuality, Motivation.

Reference:

Brasil. (2015). Ministério da Saúde. Rede Interagencial de Informações para Saúde. Brasília.

PATERNAL PERCEPTION RELATED TO THE PREMATURE BORNING AND HOSPITALIZATION

Márcia Helena de Souza Freire; Michelle Thais Migoto; Ana Paula de Moraes Maia Barros; Alessandra Patrícia Stelmak; Daniele Cristine de Oliveira Estevo; Marcela Pucci

Conceptual Framing: the paternal participation has been strengthening and its presence becomes evident on the protection cares for the development of the child. Its role is amplified over and above the provider's role, to other aspects of participation on the care of healthy kids and the ones with special needs. **Research Problematic:** Having the presence of the parents, makes necessary for the staff to put in action (translate) their knowledge of family hosting, according to their needs, the question arises: how do parents perceive and what emotions emerge with a premature newborn or the hospitalization of their children? This research aimed to identify the parental perception related to the premature newborn and hospitalization of their children on a neonatal center in a town in the southern part of Brazil. **Methodology:** descriptive study of a quali-quantitative approach, under theoretical reference of the Social Representation 1, and methodological of the Collective Subject 2, structured from Key-expressions and Central-ideas, for the establishments of analysis categories, with support of Qualiquantisoft®. Have been interviewed with a semi-structured instrument, 11 parents of premature newborns, in a school hospital reference for high-risk pregnancy, 'Canguru

Method', and certified as a Child Friendly Hospital. This study was approved by the Ethical Committee in Research and respects all the ethical aspects established for research with human beings. **Results:** the range of age that sticks out is from 24 to 30 years (36,4%), married (60%) and lived in Curitiba (90%). Almost half didn't took part on the prenatal (44,4%), saw the prematurity as a consequence of a high-risk pregnancy (66,7%); 40,0% pointed that on the pregnancy period, thenormality of the woman/couple was preserved. The emotions experimented were positive (36,6%) as: love, appreciation and happiness; Others described negative emotions (31,6%) like: nerves, fear and depreciation. Stands out that only 31,6% of the dads join their wives during de delivery due to work compromises. **Conclusion:** developing this research provided knowledge related to the perception and emotions for the parents of the prematurity of their newborn and hospitalization, also relating to possible pregnancy factors related to this prematurity. This information can be useful for the carry-on of technical knowledge with integration and qualification of the offered care by the parents even though that in the neonatal unity the mother's presence is predominant.

Keywords: Paternity, Premature, Humanization of Assistance.

References:

- 1 Jodelet, D. (Org.) (2001). As representações sociais. Rio de Janeiro: EdUERJ.
- 2 Lefevre, F., Lefevre, A. M. C. (2003). O Discurso do Sujeito Coletivo. Um novo enfoque em pesquisa qualitativa. (Desdobramentos). Caxias do Sul.

ANALYSIS OF THE EFFECTS OF REIKI THERAPY AS AN INTERVENTION IN THE HEALTH CARE OF THE ELDERLY – A SYSTEMATIC REVIEW

Maria da Graça de Oliveira Crossetti; Jeniffer Parraga

Reiki is characterized by being a bioenergetic healing method based on symbols that are activated through the imposition of the hands over the individual in order to balance the energetic flow of certain areas, called chakras (Erdogan & Cinar, 2016, Oliveira, 2013). **Justification:** considering the specificities and the multidisciplinary of the elder's health care, interventions that promote quality of life for this population are crucial, minimizing the incapacitating states, focusing not only on a single pathological process at time, but on the Condition of aging as a whole. **Objective:** to analyze the effect of the Reiki therapy on the health of the elderly, seeking for evidence that may support the use of Reiki as a nursing intervention. **Method:** Type of study: systematic review of the literature in the databases of Ebsco, Web of Science, Science Direct, Scopus, Cochrane and Portal Capes carried out in October and November 2016. **Participants:** experimental or quasi-experimental quantitative studies published Between 2002 and 2016. **Methodological procedures:** the research was made using the PICO strategy (Brazil, 2012) and accordingly with the theoretical framework adopted (Pereira & Bachion, 2006). The selection of these studies was done through the application of three distinct relevance tests, the 1st RT reading the study title, the 2nd RT was reading the summaries (performed by a second researcher independently) and the 3rd RT was reading the studies as a whole. The studies approved in the previously cited tests were submitted to a quality analysis using the Jadad Scale (Jadad et. Al, 1996). **Data analysis:** The data was presented in a descriptive way and then classified according to the outcomes evaluated by each included study. No meta-analysis of the data was performed. **Ethical**

aspects: Due to the free access to the studies included in this review, it was unnecessary the evaluation by the Research Ethics Committee. **Results:** The most prevalent outcomes included comfort and relaxation (40%), improvement in depression states (40%), reduction of anxiety (30%) and pain (10%), blood pressure reduction (20%) and increased vagal activity measured by heart rate variation after acute coronary event (10%). **Conclusion:** Reiki as an adjunct to the elder's health care acts positively in disease control and improvement of symptoms such as depression, anxiety and stress, benefits patients with cardiovascular disorders and have the potential to generate comfort and relaxation.

References:

- Erdogan, E., Cinar, S. (2016). The effect of Reiki on depression in elderly people living in nursing home. *Indian Journal of Traditional knowledge vol 15(1)*, january pp. 35-40.
- Oliveira, R.M.J. (2013). Efeitos da prática do Reiki sobre aspectos psicofisiológicos e de qualidade de vida de idosos com sintomas de estresse: Estudo placebo e randomizado. Tese (Doutorado em Ciências) – Escola Paulista de Medicina, Universidade Federal de São Paulo, São Paulo, 191 p.
- Brasil. (2012). Ministério da Saúde. Secretaria de Ciência, Tecnologia e Insumos Estratégicos. Departamento de Ciência e Tecnologia. Diretrizes metodológicas: elaboração de revisão sistemática e metanálise de ensaios clínicos randomizados. Brasília, Editora do Ministério da Saúde. 92 p.: il. (Série A: Normas e Manuais Técnicos).
- Pereira, A.L., Bachion, M.M. (2006). Atualidades em revisão sistemática de literatura, critérios de força e grau de recomendação de evidência. *Rev Gaúcha Enferm, Porto Alegre (RS) dez;27(4):4918*.
- Jadad, A.R., Carroll, D., Jenkinson, C., Reynolds, D.J.M., Gavaghan, D.J., McQuay, H.J. (1996). Assessing the Quality of Reports of Randomized Clinical trials: Is Blinding Necessary? *Controlled Clinical Trials*, 17, 1-12.

THE PROMOTION OF NURSING CARE FOR ELDERLY PEOPLE WITH BREAKTHROUGH PAIN: NURSING INTERVENTION IN A PAIN UNIT

Maria Dulce Guerreiro; Idalina Gomes; Maria Anjos Pereira Lopes

Conceptual Framework: The elderly person with pain and medicated with analgesic therapy may suffer transitioning exacerbations of such pain, despite being medicated with analgesic therapy. In this context, Portenoy & Hagen (1990) referred to as breakthrough pain, in Portugal referred to as dor irruptiva. Within the scope of the multidisciplinary team, nurses have an increased challenge in the control of breakthrough pain in promoting quality of life for the elderly and the family, either in helping to use the resources necessary to manage breakthrough pain, or in maintaining autonomy in decision and active participation in their life and health project (Gomes, 2013; Ribeiro, 2013).

Problem: Inadequate assessment and recording of breakthrough pain by the nursing team.

Objective: To develop skills in the nursing team to promote self-care of the elderly person with breakthrough pain. **Methodology:** Project work, supported by an research-action methodology (Reason & Bradbury, 2002) Project Duration: October 2015 - February 2016 Instruments of data collection: participant observation, analysis of records and interviews. **Data analysis:** content analysis (Bardin, 2009). Participants: 4 nurses from the Pain Unit The ethical aspects were respected - authorization to the institution and informed consent of the nurses **Methodological procedures:** Situation Diagnosis -Analysis of 24 records of the actual contact / telephone contact sheet, according to the analysis -built grid; - Questionnaire and narratives carried out by nurses Development -

Presentation of results to the team to evaluate knowledge and define strategies, - Training to clarify the concept of breakthrough pain and rescue therapy, - Reformulation of the Phone / Actual Contact Consultation sheet including the assessment of breakthrough pain Evaluation of results - Analysis of 23 records of the phone / actual contact sheet, according to the built analysis -built grid, as well as the questionnaires and narratives carried out by nurses. **Results:** The records are more individualized in particular: the history of pain of the elderly person through their characterization, as well as the knowledge that the person holds about his medication regimen. The results revealed a trend of change in the practice of care in partnership, with the elderly person with breakthrough pain in the promotion of self-care. **Conclusion:** Nurses value their abilities more and base their actions, developing a partnership relationship with the elderly, taking into account their singularity.

References:

- Portenoy, R. K. & Hagen, N. A. (1990). Breakthrough pain: definition, prevalence and characteristics. *Pain*, 41 (3), 273-281.
- Gomes, I. D. (2013). Promover o cuidado de si: a natureza da parceria entre o enfermeiro e o doente idoso no domicílio. In Anjos, M. A. P. (org.). *O cuidado de enfermagem à pessoa idosa: da investigação à prática* (pp 77-113). Loures: Lusociência.
- Ribeiro, A. L. A. (2013). *A pessoa com dor crónica - Um modelo de acompanhamento de enfermagem*. (Tese de doutoramento não publicada). Universidade Católica Portuguesa, Porto.
- Bardin, L. (2009). *Análise de Conteúdo*. Lisboa: edições 70.
- Reason, P. & Bradbury, H. (2002). *Handbook of action research: participative inquiry & practice*. London: Sage Publications, Inc.

I AM LIKE OTHERS EVEN THOUGH I AM DIFFERENT

Maria Filomena Sousa

Introduction - Adolescence is a very special period in the life of every human being, with characteristics and tasks of his own. When we think about this period, we are referred to the image of a healthy young individual growing and developing within the limits of normality. But when confronted with a sick teenager, we realize this image is altered. The simultaneity of being an adolescent and having congenital heart disease translates into a complex situation that has an impact on your life. Understanding the reality of the other, their differences and successive transitions, as well as the reality in which they move, in their daily lives, immersing themselves in their subjectivity in their essence, is a nursing concern that, due to the holistic nature of their profession, encourages and cares for people throughout their existence. **Objective** - To understand the lived experience of the adolescent with congenital heart disease, from the young adult perspective. **Method** - In the study, in the data collection and analysis, a phenomenological approach was used according to van Manen (2014). Seven young adults with congenital heart disease were interviewed. Access to the participants was done with the consent of the Ethics Committee of the institution to which they are attached. The participants gave their consent before the interviews. **Results** - The analysis of the narratives of the young adults it was evidenced that the participants developed strategies that allowed them to consider themselves normal, "looking" and "acting" normally - not allowing to be treated as different. During adolescence, they performed the same tasks as other adolescents, are a different way. They did as others did, they went to their limits like the others, although the boundaries were different. But they were different because they were more watched than the others, because they tired more than the others and because they had a

scar. **Conclusion** - Every adolescent with congenital heart disease lives this phase of life in a unique way. Having a congenital heart disease was not an impediment for them to feel and see the same as their peers though they felt limited.

References:

- Hockenberry, M. & Wilson, D. (2014). Wong: Enfermagem da Criança e do Adolescente 9ª Edição). Loures: Lusodidata.
- van Manen, M. (2014). Phenomenology of practice: meaning giving methods in phenomenological research and writing. CA: Left Coast Press, Inc.
- Meleis, A.I. (2011). Theoretical nursing: Development and progress (5th Ed.). Philadelphia, PA: Lippincott Williams & Wilkins.

PEDIATRIC PARTNERSHIP CARE: WHERE ARE WE AND WHERE SHOULD WE BE?

Maria Goreti Silva Ramos Mendes

Conceptual Framework: Although the importance of involving the family into day's care process is now widely accepted (Moretz & Abraham, 2012), there is still variability in the way the care partnership is developed in pediatric contexts (Granjard-Goy, 2015). This study sought to analyze the partnership care nature in pediatric context with the purpose of contributing to the reconstruction of the effective partnership care. **Method:** A qualitative approach was used in this study, based on the Grounded Theory from the symbolic interaction perspective. The study included 12 nurses of the pediatric unit and 18 mothers/fathers who stayed in the hospital with their hospitalized children. The number of participants was defined according to data saturation. Participant observation and semi-structured interviews were chosen as data collection techniques and it was analyzed using the program NVivo8. The ethical principles required in research with human beings have been ensured. **Outcomes /Discussion:** Principles, assumptions and conceptions were described by the study participants. However, according to the observation, the dichotomy identification between the conception and the nurse's practical development was possible. In certain contexts, that knowledge was not explicit when talking about the child's nurse care and the interaction with the parents. What seems to be a clean perception of the partnership care and a supposed knowledge of the dimensions that characterize it, was identified by the participants words but that kind of clarity appeared as a result of the developed practices. Weaknesses in the negotiation process were identified, mainly in the communication and in the interpersonal relationship and in the definition of the involved partners' roles and a perceived imbalance of power installed in the nurses/parents relationship. **Conclusions:** The effective partnership care must be based on an effective communication between nurses and parents (Giambra, Stiffler & Br oome, 2014), where negotiation skills with children and families are central to the process. Nurses and parents must build up themselves in knowledge subjects and situated on the same construction plans of the actions, without borders or unequal plans (Collet, 2012). It allows the family's knowledge to be contemplated in the perspective of the child's care and to have space in the action as partners in the care process.

References:

- Collet N. (2012). Interacting subjects in hospitalized children care: challenges for Pediatric Nursing. Rev Bras Enferm. 65(1): 7-8.

Giambra, K.; Stiffler, D. & Broome, E. (2014). An integrative review of communication between parents and nurses of hospitalized technology-dependent children. *Worldviews Evid Based Nurs.* 11;369-75.

Moretz, G. & Abraham M. (2012). Implementing patient and family centered care: Part II - Strategies and resources for success. *Pediatric Nursing.* 38(2): 106-10.

Sousa, P.; Antunes, A.; Carvalho, J. & Casey A. (2013). Parental perspectives on negotiation of their child's care in hospital. *Nursing Children & Young People.* 25(2): 24-8.

DYNAMIC MODEL OF FAMILY ASSESSMENT AND INTERVENTION: CASE STUDY

Maria Henriqueta de Jesus Silva Figueiredo; Palmira da Conceição Martins de Oliveira; Joana Leão; Zaida Charepe; Marlene Lebreiro; Carmen Andrade

Background and Purpose: The Dynamic Model of Family Assessment and Intervention (MDAIF), has a referential in family health nursing, integrates as a component the operational matrix, which allows the identification of the needs of families in nursing care, optimizing, thus the action of family nurses. In a perspective of family oneness, while systemic unit, and having as its purpose the promotion of family health, we sought to understand family functioning, by identifying their needs and resources, targeting the implementation of interventions tailored to the specificities of their development. **Methods:** Qualitative study, using the case study. Focused on the process of family intervention developed by family nurse, in a family inscribed in a Health Unit of Local Health. 24 home visits were conducted between the 4th of March and 10th of May 2014. Documentary analysis of the records was made by the nurse, after obtaining informed consent, the process of decision making was supported by MDAIF. **Results:** The family is extended, constituted by two couples, an elderly couple and another made by the daughter of this couple and respective spouse. The Diagnostic Evaluation resulted in an intervention in the functional dimension, at the level of the role of the care provider. The elderly male presents dependence in self-care, being the daughter the main care provider. Study highlights that the knowledge of the role of care provider was not demonstrated and consequently the role of the care provider was not suitable. The interventions were directed to the acquisition of knowledge and skills by the family. **Conclusion:** The MDAIF provided a broad and deep knowledge of the family under study, through its operational matrix, thus all owing to guide and systematize the actions of the Family Nurse in a collaboratively way, supported by the concepts, assumptions and postulates of the model.

References:

Figueiredo, M. H. (2012). *Modelo Dinâmico de Avaliação e Intervenção Familiar: Uma abordagem colaborativa em Enfermagem de Família.* (1^a ed). Lisboa: Lusociência.

FAMILY PROCESS AND SYSTEMIC QUESTIONS: NEW WAYS OF FAMILY INTERVENTION IN PRIMARY HEALTH CARE

Maria Henriqueta de Jesus Silva Figueiredo; Palmira da Conceição Martins de Oliveira; Carme Ferré; Marlene Lebreiro; Zaida Charepe; Carmen Andrade; Manuel Brás

Background and Purpose: In the context of practices supported by the Dynamic Model for Family Assessment and Intervention (MDAIF) the assessment of this model impact suggested the

deepening of "Family Process". Systemic issues (circular and reflexive), will allow the expansion of the reflection capacity of each family member about themselves, about others, about family history. This study aims to identify systemic issues of intervention used by Primary Health Care nurses regarding dysfunctional family process. **Methods:** Qualitative study, using Focus Group as a methodological approach with nurses from health centers in the province of Tarragona–Spain, developed in 2014. For the focus group was placed the starting issue: What kind of systemic questions the nurses mobilize when exist one family process alteration? After obtaining informed consent, the data were submitted to content analysis, co-existing deductive and inductive procedures, supported by the matrix of analysis proposed in the MDAIF. **Results:** No differences were identified in the intervention strategies used by nurses in the context of family communication and coping. Regarding interactions in family roles it is highlighted the mobilization of family system resources "...explain them who can help... to whom can they ask for help, right?.." E3: "How do you think you'd be better (...) will pass the decision to them..." E8. Intervention proposals emerged related to systemic issues particularly in the area of interaction of roles and dynamic relationship, which reflect a systemic view of family unit. **Conclusions:** Reflections on interactional practices with family, while nursing care customer, based in MDAIF allowed the development of new conceptions of family health nursing. Concerning general interventions proposed associated to "dysfunctional family process" diagnosis, the integration of new action typologies, supported by systemic issues, will maximize the health potential of families by the opportunity to co-construct new stories and interactions.

References:

Figueiredo, M. H. (2012). Modelo Dinâmico de Avaliação e Intervenção Familiar: Uma abordagem colaborativa em Enfermagem de Família. (1ª ed). Lisboa: Lusociência.

THE FAMILY NURSING HEALTH CARE AND THE INDICATORS OF HEALTH: NEW CHALLENGES FOR THE PRACTICE

Maria Henriqueta de Jesus Silva Figueiredo; Palmirada Conceição Martins de Oliveira; Marlene Lebreiro; Carmen Andrade; Zaida Charepe; Manuel Brás

Background and Purpose: The assessment of the implementation focuses in aspects which are considered fundamental for an effective measurement of the Dynamic Model of Family Assessment and Intervention (MDAIF) implementation as a theoretical and operative referential in the nurses' clinical decision-making: satisfaction of families, satisfaction of nurses, assessment of health gains which are sensitive to nursing care, and the identification of the main needs of families. This study aim is to define the indicators of structure, process and outcome, based in MDAIF. **Methods:** Exploratory study procedure: 1) define the Minimum Data Set (MDS), based in MDAIF, describe the nurses diagnosis, interventions and outcomes; 2) define the indicators according the Order of Nurses orientations; 3) The final proposal reviewed and validated by experts. The summary data includes the diagnosis and sub diagnosis by MDAIF matrix. For formulation of diagnosis judgment were used the International Classification of Nurses Practice (ICNP®). **Results:** If define structure indicators related to the nurses satisfaction, process indicators produce rates of family assessment incident and diagnosis incident, outcome indicators defining rates of diagnosis efficacy and health gains, epidemiological indicators that propose diagnostic prevalence rates. **Conclusions:** The definition of MDS and the health gains indicators will allow nurses to be informed on the data

resulting from the care provided to the families that must be mandatorily registered. It will also enable to monitoring of the implementation process through the identification of critical points that lead to the introduction of strategies and which will optimize the outcomes inherent to the following tasks.

References:

Figueiredo, M. H. (2012). *Modelo Dinâmico de Avaliação e Intervenção Familiar: Uma abordagem colaborativa em Enfermagem de Família*. (1ª ed). Lisboa: Lusociência.

NURSING DOCUMENTATION WITH FOCUS ON EMOTIONAL RESPONSES OF FAMILY CAREGIVERS OF THE HOSPITALIZED CHILD: FROM THE SPEECH TO REGISTRATION IN THE INFORMATIC SYSTEM

Maria João Caeiro; Paula Diogo; Joana Rodrigues; Odete Lemos e Sousa; Nuno Fernandes; Ricardo Fonseca

The aim of this study is to analyze and clarify the value given by nurses to documentation of care in the health information systems of clients' health records using the International Classification for Nursing Practice (CIPE®). Our focus is on emotional responses of the family caregivers and the data was retrieved in two pediatric services (Surgery and Infectious Diseases) of a Portuguese Pediatric Hospital. We resorted to a combination of qualitative and quantitative using content analysis of 17 observations of the shift and 10 semi-structured interviews, and the documentary analysis of 125 nursing records in the SPSS software. Observation and interview data suggest that nurses identify a diversity of CIPE®2 diagnoses/outcomes and emotional dimension interventions, valuing the performance of emotional work with centrality in family caregivers in conceptual terms and in practice discourse, however, paradoxically, what is recorded on Information Technology (IT) system is rare. The CIPE®2 diagnosis related to the most documented emotional dimension in the computer system is the "Parental role", from which records are associated with the interventions "Monitoring parental role", "Promoting family involvement" and "Encouraging role During hospitalization." In general records, reference is made, in a more clear and detailed way, to the emotional state and expression of emotions of family caregivers. This study contributes to the recognition of the emotional dimension of caring in pediatrics, such as nurses' emotional work, which is a field of nursing intervention with visible but not quantifiable results but which remains undervalued and sometimes unconscious. Nevertheless, the use of IT in health allows the expansion emotional dimension, along with other dimensions of nursing practice.

Keywords: Family caregivers; Emotional experiences; Nursing documentation; International Classification for Nursing Practice (CIPE®); Nursing documentation

References:

Aldridge, M. (2005). Decreasing Parental Stress in the Pediatric Intensive Care Unit: One Unit's Experience. *Critical Care Nurse*, 25(6), 40-50.
Basto, M. L. (2009). Investigação sobre o cuidar de enfermagem e a construção da disciplina - Proposta de um percurso. *Pensar Enfermagem*, 13 (2), 11-18.
Ordem dos Enfermeiros (2011). *CIPE® versão 2 - Classificação Internacional para a Prática de Enfermagem* (Port. ed.). Ordem dos Enfermeiros.

Diogo, P. (2015). Trabalho com as emoções em Enfermagem Pediátrica: Um processo de metamorfose da experiência emocional no ato de cuidar (2ª ed.). Loures: Lusodidacta.

Diogo, P., & Baltar, P. (2014). Determinantes afetivos de cuidar a criança hospitalizada sem acompanhante: o trabalho emocional em enfermagem. E-Book do IV Congresso Internacional ASPESM, 148-160.

PROCESS OF MORAL DISTRESS IN THE PROFESSIONAL PRACTICE OF NURSES

Maria José Menezes Brito; Carolina da Silva Caram; Lilian Cristina Rezende; Beatriz Santana Caçador

The professional practice of nurses in hospital units is full of ambiguities, which culminate in the existence of moral problems. Moral problems refer to contradictions, whose choices involve values and duties, requiring deliberation on the facts (ZOBOLI, 2012). However, the nurses have encountered barriers to deliberate, being the failure to act can lead to moral distress. Moral distress happens when the process of moral deliberation is interrupted due to obstacles which impede the ethical-moral position of the professionals (RAMOS et al., 2016), which can generate problems of physical and psychic in the professionals, influencing the quality of the assistance. The aim of this study was to analyze the process of moral distress in the professional practice of nurses who work in closed areas of a Private Hospital. This is an integrated case study, with a qualitative approach, carried out in a hospital unit in the city of Belo Horizonte/MG –Brazil. The analysis of the data was carried out through the Thematic Content Analysis (BARDIN, 2011), with the assistance of ATLAS.ti software. It should be noted that the ethical aspects of the research were respected. The results revealed that the nurses experience situations that trigger moral suffering, being: the low contingent of personnel in the nursing staff to provide care; the high number of patients per nurse in the sectors; overwork and assignments; the nurse's shift of care due to institutional issues and; the prioritization of bureaucratic activities, to the detriment of assistance. It is concluded that the process of moral distress experienced in the units removes nurses from their potential of action, since their professional practice do not match the one they would like to perform. This situation places nurses in a situation of invisibility not being recognized by oneself and the other.

References:

Bardin, L. (2011) Análise de conteúdo. São Paulo: Edições 70.

Ramos, F.R.S., Barlem, E.L.D., Brito, MJM., Vargas, MA., Schneider, D.G. & Brehmer, L.C.F. (2016) Marco conceitual para o estudo do distresse moral em enfermeiros. Texto Contexto Enferm, 25(2),1-10. Retrieved from:

http://www.scielo.br/pdf/tce/v25n2/pt_0104-0707-tce-25-02-4460015.pdf.

Zoboli, E. (2012) Bioética clínica na diversidade: a contribuição da proposta deliberativa de Diego Gracia. Revista-Centro Universitário São Camilo, 6(1),49-57. Retrieved from:

http://www.bioetica.org.br/library/modulos/varias_bioeticas/arquivos/Varias_Diversidade.pdf.

PROFESSIONAL PRACTICE OF THE FAMILY HEALTH NURSE: UNRAVELING ETHICAL CHALLENGES

Maria José Menezes Brito; Beatriz Santana Caçador; Carolina da Silva Caram; Lilian Cristina Rezende

Transformation of practice and concrete reality does not happen in a linear fashion and move slowly compared to the juridical and legal transformations that foment the new tecnoassistencial framework of health in Brazil. Changing the organizational design of the system through the introduction of new directives, norms and organic laws is not sufficient to sustain an effective transformation, if it is not followed by changes in the ways of being of health professionals, which implies a reconfiguration of its knowledges and associated practices (FRANCO; MERHY, 2012). This situation presents itself as an ethical challenge to the professional practice of nurses. The objective of this study was to analyze the professional practice of the family health nurse, considering the ethical aspects involved. This is a case study with a qualitative approach, carried out in a city in the metropolitan region of Belo Horizonte, Minas Gerais - Brazil. The participants were 15 nurses of the Family Health Strategy and the data were collected through an interview following a semi-structured script and observation. The statements were submitted to Content Analysis (BARDIN, 2011). All ethical aspects have been respected. The results pointed out that ethical problems are often based on the contradiction between the ideological perspective that sustains the health of the family and the potential for transformation of the care model and the practice undertaken in the daily life of the service. Although family health has the power to intervene in community dynamics in order to break with biomedical logic, what is perceived is a reproductive movement in this way of making health. Such reproduction can be attributed to the imaginary of the subjects whose social construction of the demand still rests on the search for medication, denying other therapeutic possibilities. It is concluded that nurses in this context recognize and believe in the family health paradigm, but can not find the means to operationalize concrete changes in the way their practice is performed. These changes are not consistent with the ideological principles that he considers to be consistent with the role to be played in the Health Family Strategy, which can contribute to reconfiguring the model of health care in Brazil.

References:

Bardin, L. (2011) *Análise de conteúdo*. São Paulo: Edições 70. Franco, T. B. & Merhy, E. E. (2012) *Cartografias do trabalho e cuidado em saúde*. Tempus - Actas de Saúde Coletiva. 6 (2):1-13. Retrieved from <http://www.tempusactas.unb.br/index.php/tempus/article/view/1120>

NURSING CONSULTATION IN PROMOTING SELF CARE FOR THE ELDERLY WITH CHRONIC PAIN IN A UNIT OF PAIN

Maria Madalena Martins; Idalina Gomes; Maria Anjos Pereira Lopes

Conceptual Framework- Chronic pain is a frequent problem in the elderly, still underdiagnosed and underused, interfering with their autonomy and aggravating the major geriatric syndromes. The difficulties in caring for the elderly with pain come from the lack of training about aging, myths related to pain and the elderly, as well as difficulties in pain assessment (Kopf, 2013). The nursing consultation emerges as an intervention to help the elderly to take self-care, through an interaction

where it happens to be revealed, to become involved, to be empowered, to commit, to take self-care (Gomes, 2013). **Problem-** In the nursing consultation in a pain unit, we found that the instrument of registration of data collection for the first time, focused on the history of pain, with scant and scattered other dimensions of the lives of the elderly. **Objective-** Obtain relevant information about the elderly person at the first nursing visit at the unit to enable an intervention project focused on their needs. **Methodology-** Project work (Vargas, 2009) using the principles of research-training-action (Reason & Bradbury, 2002). Duration of the project- one year, end in February 2016. **Data collection tools-** combining qualitative and quantitative data (participant observation, analysis of records and interviews). **Participants** - 4 nurses from the pain unit. **Methodological procedures-** Diagnosis of the situation - Analysis of the narratives of 4 nurses and the records of 6 clinical processes, according to the analysis-built grid. Development - Presentation of the results to the team - objective - to cause the change to be desired. - Training at the request of the team: analysis and discussion of 3 clinical cases and their records, which led to requests for training on aging, multidimensional evaluation of the elderly person with chronic pain and model of partnership. Timely training in everyday clinical practice. **Evaluation of results** - Field notes; Analysis of records of 8 clinical trials; 4 formal interviews analyzed, according to Bardin (2007). Ethical principles fulfilled regarding the authorization to the institution and informed consent to the nurses. Results- Improvement in records to know the elderly person, resources and family environment. Increased awareness during interaction to consider the elderly partner in care. **Conclusion-** Reformulation of the data collection instrument from the initial evaluation to the elderly person with pain, based on the Gomes partnership model. Creating conditions that facilitate reflection within the nursing team.

References:

- Bardin, L. (2009). *Análise de Conteúdo*. Lisboa: edições 70.
- Gomes, I. D. (2013). Promover o cuidado de si: a natureza da parceria entre o enfermeiro e o doente idoso no domicílio. In M. A. P. Lopes (org.). *O cuidado de enfermagem à pessoa idosa: da investigação à prática* (pp 77-113). Loures: Lusociência.
- Kopf, A. (2013). Dor na Velhice e Demência. In A. Kopf & N. B. Patel (Eds). *Guia para o Tratamento da Dor em Contextos de Poucos Recursos* (pp. 291- 298). Seattle: Associação Internacional para o Estudo da Dor (IASP).
- Reason, P. & Bradbury, H. (2002). *Handbook of action research: participative inquiry & practice*. London: Sage Publications, Inc.

EXPERIENCE OF FAMILIES AND TEENAGERS WITH DM TYPE 1 IN THE PUBLIC HEALTH OF A REGION IN SOUTHERN BRAZIL

Marinês Finco; Judite Hennemann Bertoncini

Diabetes Mellitus type 1-DM1 is the second most common chronic disease of childhood and responsible for 90% of diabetes cases at this stage, however, only 50% of cases are diagnosed before the age of 15 years. Chronic diseases such as diabetes, are permanent in the life of the person and family, demanding behavioral changes in lifestyle, essential in the treatment and control of the disease. For children and adolescents, these adaptations are deeper and intense, accompanied by achievements and particular frustrations of the growth and development of their potential. **Objective:** to know the experience and therapeutic itinerary of teens and families with type 1 diabetes mellitus using the public network. **Method:** qualitative research, exploratory case study

type with maximum variation sampling. The subjects were ten adolescents with diabetes mellitus type 1 and ten families who participated directly in the care of a health region of Santa Catarina-Brazil. It was held open in depth interview with adolescents and families and field observation. The data had been treated by thematic content analysis and the dialectical hermeneutics. The analysis resulted in the construction of three categories: the feelings of the discovery of the disease; the live with diabetes mellitus type 1 and; the health care network in monitoring the person with DM1. **Results:** the discovery of the disease comes with seizing and requires changes in adolescents' routine and the whole family. The biggest challenge relates to the adequacy of the diet. The acceptance of the disease is hampered by the condition of adolescence and living with diabetes is permeated with doubts about the future. On the network of health care, therapeutic choices used by families and teenagers are focused on specialized attention. **Conclusion:** the Constitution of the adolescent and family therapeutic itinerary is constituted by the use of different resources in addition to the offered by the health services can better support families living with this condition. The secondary services still concentrate teen with diabetes care, making it difficult to network assistance and coordination of care by primary care.

References:

Mendes, E. V. (2012). The care of chronic conditions in Primary Health Care: the imperative of consolidating the Family Health Strategy. Brasília: Pan American Health Organization. Brazilian Society of Diabetes. (2014). Accessed on June 12, 2015, available in Guidelines of the Brazilian Diabetes Society: 2014-2015: [Http://www.diabetes.org.br/directories-and](http://www.diabetes.org.br/directories-and-positioning) positioning.

USE OF FAMILY PLANNING RISK STRATIFICATION OF ATTENTION TO FAMILIES IN BLUMENAU, BRAZIL

Marinês Finco; Gislaïne Tolentino Rodrigues; Carmen Liliam Brum Marques; Judite Hennemann Bertoncini

The demands on the family health strategy require planning and organization of work to ensure equity in the attention. The home visit is a tool for individual and family, comprehensiveness provides health conditions, recognize by setting type and intensity family care necessary. The use of family risk stratification allows direct more attention to families with greater risk of vulnerability. We aim to report the experience of applying the scale of family risk stratification of rabbit and Savassi in a family health Strategy (FHS) of Blumenau-Brazil. The ESF has 921 registered families Lothar Franz, however, only 4 micro areas have community health agent, these being included in this report. The micro areas 1, 2, 3 and 5 have 751 registered families, excluding houses and 120 vacancies. The team, mentors and scholarship carried out the risk stratification in November 2016. Initially was certified if the chips were updated and revised after the Sentinels. The variables considered sentinels were: bedridden, physical disability, mental disability, low sanitation conditions, severe malnutrition with score 3; drug addiction and unemployment with 2 score; diabetes, hypertension, illiteracy, greater than 70 years and less than 6 months 1 score; resident/relationship room, if greater than 1 if equal to 3 score 1 score 2 and if less than zero score 1. Began the collection of information in own instrument using the sentinels of personal risk and the familiar. Were tabulated in tables by simple summation of the scores assigned to each variable and Classifieds in maximum risk, when the sum reached equal to or greater than nine points, medium risk of seven and eight points and lower risk of five and six points. Of the 921 registered

families, risk stratification of 751, excluding micro area without community health agent. The nurse reviewed the charts of the families 2 and 3 risk, reclassifying some families among the average and maximum risk. Among the families, 94% had minimal risk; 2.5% medium risk; 3.5% maximum risk. The sentries with score three more frequent were drug addiction (81.8%) and hypertension (63.6%). The team has produced unique therapeutic projects for families of maximum risk, which were included in the strategic agenda of domiciliary programmatic view. The stratification of risk embedded in the process of family team work made it possible to extend the look for some families that were not reflected in the listing of programmatic visits, allowing unique therapeutic project in order to avoid further complications.

References:

Mendes, E. V. (2012). The care of chronic conditions in Primary Health Care: the imperative of consolidating the Family Health Strategy. Brasília: Pan American Health Organization.

Savassi, L. C., Lage, J. L., & Coelho, F. L. (2013). Systematization of a family risk stratification instrument: the family risk scale of Coelho-Savassi. Journal of Management & Primary Health Care, 179-185.

THE PROMOTION OF THE AUTONOMY OF THE DEPENDENT PERSON FOR SELF-CARE; A MODEL OF NURSING INTERVENTION IN LONG TERM CARE

Marisa Lourenço; Paulino Sousa

Framework: The study is placed within the domain of self-care, specifically, "within promotion the autonomy of dependent person for self-care". It emerges from a course of Action Research (AR), developed a rehabilitation unit of Portuguese Long Term Care (LTC). The LTC is focused on global recovery the person, promoting one's autonomy and improving one's functionality, within the ambit of his/her dependency situation. The usual referencing criteria for these units contemplate the dependency for self-care in people with needs of functional rehabilitation in self-care basic activities (self, bathing, getting dressed or undressed, grooming, feeding, toileting, turning, transferring and wheelchair use), with a strong potential for recovery. This condition leads to a situational transition of health/ illness that implies a process in the sense of a significant change in way of life, learning using adaptive strategies, new roles and responsibilities. Something that can be facilitated by nurses. We need to find a model to take the dependent person to achieve their potential autonomy for self-care. **Methodology:** used in the study with objective: developing, a model of intervention that promotes the autonomy of the dependent person for self-care, was AR, for this we resort to five phases according to McKay & Marshall, 1999, diagnostic situation (identify opportunities for change), action planning, implementation (change), evaluation and identification of the acquired. Between October 2010 and October 2014. In rehabilitation unit of LTC, located Porto. Collect and analyze the data we use: interviews; content analysis; documentary analysis; instrument for evaluation of dependence for self-care and field notes. Qualitative and quantitative approaches were employed in data processing. The participants in diagnostic phase were 108 and in evaluation phase 143, clients were hospitalized at unit, at time of data collection and 14 nurses. The ethical aspects of the study were met. **Results:** allowed to structure a set of assumptions that are at the root of a model orientation the design of care focused on promoting autonomy for self-care. We start from "what nurses do and how they do", for a strategy of reflection "about action and in the action", to generate the evidence. **Conclusion:** the research allowed structuring the professional

action of nurses focused on promoting autonomy for self-care, based on their potential for recovery and develop na empirical knowledge that intends to conduct professional practice, guided by conceptual model (Orem's Theory of Self-Care and Meleis's Theory of Transitions), progressively becoming more significant for people.

References:

- Orem, D. (2001). Nursing: concepts of practice, (6^{ed}) St. Louis: Mosby
- Mckay, J. & Marshall, P. (2002). Action research: a guide to process and procedure Recuperado de http://www.utas.edu.au/infosys/publications/research/Qual_Research/mckay%20&%20marshall_%20Action%20Research%20process%20m.
- Meleis, A.I. (2007). Theoretical Nursing Development & Progress. (4^a ed.) Philadelphia: Lippincott Williams & Wilkins.
- Lourenço, M. A (2005). A promoção da autonomia da pessoa dependente para o autocuidado: um modelo de intervenção de enfermagem em cuidados continuados (Tese de Doutorado). Universidade Católica Porto, Portugal.

IMPACT OF A PATIENT CARE BUNDLE FOR PAIN MANAGEMENT IN PEDIATRIC VENIPUNCTURE

Mauren Teresa Grubisich Mendes Tacla; Larissa D. Grispan e Silva;

Venipuncture is one of the painful procedures performed more frequently in pediatric units, but despite the benefits achieved through its use, this technique, usually traumatic, exposes the child to an acute pain experience. Even with the large production of scientific evidence for pain management, many children continue to receive inadequate treatment regard procedural pain. Knowledge translation has been used globally in order to minimize the gap between the production of scientific evidence and its application in the care setting. This study aimed was to describe the impact of a patient care bundle for pain management in children undergoing venipuncture implemented guided by the conceptual framework Knowledge Translation. That's a Convergent Care Research, before and after intervention, conducted with the nursing staff of a southern pediatric unit of Brazil. There were applied observations before and after the implementation of the patient care bundle, comparing the use of strategies for pain management and children's pain scores for 43 venipunctures. Complied with ethical recommendations, data collection occurred in distinct phases: elaboration of the unit situational diagnosis, development of the patient care bundle in conjunction with the researcher and members of the nursing staff and assessment of the impact of the patient care bundle. After the implementation of the patient care bundle the use of strategies for pain management increased 39%. Preparation of the child and/or companion has increased 35%. The incentive to breastfeeding as a strategy of pain relief remained the same in both moments observed. The use of sweet-tasting solution with or without non-nutritive sucking was higher in the pre-implantation period than in the post, a fact that can be explained due to the awareness acquired by professionals after the implementation of the patient care bundle, since previously many this strategy was used in a non-judgmental way. Child positioning, distraction and topical anesthetic usage were introduced in the unit after the implementation of the patient care bundle. The number of children who experienced severe pain reduced 18%. The intervention improved the quality of nursing care, evidenced by the increased use of strategies for prevention, control and relief of pain and reduction of pain scores felt by the child during the procedure. The

association of Care Convergent Research with the Knowledge Translation proved to be relevant, since both, each with its peculiarities, aim to translate the findings of scientific research for the care reality.

References:

1. Canadian Institutes of Health Research. (2012). Guide to Knowledge Translation Planning at CIHR: Integrated and End-of-Grant Approaches. Recuperado de www.cihr-irsc.gc.ca/e/193.html
2. Curtis, S., Wingert, A., & Ali, S. (2012). The Cochrane Library and procedural pain in children: an overview of reviews. *Evidence-Based Child Health: A Cochrane Review Journal*, 7(5), 1363–1399. doi10.1002/ebch.1864
3. Oelke, N.D., Lima M.A.D.S., & Acosta A.M. (2015). Knowledge translation: translating research into policy and practice. *Revista Gaúcha de Enfermagem*, 36(3), 113-7. Recuperado de <http://seer.ufrgs.br/index.php/RevistaGauchadeEnfermagem/article/view/55036/35071>
4. Stevens, B.J., Yamada, J., Estabrooks, C.A., Stinson, J., Campbell, F., Scott, S.D., ... CIHR Team in Children's Pain (2014). Pain, 155(1), Pain in hospitalized children: effect of a multidimensional knowledge translation strategy on pain process and clinical outcomes. 155:60-8. doi 10.1016/j.pain.2013.09.007
5. Trentini, M., Paim, L., & Silva, D.M.V. (2014). Pesquisa convergente assistencial – PCA: delineamento provocador de mudanças nas práticas de saúde (3ª ed.). Porto Alegre, RS: Moriá.

MEANING OF THE EXPRESSIVE-INSTRUMENTAL-AFFECTIVE TOUCH FOR THE NURSES WHO WORK IN AN ADULT INTENSIVE CARE CENTER METROPOLITAN REGION OF BELO HORIZONTE – MG – BRAZIL

Mércia Aleide Ribeiro Leite; Luana Canaan de Carvalho

The Intensive Care Center has become a place where the technique often overlaps with relational aspects of care. The health professionals who are there tend to forget that, veiled by the problems of the disease, there is a patient and his family. This study aims to understand the significance of the expressive - instrumental-affective touch, as a form of humanized care, for nurses who work in an Adult Intensive Care Center. This is a descriptive and exploratory qualitative study carried out with seven nurses who work in an Intensive Care Center of a hospital located in the metropolitan region of Belo Horizonte, Brazil. For the analysis of the interviews we used the technique of content analysis, proposed by Bardin. The study was approved by the Research Ethics Committee of the institution. The search for an understanding of the meaning of the expressive-instrumental-affective touch originated two categories of analysis: 1- Expressive-instrumental-affective touch: instrument for humanized care; 2- Applicability of the expressive-instrumental-affective touch in the Intensive Care Center. The nurses reported their practices, how they experience touch in everyday life and how it can be a tool for humanizing care. They consider the expressive-instrumental-affective touch important for the maintenance of care focused on humanization. However, they report that it is not yet effectively realized at all times, because the time spent with other tasks makes it impossible to carry it out. We realized that it is necessary to discuss this issue more frequently in the daily life of the work, to improve working conditions so that nurses can devote more time to the affective touch in the intensive care of this institution and to raise more discussions on the subject.

Keywords: Therapeutic touch. Nurses. Humanization of Assistance. Intensive Care Units. Patient Centered Care

PUNCTION VEIN PERFORMED IN A BRAZILIAN PRIVATE INSTITUTION: STUDY OF CONVERGENT MIXED METHOD

Michele Nakahara Melo; Cristina Arreguy-Sena; Laércio Deleon de Melo; Mariana Marta Paschoal Ferreira da Silva; Luciene Carnevale de Oliveira; Luciene Muniz Braga

BACKGROUND: Puncture of peripheral veins is an everyday practice in hospital institutions, and the perception of it and the representations made on them are intervening components on the coping of this procedure. Considering it is a technical procedure, its perception and coping has contours that need to be considered in nursing care 1-2. **OBJECTIVE:** The aim was to understand the symbolic elements of social representation about the peripheral vein puncture process, its origin and self-perception of feelings and behaviors facing this procedure. **METHOD:** Convergent parallel mixed method (based on the procedural approach of Theory of Social Representation according to Moscovici and cross sectional survey) performed in a private hospital of a city of Minas Gerais, Brazil. Individual interviews were conducted during hospitalization with people aged ≥ 18 years with the use of blood vessels for therapeutic purposes. Data collected using iconization technique (clip art and comic book collage technique) with audio recording of the discursive content and the selected images of the comic book and cursive records of the quantitative variables. Data collected and processed in SPSS21 and NVivoPro11 softwares, according to descriptive statistics and content analysis (Bardin⁴), respectively. Meeting all ethical and legal requirements of research conducted with human beings according to Brazilian legislation. **RESULTS:** 148 people participated, of which 75.7% were women; 39.2% brown; 51.3% living without partners; 80.4% had children and 58.1% were illiterate or had completed elementary education. All stages of the puncture process were perceived. In general, feelings of relief (13.9%) predominated; Pain (12.7%); Indifference (11.7%), fear (11.2%), behavior of: vigilance (19.4%), silence (16.9%) and avoidance of gaze (13.4%). Both feelings and behaviors varied according to the stage of the puncture process, although their interpretation, evidenced specificities. The representational elements were: needles, tourniquet, infusion complex, arm, treatment, pain, fear, do not look. They had positive and negative evaluations that were originated from experiences with relatives, others and their own. There are selected images from the comic book that illustrate and exemplify the results allowing them to triangulate them and reduce the use of the mute zone (im)explicitly. **CONCLUSION:** The representational elements identified refer predominantly to the behavioral dimensions of negative evaluative character. Puncturing the veins in the perception of the participants generated conflicting behavioral and emotional responses that interfere in the coping of this procedure and the perception of the institutional care received. This research contributes to the rescaling of nursing care to hospitalized patients who have their peripheral veins punctured for therapeutic purposes.

References:

- Gorski, L. et al. (2016) Infusion therapy standards of practice. J Infus Nurs, 39(n. suppl 1): S1-S159.
- Krempser, P; Arreguy-Sena, C.; Barbosa, A. P. S. (2013). Características definidoras de trauma vascular periférico em urgência e emergência: ocorrência e tipos. Esc. Anna Nery [internet], 17(1): 24-30.
- Moscovici S. (2003) Representações sociais: investigações em psicologia social. Petrópolis, RJ: Vozes.

SOCIAL REPRESENTATIONS OF PATIENTS ON HEMODIALYSIS USING ARTERIOVENOUS FISTULA: NURSING CARE EVIDENCE

Michele Nakahara Melo; Cristina Arreguy-Sena; Denise Rocha Raimundo Leone; Karine Martins Ferreira; Jéssica Marisol Honorato; Luciene Muniz Braga

CONCEPTUAL FRAMEWORK: The construction of an arteriovenous fistula (AVF) for substitutive renal treatment requires that nurses know how the patients deal with the fistula in order to care for them. **RESEARCH PROBLEM:** The objective of this study was to understand the symbolic components and their hierarchical system of socially constructed representations by renal patients about the use of AVF according to Neuman's theory. **METHOD:** Procedural approach outlined in the Theory of Social Representations held in a hemodialysis treatment, in Minas Gerais, Brazil. 175 people on hemodialysis participated. Eligibility criteria were the following: having used or currently using a double lumen catheter; age ≥ 18 years; and exclusion: desire to stop, presence of complications in the period of data collection and being hospitalised. Individual interview was given, with non-hierarchical free evocation using the "arteriovenous fistula" inductive term. A dictionary of equivalent terms was prepared, with 446 cognomes that were processed in the EVOC2000 program using 47.3% corpus. Ethical and legal requirements were met according to Brazilian legislation regarding research conducted with humans. **RESULTS:** 175 people on hemodialysis participated, men (59.4%); average age of 61 years. Elements were placed on the upper left quadrant: "making sure it works"; "working fine-success"; "pain-suffering-discomfort-annoyance" (attitude or behavioural dimensions) and "treatment-control" (objectival dimension). The representations depict the following contents: concern, discomfort and usefulness of arteriovenous fistula to allow for renal replacement therapy. Defense mechanisms were identified, reaffirming stressor situations that, when examined in the light of Betty Neuman's theory, reveal the energy system instability of people on hemodialysis. **CONCLUSION:** Although it is possible to identify that the participants consider the care as being of good quality, this research contributes to evidence that conflicts and stressors exist among them due to the hemodialysis treatment and/or having/having had an arteriovenous fistula, that are capable of impacting one's state of health. This research provides nurses with information reported from users about their collective needs, a fact that is capable of guiding the decision-making process for the routing of nursing care.

References:

- 1) Ribeiro, L. C., Arreguy-Sena, C., de Souza, L. C., & Oliveira, D. V. (2014). Significados atribuídos à fístula arteriovenosa pela pessoa em hemodiálise. **HU Revista**, n. 39(1 e 2).
- 2) ABRIC, J.-C.; JODELET, D. O estudo experimental das representações sociais. **As representações sociais**, v. 5, p. 205-223, 2001.
- 3) Neuman, B. The Neuman systems model in research and practice. **Nursing Science Quarterly**, v. 9, n. 2, p. 67-70, 1996. ISSN 0894-3184.

SOCIAL REPRESENTATION OF USERS OF PRIMARY HEALTH CARE REGARDING VENIPUNCTURE SAFETY IN THE STRUCTURAL APPROACH

Michele Nakahara Melo; Cristina Arreguy-Sena; Marjore Marce Costa Durão; Maria Helena Freire; Luciene Muniz Braga; Anabela de Sousa Salgueiro Oliveira

CONCEPTUAL FRAMEWORK: To puncture vein for blood collection is a strategy to monitor and follow up health conditions. It is permeated by symbolic meanings not always captured in human responses¹⁻³. **RESEARCH PROBLEM:** The aim was to understand the social representations elaborated by outpatients in a Primary Health Care unit regarding the process of puncturing vessels for blood sampling coleta performed in other people considering the Betty Neuman Nursing Theory. **METHOD:** Structural approach outlined in the Theory of Social Representations carried out in a Primary Health Care Unit (UAPS) in Minas Gerais, Brazil performed with people aged ≥ 18 years who had their vessels punctured for collection of blood samples. Individual interviews and non-hierarchical free evocation technique triggered by the inductive expression "take a vein to collect blood from another person" were performed. Data collected with the help of the Open Data Kit application. Dictionary of equivalent terms was elaborated and treated in the EVOC 2000 program. All ethical and legal human beings research requirements were met according to Brazilian legislation. **RESULTS:** 204 people participated: 77.9% women; 50.1% ≥ 48 years old; 44.1% declared white skin; 7.69 years of schooling (average); 81.9% had children (mean 2.15). The symbolic elements were: 1) Left Upper Quadrant- "anxiety", "sorrowful" and "quiet-normal" and allowed access to dichotomic behavioral dimensions between confrontation without conflict and sensitization/discomfort that evidence human response of danger with the other; 2) Left Lower Quadrant- "daughter" and "do not look" and "fear-dread" refer to memories of event with relatives, intended behavior of avoiding to look while following the procedure and undesirable feeling; 3) Right upper quadrant - "nervous" that translates into a behavior of discomfort when performing the puncture of vessels in another person and 4) Right Lower Quadrant- "pain" that refers to the sensory experience of discomfort itself. The cognems identified portray difficulty in experiencing the procedure being performed in another person, which according to Neuman, constitutes in stressful situations of intrapersonal and interpersonal origin. **CONCLUSION:** The understanding of the social representations elaborated by outpatients in a Primary Health Care unit regarding the process of puncturing vessels for blood sampling coleta performed in other people allowed to capture the symbolic elements of conflict, which allows the nurse to size the relevance of their interaction with outpatients, to use a compatible therapeutic strategy in his/her professional action in order to reshape the emergent singular individual needs when he/she witness the puncture procedure performed in someone else.

DEVELOPMENT PROJECT OF NURSING INTERVENTION PROGRAM FOR SELF-MANAGING FOOD/DIGESTIVE SYMPTOMS FOR THE PERSON WITH GASTRIC CANCER UNDERGOING SURGICAL INTERVENTION

Noélia Gomes; Célia Samarina Vilaça de Brito Santos; Maria Merícia Gouveia Rodrigues Bettencourt Jesus

CONCEPTUAL CONTEXT: Gastric cancer is the third most deadly cancer in the world, being the fifth most common malignant tumor according to the International Agency for Research on Cancer of the World Health Organization, quoted by Forman and Sierra (2014). Surgery is considered the only healing treatment according to Robalo (2005), Mello, Lucena, Echer and Luzia (2010) and Laporte, Weston, Paludo, Castria, and Kalil (2014). Digestive disorders are frequent in the postoperative period, causing nutritional status changes and body weight maintenance. To help the person understand the physiological basis of these changes are nurse's responsibility, as well as to make appropriate dietary changes, and to teach how to feed themselves. Since we do not have knowledge about the existence of a nursing self-management program intervention, nor the disease and its physiological changes or symptoms - directed at the person with gastric cancer undergoing surgical treatment - the goal of this research is to develop a nursing intervention program that promotes feeding self-management/ digestive symptoms by the person undergoing surgery for gastric cancer.

METHODOLOGY: This project is composed by two phases: 1st phase- review of the state of the art regarding the needs of the person with gastric cancer undergoing surgical treatment and review of the existing scientific knowledge regarding the interventions/nursing intervention programs addressed to these people; 2nd phase - construction of a nursing intervention program that promotes feeding self-management, using the Delphi technique. For the selection of the sample we will use the method of non-probabilistic sampling, since the interest is to select themed "experts". Free will and informed consent of the participants will be obtained and the confidentiality of the data will be guaranteed. For the data collection a characterization form will be used and questionnaires will be constructed with open and closed questions to obtain the consensuses.

RESULTS: With this project implementation, we will provide the nursing community an intervention program that promotes feeding self-management/digestive symptoms, obtained by consensuses and contributing to a better postoperative recovery and quality of life of the person with gastric cancer. **CONCLUSION:** The postoperative recovery and quality of life of the person with gastric cancer undergoing surgical intervention is strongly influenced by the collateral symptoms. Likewise, the implementation of the proposed intervention program resulting from this project will enable the person to develop the capacity to self-manage the consequences of the disease.

FAMILY INTERVENTION STRATEGIES: PERCEIVED COMPETENCE OF NURSES IN PRIMARY HEALTH

Palmira da Conceição Martins de Oliveira; Maria Henriqueta de Jesus Silva Figueiredo; Marlene Lebreiro; Zaida Charepe; Carmen Andrade

The development of skills within the family intervention requires the selection of strategies centered on family interview and on the principles of neutrality, circularity and hypothesizing, (Figueiredo, 2012). For the development of consistent behaviors to implement these strategies,

supervision stands out in the context of continuous training, based on the interaction between the theoretical frameworks and self perception of competence. It is intended to describe the perceived competence of Primary Health Care nurses in relation to family intervention strategies. This was an exploratory and descriptive study. A questionnaire was constructed and applied in 2015 to 260 nurses of Primary Health Care, integrated in the "MDAIF: A transformative action in Primary Health Care" project. The questionnaire took the form of a Likert scale with 7 response options (1 - "totally incompetent"; 4 - "competent"; 7 - "fully competent"). For the treatment of the data was done using the IBM SPSS Statistics 21. On average nurses perceive themselves in lower levels of competence in all family intervention strategies: systemic questionnaire (M=01.02); interview principles (M=03.02); family interview in fifteen minutes (M=2.03); Interview steps (M=2.97); Promoting change in family functioning (M = 3.08). The results show the need to acquire skills that enable the achievement of the required performance leading to the pursuit of changes in family functioning, involving new relationships and new behaviors. Moreover, the results allowed the effective identification of training needs that require systematic and continuous supervision processes facilitators of autonomous and experiential learning, with the implementation of methodologies focused on decision-making processes.

References:

- Figueiredo, M. H. (2012). *Modelo Dinâmico de Avaliação e Intervenção Familiar: Uma abordagem colaborativa em Enfermagem de Família*. (1ª ed). Lisboa: Lusociência.
- Oliveira, P. C. & Figueiredo, M.H. (2013). Skills development in family health nursing: The contribution of pedagogical strategies. *Verpleegkunde - Dutch nursing journal*1, 1: 38 - 38.

THE DYNAMIC MODEL OF FAMILY ASSESSMENT AND INTERVENTION AND LEARNING PROCESS IN FAMILY HEALTH: FACTORS VALUED BY STUDENTS

Palmira da Conceição Martins de Oliveira; Maria Henriqueta de Jesus Silva Figueiredo; Marlene Lebreiro; Ana Jorge Marques; Ana Sofia Santos; Clemente Sousa; Maria José Peixoto

Background and Purpose: The Dynamic Model of Family Assessment and Intervention (MDAIF) is used as a theoretical framework for students in the teaching-learning process, as a sustainer of decision making in the process of assessment and family intervention. We attempted to identify the factors valued by nursing students in the use of MDAIF. **Methods:** Exploratory and descriptive study. The population corresponds to 265 Portuguese students of the degree course in Nursing who used MDAIF, as a theoretical and operating framework in the Curricular Units "Clinical Teaching: Family Health. We used a form of open questions, being offered to students who describe what they valued most from their experience of using the MDAIF. Was applied in the last class of this Curricular Unit in the school year of 2014/2015. In an interpretative analysis of the data, these were subjected to content analysis. **Results:** The aspects valued by students focused on two key domains: the overall characteristics of MDAIF (comprehensiveness, organization, and systematization; objectivity/specificity and thinking process) and in the operating matrix they highlighted the design of family care, enhanced by the operational dimensions and evaluation categories in the scope of evaluation, the diagnostic criteria and the set of proposed interventions. **Conclusions and Implications:** The use of MDAIF as a referential model sustaining the decision making was valued by students, both on its Conceptual components, and either in terms of operational matrix. The

inclusion of this referential model seems to constitute itself as a potentiator of learning strategy on family health.

References:

- Figueiredo, M. H. (2012). *Modelo Dinâmico de Avaliação e Intervenção Familiar: Uma abordagem colaborativa em Enfermagem de Família*. (1ª ed). Lisboa: Lusociência.
- Figueiredo, M.H., Andrade, C., Oliveira, P. C., Castro, C. & Melo, P. M. (2013). Competências de intervenção familiar em Cuidados de Saúde Primários e promoção da saúde social, *Gaceta Sanitária* 27, Especial, 309 - 310.
- Oliveira, P. C., Figueiredo, M.H., Leite, C. & Apóstolo, J. A. (2016). As práticas dos enfermeiros de Cuidados de Saúde Primários na avaliação familiar: contributos do processo formativo sobre o MDAIF. Paper presented at Jornadas Internacionais de Enfermagem Comunitária, Porto.

TRAINING PROCESS ON DYNAMIC MODEL OF FAMILY ASSESSMENT AND INTERVENTION: CONTRIBUTIONS TO FAMILY NURSING INTERVENTIONS

Palmira da Conceição Martins de Oliveira; Maria Henriqueta de Jesus Silva Figueiredo; João Luís Alves Apóstolo; Carlinda Maria Ferreira Alves Faustino Leite

Background and Purpose: Dynamic model of family assessment and intervention (MDAIF) is a theoretical referential in family nursing, with an operational matrix that guides the care process (Figueiredo, 2012). It allows nurses to propose interventions answering the families' care needs through its accurate identification, therefore requires training to convert knowledge in action (Oliveira, Figueiredo, Apóstolo & Lourenço, 2014). The purpose of this study was to assess the contribution of training on the model, in the family intervention practices of primary health care (PHC) nurses. **Methods:** A qualitative, descriptive, case study was used. 49 nurses participated in the pre-training and 43 post-training time. After obtaining informed consent, they filled out a form of open questions applied in the two formative moments. The information was subjected to content analysis, co-existing deductive and inductive procedures, supported by the model's matrix. Results: In pre-training time, the most common interventions of nursing practice categorized into: action type (e.g. teaching, evaluate); customer (e.g. elderly, child, family members ...); policy areas (health programs of the national health plan and prevention levels). After training, the categories were: areas of attention MDAIF (e.g. parental role, caregiver role, marital satisfaction, ...) and, type of action (e.g. teaching ...). **Conclusions:** Before the training process, the intervention practices of PHC nurses were geared to a high number of actions, which were focused on care for each member of the family, based on the guidelines of the national health programs and PHC, assuming the family while context of care. After training, family intervention practices were set, based on the attention areas of the operative model matrix, particularly in terms of the development dimension and functional dimension, suggesting that the training process had led to effective changes. Allowed the nurses to restructure their family intervention practices while customer through a systemic approach, permitting gains in health and improved quality of care provided to the population, considering the mission of PHC.

References:

- Figueiredo, M. H. (2012). *Modelo Dinâmico de Avaliação e Intervenção Familiar: Uma abordagem colaborativa em Enfermagem de Família*. (1ª ed). Lisboa: Lusociência.

Oliveira, P. C., Figueiredo, M.H., Apóstolo, J. A., & Lourenço, M. (2014). Training Transfer in Continuing Education: from family health nursing knowledge into clinical practice. Paperpresented at The 14th European Doctoral Conference in Nursing Science, In Nursing Science: One goal, Different features, Maastricht.

WELCOMING OF THE PSYCHIATRIC PATIENT IN AN EMERGENCY REFERENCED UNIT OF A UNIVERSITY HOSPITAL

Paula Fernanda Lopes; Vanessa Pellegrino Toledo

Everyday, people with any mental health disorder seek Emergency Departments and has his first contact with a health professional in welcoming carried out by a nurse. In this context, such an action can become a challenge, whereas the reception should be fast and follow a protocol, which hinders the development of therapeutic interpersonal relationship, from humanized approach, is essential to the achievement of the management of the patient. The aim of this study was to understand how the nurse performs the welcoming of the psychiatric patient in an emergency referenced unit from a university hospital and what they expect of this action. Qualitative research based on the phenomenological sociology of Alfred Schütz which was conducted in a University Hospital of São Paulo. Data were collected by means of phenomenological interviewing with 13 nurses who welcome the psychiatric patients and granted their permission to the consent form free, guided by the following guiding questions: Tell me how do you perform the welcoming of psychiatric patients in the Emergency Referenced Unit. How would you like it to be performing? The phenomenological sociology was used to analyse and interpret the interview statements. The results were grouped into five categories: The action of the nurse in the psychiatric patient welcoming, How the nurse feels in welcoming the patient agitated and aggressive, Expect having more time to welcome the psychiatric patient, Believe the unit isn't the proper environment for the psychiatric patient and Expect being qualified to welcome the psychiatric patient, which showed the nurse as the one who often doesn't do the welcoming of the psych patient, when it does its action is based on the biomedical model, perpetuating the image of subordinate professional, not recognizing the welcoming as an action of nursing, stagnating in conduct of forward these patients for medical evaluation. Another factor that influences the nurse not to welcome the psychiatric patient is related to the feeling generated by these patients, based on their previous negative experiences, as concern about their safety and physical integrity. It's still possible to understand the nurses expect to have more time to welcome the psychiatric patient, as well as improvements to structure and providing training for the development of this action. The welcoming is not seen by nurse as an action of nursing and this recognition is presented in this study as a possibility to take ownership and develop the action with reliability and quality.

Keywords: Qualitative research; Mental health; User embracement.

References:

- Costa, P.C.P., Garcia, A.P.R.F., Toledo, V.P. (2016). Acolhimento e cuidado de enfermagem: um estudo fenomenológico. *Texto e Contexto Enfermagem*, 25(1), 455-465.
- Schutz, A. (1972). *Fenomenologia del mundo social*. Buenos Aires (AR): Paidos.
- Clarke, D.E., Boyce-Gaudreau K., Sanderson, A., Baker, J.A. (2015). ED triage decision-making with mental health presentations: a "thinkaloud" study. *Journal of Emergency Nursing*, 41(6), 496-502.

Kerrison, S.A., & Chapman, R. (2007). What general emergency nurses want to know about mental health patients. *Accident and Emergency Nursing*, 15(1), 48-55.

Broadbent, M., Jarman, H., Berk, M. (2004). Emergency department mental health triage scales improve outcomes. *Journal of Evaluation in Clinical Practice*, 10(1), 57-62.

CARING FOR CHILDREN, WHAT TEENAGE MOTHERS MOST VALUE

Paula Sarreira-de-Oliveira; Manuela Néné

Early childbearing is associated, mostly and traditionally, with social sectors less equipped with school and professional capital, where many of these adolescents are not experienced in caring for children or newborns. In the postpartum period, there is a confrontation with the reality of the exercise of maternal competencies, the physical and emotional adaptation for all mothers, especially the adolescent mother, since she has fewer resources and life experiences to manage this period. In this context, it will be relevant to identify the knowledge that teenage mothers value most to take care of their children, in order to consider the perspective and their opinion in the guidelines and recommendations during pregnancy, as well as in the performance of a safe motherhood. So, we asked: To take care of your children, what knowledge is most valued by teenage mothers? To answer the question, we defined as methodological procedures: exploratory, transversal study, of a quantitative nature. The data collection was done through the application of the questionnaire regarding the knowledge that the mothers most valued to take care of their child, belonging to the Postpartum Learning Needs Scale. After applying the inclusion criteria, the sample consisted of 251 healthy adolescent mothers with full term pregnancies, aged 14 to 19 years and who were in the immediate puerperium. The questionnaire of 27 items related to child care, using a 4-point Likert scale, which, after the authorization of the various ethics committees, was applied between 2011 and 2015 in the obstetrics services of the hospitals of the Metropolitan Area of Lisbon. Statistical analysis of the data was performed using statistical software SPSS® Statistics 20. As main results, we emphasize that adolescent mothers are more interested in knowing about child safety, child development and early diagnosis. We emphasize that the responses given by adolescent mothers do not go against those reported in the literature (Resta et.al, 2010). That is, the literature reveals that the greatest doubts and insecurities presented by mothers are related to umbilical care, breastfeeding care and the baby's first bath. Thus, we can conclude that adolescent mothers presented higher priority in the knowledge that gives them information related to anticipatory care and prevention.

References:

Resta, G., Marqui, A., Colomé, I., & et al. (jan/mar.de 2010). Maternidade na adolescência: significados e implicações. *REME - Rev. Min. Enferm.*, 14(1), pp. 68-74.

CHARACTERISTICS OF WOMEN WHO PERFORMED NURSING CONSULTATIONS IN PRIMARY CARE HEALTH IN A MUNICIPALITY IN THE SOUTH OF BRAZIL

Priscila Ponticelli; Judite Henemann Bertoncini; Carmen Liliam Brum Marques Baptista

Introduction: The cervical cancer was considered in 2016, the thirdmost prevalent type of cancer in women, affecting about of 16.340,000 Brazilian women (NATIONAL CANCER INSTITUTE, 2015).

During the nursing consultation is fundamental the connection with the woman to raise relevant information, since the query involves questions of intimacy regarding the women and their sex life.

Objective: We had as objective to draw the profile of women who performed the cytopathology exam of the Uterine Cervix during a consultation with a nurse. **Methodology:** It is quantitative, descriptive research, held in six units of the Family Health Strategy (FHS), Blumenau- Southern Brazil. Data collected from nursing consultations for women recorded in the chart and portfolio of the academic residents in primary care at Furb (Blumenau Regional University), in the ESF. Participated 106 women who performed the cytopathology exam of the Uterine Cervix during the nursing consultation from August to November 2016. The data was tabulated in Excel spreadsheets.

Results: The average age was 40.8 years, with between 17 and 72 years old, being most in reproductive age, between 31.25 and 49.75 years old. The overweight is a risk factor for developing uterine cervical neoplasms and was present in 48% of the women in this survey. While 75% of women have active sex life, all with less than 50 years of age, only 14% of these use condom, too, and are susceptible to HPV infection. It was found that 60% of women consulted do not use hormonal contraceptives, 61% have more than 45 years old, which may be associated with menopause and 52% do the breast self-examination periodically. Of these women, 37% have already performed mammogram, 44% never held and 8% was referred for the first time for the exam this time. It was found important information not recorded in part of the charts as: height and weight, 17%; sexual activity, 18%; completion of breast self-examination, 5%; and implementation of mammography in 11%. This can affect the planning of care for women. **Conclusion:** The nursing consultation in primary care regards to promote integral care allowing the women, considering their singularities and needs. It is recommended to highlight, together with the students and nurses, the importance to contemplate fundamental information to plan the attention to the women, carrying out all the steps of the nursing consultation as provided in the Resolution 358/2009 of the Nursing Federal Council (NURSING, 2009 FEDERAL COUNCIL).

References:

BRASIL. Ministério da Saúde. Secretaria de Atenção à Saúde. Departamento de Atenção Básica. (2013). Controle dos cânceres do colo do útero e da mama -. (Cadernos de Atenção Básica; n. 13). Brasília: Editora do Ministério da Saúde.

Instituto Nacional de Câncer José Alencar Gomes da Silva (Brasil). (2015). Estimativa 2016: incidência de câncer no Brasil. Rio de Janeiro: INCA. Conselho Federal de Enfermagem. Resolução 358 de 15 de outubro de 2009 do Conselho Federal de Enfermagem. Dispõe sobre a Sistematização da Assistência de Enfermagem e a implementação do Processo de Enfermagem em ambientes, públicos ou privados, em que ocorre o cuidado profissional de Enfermagem, e dá outras providências. COFEN. Disponível em:

http://www.cofen.gov.br/resoluco-cofen-3582009_4384.html Acessado em 27/01/17.

ATENDIMENTO DE ENFERMAGEM NO PERIOPERATÓRIO - REGISTOS ELETRÔNICOS

Rita Baptista Silva; Maria Manuela Martins; Helena Goncalves Jardim

A cirurgia, como ferramenta crucial na resolução de problemas nos idosos, na melhoria de funções e qualidade de vida, despertou-nos para a construção de um programa de inovação informática de atendimento holístico do idoso no bloco operatório, visando reconstruir as práticas de

enfermagem perioperatória e adequar as intervenções dos enfermeiros às necessidades dos idosos atendidos no bloco operatório do Hospital Dr. Nelio Mendonça. Para a sua consecução efetuámos dois estudos: o primeiro "estudo piloto", quantitativo e descritivo, teve por objeto compreender as características e avaliar o estado funcional dos idosos ($n=120$). Verificou-se que a média do "Índice de Barthel" foi de 63,9 e à medida que a idade aumenta, aquele diminui. O segundo, de tipo quantitativo e correlacional, teve como objetivo avaliar o programa de atendimento ao cliente no bloco operatório, com enfoque no idoso em período perioperatório e nos enfermeiros perioperatórios. Para a sua consecução, efetuou-se uma observação estruturada das práticas de enfermagem perioperatórias ($n=111$), antes e após a aplicação do referido programa, e, simultaneamente, averiguámos indicadores relacionados com o idoso em fase perioperatória ($n=460$), utilizando variáveis clínicas e variáveis associadas a escalas de medida, nomeadamente: Índice de Barthel, avaliação da dor aguda pós-operatória, ansiedade-estado de Spielberger for Adults, the Arnestarda Preoperative Anxiety and Information, avaliação do risco de queda e avaliação do risco de úlceras por pressão. Decorrente da implementação do programa, observaram-se melhorias significativas na performance dos enfermeiros, entre as quais, a realização da visita pre e pós-operatória (86,7%), a avaliação da ansiedade pre-operatória (86,7%), a avaliação da dor aguda pós-operatória (100%), a realização de registos completos pre e pós-operatórios (86,7%; 96,7%). No atendimento integral dos clientes idosos, constatou-se que a maioria é do sexo feminino (57,8%; 63%) com idades entre os 65-69 anos (36,5%; 30%). A especialidade com maior representatividade foi a cirurgia geral (34,3%; 29,1%), do tipo Major (70,0%; 78,7%). A maioria dos idosos foi submetida a anestesia geral (58,7%; 59,6%) sendo o tempo médio de recobro de 3 horas e 31 minutos, na 1ª fase, e 3 horas e 10 minutos, na 2ª fase. O nível de ansiedade pre-operatória e a dor aguda evidenciaram uma diminuição significativa no pós-operatório na 2ª fase. Os resultados comprovaram a aplicabilidade e exequibilidade deste programa, sendo a sua validação efetuada apenas nos clientes idosos.

Palavras-chave: Perioperatório, idoso, programa informático, enfermagem perioperatória

Referências:

- Associação dos Enfermeiros de Sala de Operações Portugueses (2014). Enfermagem Perioperatoria. Da filosofia à prática dos cuidados. Loures, Lusodidacta.
- Cambotus. C. et al. (2014), As Funções do Enfermeiro Perioperatorio, In: Lusodidacta (Ed.), Enfermagem peri operatoria. Da filosofia à prática dos cuidados, Loures. p.1 05-169.
- Direção Geral da Saúde (2010). Plano Nacional da Saúde: Sistemas de Informação em Saúde Online
- European Operating Room Nurses Association. (2009. reavaliado 2014), EORNA Framework for Pertoperative Nurse Competencies,
- Ordem dos enfermeiros. (2004). Quadro de referencia para a construção de indicadores de qualidade e produtividade na enfermagem. Suplemento Revista Ordem dos Enfermeiros. 13(3).38.

SOCIODEMOGRAPHIC AND EPIDEMIOLOGICAL PROFILE OF WOMEN WITH BREASTCANCER IN BAHIA

Rita De Cássia Velozo da Silva; José Carlos Amado Martins; Maria Isabel Domingues Fernandes

Introduction: Globally, breast cancer is the type of cancer that affects women the most. In Brazil, breast cancer is the most frequent in women in all regions, except in the Northern Region. The

estimate for the year 2017 indicates the occurrence of approximately 11 thousand new cases of female breast cancer in the Northeast Region, and in 2016, in Bahia, the estimate was 2,560 new cases, 980 of which were in the capital alone, reinforcing the Magnitude of the problem. Regarding mortality, in Brazil between 2007 and 2011 the mortality rate from breast cancer was 12/100 thousand, while in Bahia it was 8.36 / 100 thousand. **Objective:** To analyze the sociodemographic and epidemiological profile of women with breast cancer, based on data from the Hospital Registry of Cancer of a unit of high complexity in oncology (UNACON). **Method:** An exploratory, descriptive, retrospective, quantitative study with a qualitative approach is designed, using documentary analysis. All procedures were carried out in accordance with the guidelines of the Research Ethics Committee to which it was submitted (Consistent Opinion 62709316.9.0000.5028), guaranteeing the confidentiality of information and anonymity of women, and using data obtained exclusively for the purposes of this research. The data will be obtained at a UNACON, in Salvador - Bahia, between January and March 2017, using a script based on the tumor record of the National Cancer Institute. A bivariate analysis will be performed to measure the association between the staging and each of the sociodemographic variables, and the data organized and worked out in the Statistical Package for Social Sciences. Expected results: to provide subsidies that allow greater visibility to the patterns of occurrence of the disease, to the gaps in secondary prevention, and to help in coping with this neoplasm in the various levels of care.

References:

Brasil. Ministério da Saúde. (2013). Controle dos cânceres do colo do útero e da mama (2ªed). Brasília: Editora do Ministério da Saúde, 124p. Brasil. Instituto Nacional de Câncer José de Alencar Gomes da Silva. (2014). Estimativa 2014: incidência de câncer no Brasil. Rio de Janeiro: Inca, autor.

FALLS IN THE ELDERLY –CROSS SECTION STUDY

Rita Santiago Almeida; Elisabete Gonçalves; Adriana Henriques

With the ageing of the population the occurrences that affect the elderly must occupy the main intervention of the specialist nurses within the community service. The prevention of falls is a well-known theme in Portugal and the rest of the world. In Portugal the ageing index is of 120/100 in 2011, which is associated to the socio economical crisis that makes elderly people and their families to face new challenges. It is a study, which resulted from a diagnostic phase of a community intervention project, developed on an ACES part of the ARSLVT where 33 elderly participants took part. The main objective of this transversal study was to characterise the elderly population, and their families, that is integrated in a programme of domiciliary care, which match the sample criteria, thus identifying the level of risk of falling at home and the main causes associated with this risk. To sustain the intervention of the nurse the persona centred model of McCormack & McCance (2010) was used and the methodology of health planning (Imperatori & Giraes, 1993). The situational diagnosis was conducted with the use of instruments that allowed the multidimensional identification of the elderly person and the risk of falling, namely: Health history and history of falls; Falls Efficacy Scale; Barthel Scale; Morse Fall Scale: Get up and Go; Mini-mental Statement and home assessments. SPSS statistical software was used to process data collected. Authorisation was requested from the allocated ACES ethics committee and informed consent was granted from all participants, after the project was explained. The measures were applied on 33 participants, age average of 80 yearsold. The reason for the visit in 82% of the cases was the treatment of wounds. In average each person has 4,45 tablets a day and the most prescribed are psychopharmacological

and anti-depressants. On the efficacy scale it was seen that the domestic activities and going out for small shopping was high fear of falling (57%). According to the Barthel Scale 64% of the sample is autonomous and based on Morse Scale 58% has high risk of falling. The application of the minimal statement revealed that 42, 4% of the sample has a cognitive deficit. The home checklist, adapted by OMS, revealed that the public infrastructures are damaged in 70% of the cases, inside the house there are loose rugs in 73% of the cases, only 27% has supportive rails on the bathroom and in any case there were communication aids such as telephones, emergency calls by the closer to the floor. This data collection led to the conclusion that the falls are associated with multiple factors, such as unbalance, walking difficulties, home characteristics and the lack of emergency request aids. With this data it was possible to develop an intervention project in partnership with the USF team. The intervention strategies were based on the health education and empowerment, promoting the acquisition of necessary knowledge for appropriate decision-making towards fall prevention. Despite time restraints there was an interest about the theme and the will to modify behaviours, in order to promote your health.

Keywords: fall prevention, elderly people, risk of falls assessment, community and nursing intervention.

References:

- Akyol, A. D. (2007). Falls in the elderly: what can be done? Journal Compilation, International Council of Nurses, 191-196.
- Amann, G. P. (2012). Programa Nacional de Prevenção de Acidentes. Projeto: COM MAIS CUIDADO - prevenção de acidentes domésticos com pessoas idosas. Manual de Apoio e Formulário. Lisboa: Direção Geral da Saúde e Fundação Mapfre.
- Araújo, V. S., Dias, M. D., & Bustorff, L. A. (Dezembro 2011) A instrumentalização da educação em saúde na atenção básica. Revista de Enfermagem Referência III Série, n.º 5, pp. 7-17.
- Araujo, F., Ribeiro, J. L., Oliveira, A., & Pinto, C.; (Julho-Dezembro 2007). Validação do Índice de Barthel numa amostra de idosos não institucionalizados. Qualidade de Vida, pp. 59-66.
- Beasley, B., & Patatanian, E. (2009). Development and Implementation of a Pharmacy Fall Prevention Program. Hospital Pharmacy, pp. 1095-1102.
- Beauchamp, T. L., & Childress, J. F. (2002). Princípios de Ética Biomédica. São Paulo, Brasil: Edições Loyola.
- Benner, P. (2001). De iniciado a perito. Excelência e poder na prática clínica de enfermagem. Coimbra: Quarteto.
- Bicho, A. I. (2012). Capacitar o cuidador familiar para gerir as dificuldades do cuidar em casa apesar da situação de dependência. Lisboa: ESEL.
- Branco, P. P. (2013). Avaliação e modificação do risco de queda em idosos com recurso à posturografia dinâmica computadorizada. Tese apresentada para a obtenção do Grau de Doutor em Medicina, na Especialidade de Medicina Física e de Reabilitação, conferido pela Faculdade de Ciências Médicas da Universidade Nova de Lisboa. Lisboa: Universidade Nova de Lisboa - Faculdade de Ciências Médicas.
- Carta de Ottawa para a promoção da saúde. (1987). 1ª Conferência internacional para a promoção da saúde. Lisboa: DGS.
- Costa-Dias, M. J., Ferreira, P. L., & Oliveira, A. S. (2014, Mai./Jun.). Adaptação cultural e linguística e validação da Escala de Quedas de Morse. Revista de Enfermagem Referência série IV - n.º2, pp. 7-17.

Currie, L. (2008). Chapter 10. Fall and injury prevention. In H. (ed.), Patient safety and quality: An evidence-based handbook for nurses (pp. 1-11).
Rockville: Agency for Healthcare Research and Quality. Decreto-Lei n.º 115/2013, 7. d. (2013). aprova o regime jurídico dos graus académicos e diplomas do ensino superior.
Diário da República, 1ª série - N.º 151-7 de Agosto de 2013, 4749-4772. Eurosafe. (2013). Inguries in the European Union - Summary of injury statistics for the years 2008-2010. Amsterdam: Eurosafe.
Fortin, M.-F. (1999). O processo de investigação: Da concepção à realização. Loures: Lusociência.
Giddens, A. (2001). Sociologia 6ª edição. Lisboa: Caloust Gulbenkian.
Gillespie, L., Robertson, M., Gillespie, W., Sherrington, C., Gates, S., Clemson, L., et al. (2013). Interventions for preventing falls in older people living in the community (Review). The Cochrane Collaboration.

OCCUPATIONAL STRESS MANAGEMENT: REPORT OF A GROUP EXPERIENCE AMONG NURSING WORKERS OF AN INTENSIVE CARE UNIT

Rodrigo Sanches Peres

Intensive Care Units (ICUs) represent an especially stressful sector for nursing workers, as these units specifically provide care to patients with severe conditions who require continuous observation and assistance, often in emergency situations. This study reports an intervention focused on the management of occupational stress implemented among the nursing workers of an ICU. The head of the sector requested this intervention and its scope was based on a survey conducted with these same workers. The survey revealed difficulties related to coexistence in the work environment. We opted for an intervention based on encounter groups with limited-time duration. The purpose of the encounter groups, according to this study's conceptual framework, is to help the participants devise new possibilities to relate to each other based on the exchange of emotions associated with common experiences. This study can be classified as a qualitative and descriptive action-research because it was oriented to solve practical problems through collective actions. The participants were 17 nursing workers of a Brazilian ICU. Five different groups were established over the course of one year of intervention; each group met during six weekly sessions that lasted one hour and 30 minutes each, totaling 30 sessions. The number of participants in each group ranged from three to five. Structured exercises were proposed during the sessions to promote deeper relationships among the participants and we ensured our commitment to maintaining confidentiality in concerning the topics discussed. The results reveal that the structured exercises provided a moderate amount of stimuli and encouraged the participants to share subjective experiences, always based on respect of differences. Additionally, a flexible and empathic attitude on the part of the groups' coordinators was essential to ensuring certain autonomy for the participants in regard to the configuration of the group processes, which revitalized the nursing staff as a social system. Therefore, the use of encounter groups was fruitful in the context of an intervention intended to manage occupational stress in the nursing staff of an ICU, as it minimized difficulties related to coexistence in the workplace. (Support: CNPq)

References:

Corey, M. S., & Corey, G. (2006). Groups: Process and practice. London: Thomson.
Osório, L. C. (2000). Grupos: teorias e práticas. Porto Alegre: Artmed.
Rogers, C. (1978). Grupos de encontro. São Paulo: Martins Fontes.
Zimerman, D. E. (2000). Fundamentos básicos das grupo terapias. Porto Alegre: Artmed.

FOOD, FOOD SAFETY AND NUTRITIONAL STATUS OF PEOPLE IN STREET SITUATION

Samara Soares Pereira; Sandra Ana Czarnobay; Nasser Haidar Barbosa; Lidiane Ferreira Schultz

Considering the increasing population living on the streets and the lack of guarantees of respect for their basic rights, such as housing, employment, access to health services and the Human Right to Adequate Food (DHAA), this study aimed to investigate the food reality of this population. Verifying issues related to food safety and nutritional status. This is a qualitative and quantitative cross-sectional study, carried out in the city of Joinville, SC, Brazil. The data were collected from the follow-up of the Unified Health System (SUS), through structured interviews, with the people attended by these professionals and also through an open questionnaire referring to eating habits and access. The feeding of this population in the period from September to October in the year 2016. We used the adaptation of the Brazilian Scale of Food Insecurity (EBIA) to analyze the data. As a result, we found that 85% of the participants were male, with an average age of 40 years and 80% had incomplete elementary education. Regarding their nutritional profile, 60% of the participants presented normal weight when classified according to the BMI, reported an average of 16 meals a week and 70% of them had access to food only for donations. Food Insecurity was observed in 100% of the interviewees. Regarding the Popular Restaurant, the policy adopted to reduce food insecurity, and reduce health problems, 65% knew it, but none of the participants used the report as a major obstacle to access and distance between home and place of the restaurant. The data obtained are extremely relevant to the health of this priority population. However, this study made it possible to characterize and evaluate the nutritional status of people living on the streets and thus to problematize the way in which the Public Policies of food security have been treated in the municipality and the importance of the multidisciplinary action with this population.

Keywords: Food and Nutrition Security; Person in Street Situation; Social vulnerability; Equity in Health

UNDERSTANDING THE EXPERIENCE OF CHILD CAREGIVERS IN PROPHYLACTIC TREATMENT FOR HEMOPHILIA: A QUALITATIVE STUDY

Sandra Marisa Pelloso; Wanessa Cristina Baccon; Maria Dalva de Barros Carvalho

Hemophilia is a hereditary, recessive, X-linked, hemorrhagic disease. The incidence of hemophilia A and B is approximately one in 10,000 and 40,000 to 50,000 births respectively. They are characterized by intra-articular bleeding and hemorrhage in cavities, muscle and other tissues. The treatment of hemophilia has undergone a great revolution in the last decades, allowing the prevention of hemorrhages. Prophylactic treatment is effective with regular and early use of coagulation factor concentrates. In Brazil, it is administered in three modalities: primary prophylaxis in the absence of osteochondral joint disease; secondary, after two hemarthroses and in the absence of joint disease and tertiary, after the installation of joint disease. In Brazil, the treatment of hemophiliacs is done in specialized centers, which makes it difficult for patients to access the service. In case of bleeding, this situation can cause further complications to the patient. In order to minimize these problems, home therapy (HT) is performed, outside the hospital setting and without direct medical supervision. For children, the execution of HT remains under the responsibility of

their caregiver, the mother. Objective- To understand the experience of the children's caregivers in primary prophylactic treatment for hemophilia. Methodology- Qualitative study. Subjects were the mothers of hemophiliac children. The instrument of data collection was a questionnaire with open and closed questions. The analysis was performed through the content of analysis method. All ethical aspects were respected. Results- 5 mothers took part in the study. They were trained for venipuncture exclusively by nursing. The prophylactic treatment of hemophilia presented a new way of living with the disease. Mothers feel safer because their children are more free and protected after prophylaxis. Mothers stress the importance of this procedure taking place at home. Children do not have to move to another unit or wait hours for care. Therefore, they collaborate at the time of infusion of the factor. The only obstacle reported was the difficult experience of learning how to puncture the vein. The prophylaxis represented a "turning point" in the experience of living with the disease. For the child, it meant a life closer to normality and for the parents, not living just for the illness, but for the entirety of life. Conclusion- Administering the prophylactic therapy revealed itself a gratifying experience for the mothers. Venous puncture training performed by nursing was the most important aspect of the experience. It brought peace, security and serenity to the execution of the procedure.

Keywords: Hemophilia, Prophylaxis, Nursing, Child, Caregivers

PREVENTION OF DOMESTIC AND SEXUAL VIOLENCE FOR WOMEN: CONTRIBUTIONS FROM THE COMPREHENSIVE ASSISTANCE TO WOMEN'S HEALTH FOR VIOLENCE SURVEILLANCE

Saturnina Alves da Silva Martins; Leonaria Lopes Maia; Roberta Andrea Oliveira

INTRODUCTION: violence is a phenomenon that affects women of different sexual orientations, social classes, origins, regions, civil states, schooling or races / ethnicities in unequal power relations; Can occur from childhood to old age, whether in the field of work, religious, cultural and/or community, among others. Any and all acts of violence against women constitute a violation of their rights, and a society effort is necessary to ensure prevention and effective coping. Specifically in the health sector, institutions involved in caring for people experiencing sexual violence should ensure every stage of care that is needed. In Primary Care, actions to produce health care that can guarantee sexual rights should be developed in the perspective of women's autonomy over their bodies. **OBJECTIVE:** The general objective of this study was to describe the role of the nurse in the Basic Health Unit on the prevention related to domestic and sexual violence against women. **METHODOLOGY:** The nature of this research was basic, exploratory and descriptive with a qualitative approach. The research was conducted in twenty-two Basic Health Units located in a neighborhood in the eastern zone of the city of São Paulo, eighteen nurses who worked in these units were interviewed. An electronic questionnaire containing five semi-structured questions with open-ended questions was used for data collection. **CONCLUSION:** It was concluded with this study that in Primary Care the nurse participates actively in the processes related to health promotion and prevention of diseases and injuries. The improvement of the health conditions of women depends on the success of the health actions developed in the basic health units developed by a multiprofessional team, in which the nurse is required to be prepared to act in a qualified way, developing and acquiring new competences.

Descriptors: Domestic Violence. Sexual Violence. Nursing

References:

- Casique, L. C. & Furegato, A. R. F. (2006). Violência Contra as Mulheres: Reflexões Teóricas. Revista latino-am Enfermagem, 14(6), USP, São Paulo.
- Ferraz, M. I. R. et al. (2009). O cuidado de Enfermagem a Vítima de Violência Doméstica. Cogitare Enferm. 14(4):755-9. Curitiba.

TRANSLATION AND CULTURAL ADAPTATION OF “SELF-MANAGEMENT DIABETES QUESTIONNAIRE” FOR PORTUGUESE ADOLESCENTS WITH TYPE 1 DIABETES

Sónia Borges Rodrigues; Maria Alice Curado; Maria da Graça Vinagre; Maria José Góis Paixão; Maria Isabel Costa Malheiro

Background: Chronic illness places new demands on patients to become effective managers of their own health care. This challenges traditional knowledge-based patient education to include interventions that develop patient self-management skills. In that way we are developing a lay, or peer-led self-management program for adolescents with diabetes type 1, based on Chronic Disease Self-Management Program developed by Lorig & Holman (2003) and Malheiro (2015). The peer-led education is a promising educational intervention as the peer leaders have a different knowledge from the professionals, which is based on experiential knowledge. Evaluating whether adolescents' diabetes self-care activities associated with glycaemia control are successfully addressed by our peer-led self-management program requires the use of valid instruments. Therefore, we are preparing a translation, cultural adaptation and statistical validation of the Self-Management Diabetes Questionnaire (DSMQ). The DSMQ is an instrument developed by Schmitt (2015). It consists of 27 items (with 4 points) about five dimensions of diabetes self-management: dietary control, medication adherence, blood glucose monitoring, physical activity and the physician contact. The aim of the present study is to systematically translate the instrument into Portuguese and test the construct validity. Methods: The DSMQ was independently translated into Portuguese by two bilingual translators and experts in the area of study. Then, discrepancies and ambiguities were discussed in a committee approach (members of research team and other experts in diabetes subject) until consensus was reached and a provisional version of the questionnaire was developed. The next step will be the blind back-translation of the preliminary initial translated version of the DSMQ and another meeting between the experts to solve inconsistencies. The pre-final version of the instrument will be pretested among adolescents with type 1 diabetes using cognitive interview techniques. The sensibility and content validity of the DSMQ items will be assessed with a sample of Portuguese adolescents with diabetes type I (n=150), using SPSS statistics version 22nd. Results: The results of the pretest will be discussed by the experts until a final translation of DSMQ is approved. Conclusions: The last step will be the statistical validation of the DSMQ Portuguese version with a large sample of adolescents with diabetes type 1. To perform psychometric evaluation, we will apply the confirmatory factor analysis with SPSS statistics and AMOS.

Keywords: Adolescents; Diabetes; Self-Management; Validation studies

THE NURSES PERCEPTION ABOUT PATIENT SAFETY CULTURE IN LONG TERM CARE UNITS IN PORTUGAL

Susana Marisa Ribeiro; Pedro Bernardes Lucas, Teresa Santos Potra, Filomena Mendes Gaspar

Conceptual framework: Patient safety, as a key component of quality care, has taken, in recent years, a particular interest, not only for patients who want to feel safe, but also for managers and health professionals who intend to provide safe, effective and efficient care services (Fragata, 2011; Swanson & Tidwell, 2011). **Research problema:** In Portugal, Long-Term Care Units (LTCU) are one of many degrees of care, in which the investigation is still residual in the topic of quality of care services and patient safety, which is a complex problem that deserves a detailed analysis of its mechanisms and all the processes involved. The creation and maintenance of a safety culture enables an effective improvement of the patient safety. Based on these assumptions, the survey question of this research study is: "What is the patient safety culture in LTCU?". **Method:** Given the nature of the problem, this study is quantitative, observational, descriptive and cross-sectional. Participants are 86 nurses, of 10 LTCU, yielding an average rate of 72% response, throughout the application of the questionnaire Nursing Home Survey on Patient Safety Culture. **Outcomes:** There are strengths and also various opportunities for improvement, all with different degrees of priority. Strong points were identified in the "Teamwork", "Feedback and Communication About Incidents", "Overall Perceptions of Resident Safety" and "Supervisor Expectations & Actions Promoting Resident Safety". On the other hand, the dimension of a "Nonpunitive Response to Mistakes" was identified as an emerging priority for improvement. **Conclusions:** With this study, it was verified that it perpetuates a punitive environment, which leads to an under-reportage of errors, which complicates the organizational learning. It is noticeable the existence of an organizational environment that is not in line with the philosophy of innovation and continuous improvement of the quality of nursing care increasingly recommended and demanded by LTCU. In this way, it is essential for nursing managers to be aware that they play a central role in determining the environment of professional practice. It was identified that implications of this study that are very pertinent to care delivery, nursing management, research, and health policies.

References:

Agency for Healthcare Research and Quality (2014). Nursing Home on Patient Safety Culture: 2014 User Comparative Database Report.
Fragata, J. (2011) - Segurança dos Doentes - Uma Abordagem Prática. Lisboa: Lidel – Edições Técnicas.
Huber, D. L. (2006) - Leadership and nursing care management (4aEd). Fttadelfia: Saunders Elsevier. ISBN: 978-1-4160-5984-4

A ENFERMAGEM E O CONSUMO DE BEBIDA ALCOÓLICA DURANTE A GESTAÇÃO

Tharine Louise Gonçalves Caires; Rosangela da Silva Santos; Janaina Pinto Janini; Renata dos Santos Passos

Introdução: Atualmente, é crescente o número de gestantes que ingerem bebida alcoólica. A Organização Mundial de Saúde recomenda abstinência do uso de álcool durante a gestação. Objeto

de estudo: atuação da enfermeira com mulheres que fizeram uso de bebida alcoólica durante gestação. **Objetivo geral:** discutir atuação da enfermeira na prevenção do consumo de bebida alcoólica durante gestação. Método: Pesquisa descritiva, exploratória, qualitativa, utilizou método Narrativa de Vida. Os Dados foram coletados em quatro Centros Municipais de Saúde (CMS), nos quais foram entrevistadas quatro enfermeiras atuantes no pré-natal, com questão norteadora: “Fale-me a respeito de sua atuação com gestantes que ingerem bebida alcoólica”. As entrevistas foram realizadas entre fevereiro e maio de 2016, mediante aceitação e assinatura do Termo de Consentimento Livre e Esclarecido (TCLE). Critérios de inclusão: realizar consultas de pré-natal. O projeto foi aprovado em Comitê de Ética e Pesquisa, sob nº 1.205.233. Todas as entrevistas foram transcritas, na íntegra. Após retranscrições, releituras e recodificações foram agrupadas, sintetizadas e deram origem às categorias analíticas que foram analisadas comparativamente e por análise temática. **Resultados:** emergiram das narrativas a categoria Vulnerabilidade Feminina e uma subcategoria: atuação de enfermeiras no pré-natal na prevenção do consumo de bebida alcoólica. As narrativas foram analisadas sob a ótica do referencial teórico de vulnerabilidade e teoria da transição. Todas as unidades temáticas evidenciaram falta de informação sobre os malefícios que o álcool pode acarretar a gestante e ao feto. As enfermeiras não conseguem captar as gestantes que fazem uso dessa substância. Aceitam que beber socialmente não acarreta prejuízos a gestante e feto. A teoria de transição destaca que a atuação da enfermeira deve proporcionar conhecimento e capacitação a quem o vivencia, promovendo respostas saudáveis às transições, baseado nas experiências únicas dos indivíduos. **Conclusão:** este estudo evidenciou como a Enfermagem vem atuando na prevenção dessa substância durante consultas de pré-natal. A análise das narrativas mostrou que o uso abusivo de álcool é um processo complexo, que envolve fatores psicológicos, culturais, sociais e organizacionais.

PUNCTUATION OF BLOOD VESSELS FOR TRANSFUSION: A CASE STUDY ON THE PECULIARITIES OF THE PROCESS

Valesca Nunes dos Reis; Cristina Arreguy-Sena; Aline Almeida Peres; Michele Nakahara Melo; Luciene Muniz Braga

BACKGROUND: In Brazil, in 2012, 3,127,957 transfusions were performed, of which 85.23% were carried out at hospital care and in Minas Gerais were performed 320,524 transfusions 1. The situations involving blood transfusion recipients must be characterized in their specificity in order to facilitate the nursing practitioner for therapeutic decision-making2. **OBJETIVE:** The aim was to understand the specificities of the peripheral vascular puncture process performed for hemotherapy purposes in the perspective of the occurrence of peripheral vascular trauma. **METHOD:** A case study on the profile of persons punctured for hemotherapy purposes in a public health and teaching institution in a city of Minas Gerais, Brazil. Sample by typicality composed of six recipients of blood components. Data collected from June/2015 to August/2016. Individual interview with clinical evaluation based on semiological techniques was carried out, consultation of medical charts and photographic records of the catheter insertion site. Data collected by android device using the Open Data Kit and processed in the NVivoPro11 Software. Ethical and legal recommendations of the research with humans according to Brazilian legislation were met. **RESULTS:** Six patients who were hospitalized had anemia, thrombocytopenia and/or immunosuppression, whose blood vessels allowed the infusion of hemoderivatives and intravenous therapy to be feasible. There was loss of puncture and divergence between professional records

and labor practices was identified. Complex of fixation did not meet the institutional protocols. There were manifestations of vascular trauma: edema and ecchymosis documented by photographic records. Recommendations were given on the size of the intravenous catheter and the use of a central vessel for the infusion of vesicant drugs. **CONCLUSION:** Among the peculiarities that characterize the procedure of puncture of vessels performed in people with alterations in the blood profile for hemotherapy purposes are: the state of illness, the concomitant use of drugs and volumes infused; specificities required by hemoderivatives when infused and the inability to puncture peripheral veins motivate the use of central punctures. Photographic records were relevant and constitute strategies for the composition of didactic material for use in lifelong education.

References:

Brasil. Caderno de informação sangue e hemoderivados: dados de 2013. (2015). 8ª ed. Brasília: Editora do Ministério da Saúde Secretaria de Atenção à Saúde Departamento de Atenção Especializada e Temática. 158p.

World Health Organization. (2011). Global database on blood safety: Summary Report 2011.

WORK RELATED CANCER OF URBAN SOLID AND HOSPITAL WASTE COLLECTORS AND MECHANICS: KNOWLEDGE AND PREVENTION PRACTICES

Valesca Nunes dos Reis; Maria Inês Monteiro

CONCEPTUAL FRAMEWORK: As a multifactor disease, some types of cancers are associated with exposure to carcinogenic substances in the workplace. The complexity of work related cancer etiology justifies public investment in health with emphasis on promotion and prevention of this type of cancer. **RESEARCH PROBLEM:** To analyze the social representations of solid and hospital waste collectors and mechanics about health promotion and prevention practices for work related cancer based on Betty Neuman's Theory. **METHOD:** Procedural approach based on/outlined Social Representation Theory. Participated mechanics and urban solid and hospital waste collectors who work in a public department of urban services in a city of Minas Gerais, Brazil. Individual interviews were leaded (Jul-Oct 2016) by guiding a semi-structured script and was performed field notebook. Data were analyzed according to thematic content analysis (Bardin), processed by NvivoPro11 software. The ethical/legal requirements of human research have been complied with in accordance with Brazilian law (protocol number 1.604.685). **OUTCOMES:** Twenty workers participated: 10 hospital and urban solid waste collectors and 10 mechanics, which 15 were men. Were symbolic elements: diesel oil, vehicle dye, thinner, gasoline, degreaser, sun, dust, personal protective equipment (PPE), leadership, lecture, sharp and jagged instruments, garbage and biological materials. Two categories emerged: 1) risk conditions at work to get sick from cancer and 2) Behaviors and feelings regarding risks present at work. In the first category was mentioned origin exposure: chemistry (chemical, washing automotive vehicles, diesel oil, vehicle dye, thinner, gasoline, deg reaser); physical (sun, dust, smoke); biological (biological material, animal remains and parts of human body); relational (expressed by power relations with supervision and leadership and noncompliance with (inter)national labor legislation) and behavioral (inadequate PPE and personal conduct). In the second category emerged the concern with family, coworkers, the zeal with the work environment, the effort to use the PPE, even inadequate, and the figure of God as protector even in the face of personal and institutional negligence. **CONCLUSIONS:** Emerging symbolic

components express that participants are exposed to work environment with stressors (intrapersonal, interpersonal and extra personal). Some of them are corroborated by field notes and recognizes as intervenient for the occurrence of work related cancer. These evidences allowed to elaborating a diagnosis of the work environment from the perspective of practices and habits that could be prevented, as well as educational approaches and oversight.

RESUMOS DOS POSTERS | POSTERS ABSTRACTS

CONCEPTIONS ON INFANTILE-JUVENILE MENTAL HEALTH OF THE NURSES IN THE FAMILY HEALTH STRATEGY

Anna Rosa e Souza Occhiuzzo; Marina Serra Lemos

The guidelines of the World Health Organization consider infantile-juvenile mental health ((SMIJ) a priority issue. Comprehensive care in childhood and adolescence is a right of children and adolescents and the fundamental duty of society. The Brazilian program Estratégia Saúde da Família - ESF) represents the first contact of the population with the health system and aims to focus the individual as an integrated subject to the family and community and to promote and emphasize the integrality of actions. These should be based on the principles of the Unified Health System (Sistema Integrado de Saúde - SUS), the Psychiatric Reform and in accordance with the Statute of the Child and Adolescent (Estatuto da Criança e do Adolescente - ECA). The presence of nurses in the ESF teams is extremely important, since they are in a privileged position to institute mental health actions directed at the child and adolescent population regarding the identification of care needs, such as promotion, health protection in their different dimensions and to contribute to the implementation of actions that characterize the Psychiatric Reform, consistent with SUS principles and guidelines, as well as with the ESF and ECA assumptions. Qualitative research with the objective of analyzing the conceptions about SMIJ of the nurses who work at the ESF in the city of João Pessoa / PB - Brazil. Participants included 47 nurses, ranging in age from 25 to 57 years old and 10 to 30 years of graduation. For data collection, a semi-structured interview was used, which included the guiding question aimed to grasp the purpose of the study. The data analysis performed by the thematic category proposed by Bardin (2011). Ethical aspects were respected in accordance with Resolution 466/2012 of the Brazilian National Health Council. The results identified different thematic categories about the aspects of SMIJ that are objects of attention in the practice of the nurses. Among the categories that emerged, the behavioral and the difficult care categories are highlighted, with the central theme of the difficulty in doing this attendance. It was also evidenced in their speeches the conception directed to the perspective of mental illness. It was concluded that the aspects regarding nurses' SMIJ should go beyond biological logic, focusing on the integrality of actions. The investment in the qualification of professionals through permanent education in this area is necessary to stimulate new practices in SMIJ and, in this way, the child and the adolescent are seen in their integrality with their specificities of biopsychosocial aspects.

Keywords: infantile-juvenile mental health, conceptions, family health strategy, nurses.

References:

- Ministério da Saúde do Brasil (2005). Secretaria de Atenção à Saúde. Departamento de Ações Programáticas Estratégicas. Caminhos para uma política de saúde mental infanto-juvenil. Brasília: Ministério da Saúde.
- Ministério da Saúde do Brasil (2014). Atenção psicossocial a crianças e adolescentes no SUS: tecendo redes para garantir direitos. Brasília: Ministério da Saúde.

Ministério da Saúde do Brasil (2014). Secretaria de Atenção à Saúde. Departamento de Atenção Especializada e Temática. Fórum Nacional de Saúde Mental Infanto-juvenil: recomendações: de 2005 a 2012. Brasília: Ministério da Saúde.

Waidman M.A.P., Marcon S.S., Pandini A., Bessa J.B., Paiano M. (2012). Assistência de enfermagem às pessoas com transtornos mentais e às famílias na Atenção Básica. *Acta Paul Enferm.*, 25 (3), 346-351. DOI: <http://dx.doi.org/10.1590/S010321002012000300005>.

World Health Organization [WHO], (2003). *Caring for children and adolescents with mental disorders. Setting WHO directions*, Geneva.

IMPACT OF THE PROFESSIONAL NURSING PRACTICE ENVIRONMENT IN HEALTHCARE QUALITY

Carina Andrade; Filomena Mendes Gaspar; Teresa Santos Potra; Pedro Bernardes Lucas

Conceptual framework: Nursing care practice is developed in an environment of increasing complexity (Doran, 2011). Positive nursing practice environment is associated with better perceptions of healthcare quality and nurses job satisfaction (Salmond, Begley, Brennan, & Saimbert, 2009). Nurse manager is critical in leading the team to excellence, organizing existing resources and creating a safe environment in nursing care (McSherry, Pearce, Grimwood, & McSherry, 2012). **Research problem:** This study aims to analyse the influence of organizational characteristics of the professional practice environment of nurses from hospital organizations in the quality of nursing care, as well as to characterize and identify organizational attributes of practice environment most valued by nurses in a hospital and describe the relationship between the characteristics of professional nursing practice environment and quality of care. **Method:** Quantitative, observational, descriptive, cross-sectional, correlational study, with the research question "what is the influence of organizational characteristics of the professional nursing practice environment in the quality of health care?". The Portuguese version of the Revised Nursing Work Index (NWI-R) evaluated nursing practice environment, quality of care assessed by nurses' perception. 157 nurses from 2 Medicine Wards, 1 Surgical Ward, 1 Transplant Unit and 1 Operatory Theatre of the Centro Hospitalar X, 78 participated. An authorization from the Ethical Commission was obtained. Questionnaire completion assumed informed consent. Data collected from April 13th to May 29th of 2015. Statistical Package for the Social Science, IBM® SPSS® Statistics, version 22 used for analysis procedures. **Outcomes:** 82.1% nurses had a licentiate degree, 87.2% were female, mean age of 37.24 years and 14.25 years of professional activity, 47.4% develops his professional activity in medical units, 7.7% in surgery and 44.9% in other type of units. The quality of care was considered "very good" by more than 76% of respondents. The professional nursing practice environment was considered generally favourable (3.07 mean). Autonomy, Multidisciplinary Relations and Organizational Support Subscales had positive means (3.16 and 3.50), however the subscale Control over the Environment had a 2.97 mean. A significant positive correlation between NWI-R and the quality of nursing care was found. **Conclusions:** A favourable professional nursing practice environment has positive influence over the quality of nursing care perceived by nurses. Nurses' participation in their unity and organization decisions and optimization of human and material resources should be considered. These findings contribute to nursing management, demonstrating where an investment to improve the nursing practice environment will be more pressing.

References:

- Doran, D. M. (Ed.). (2011). *Nursing Outcomes: The State of the Science* (2nd ed.). Jones & Bartlett Learning.
- McSherry, R., Pearce, P., Grimwood, K., & McSherry, W. (2012). The pivotal role of nurse managers, leaders and educators in enabling excellence in nursing care. *Journal of Nursing Management*, 20 (1), pp. 7-19. doi: 10.1111/j.1365-2834.2011.01349.x
- Salmond, S. W., Begley, R., Brennan, J., & Saimbert, M. (2009). A comprehensive systematic review of evidence on determining the impact of Magnet designation on nursing and patient outcomes: is the investment worth it? *JBIM Library of Systematic Reviews* 2009, 7 (26), pp. 1119–1178.

CAPACITY OF CAREGIVERS TO COMPLY WITH THE PROPHYLAXIS RECOMMENDATIONS FOR VERTICAL TRANSMISSION OF HIV

Cristiane Cardoso Paula; Marília Alessandra Bick; Tamiris Ferreira; Clécia Sampaio; Stela Maris de Mello Padoin

Introduction: In early childhood, the main bonds, care, and stimuli needed for growth and development are provided by the family (Andrade et al., 2005). The population of children vertically exposed to HIV demands health care beyond the usual, considering Brazilian recommendations for replacing breastfeeding, antiretroviral prophylaxis, follow-up in specialized service, immunizations and nutritional care (Brazil, 2015). Objective: to evaluate the family capacity of caring for children exposed to HIV. Method: A cross-sectional study carried out with caregivers of children aged 0 through 18 months who were vertically exposed to HIV, being followed up at a specialized service in state of Rio Grande do Sul, Brazil. For data collection, the Capacity Assessment Scale to Care for Children Exposed to HIV was used (Barroso, Freitas, Galvão, 2013). The ethical aspects were respected (Brazil, 2012). Results: 58 caregivers answered the instrument, to 50.7% (n = 29) the ability to care was moderate, 34% (n = 20) was high and 15.3% (n = 9) the capacity was low. The factor ability to administer antiretroviral prophylaxis was high, 72.8% (n = 42), moderate 13.6% (n = 8) and low 6.8% (n = 4). The factor capacity for preparing and administering milk was high (54.1%) (n = 31), moderate (39.1%) (n = 23) and low 5.10% (n = 3). The factor capacity to prepare and administer complementary feeding was moderate 55.8% (n = 32), high 18.7% (n = 11) and low 8.5% (n = 5). The antibiotic ability factor was 52.4% (n = 30), 40.8% (n = 24) and 3.4% (n = 2). All caregivers (n = 58) presented high capacity to guarantee adherence to clinical follow-up and vaccination. Conclusion: The ability of perceived care moderate or high by caregivers emphasizes the demand for educational interventions aiming the improvement or changing their performance. The transfer of knowledge among care, research and education practices are fundamental to ensure the proper understanding of the caregiver of HIV-exposed children among caregivers' orientation and home-care practices.

Keywords: Infant; HIV; Family; Child Care; Nursing, Health Education

References:

1. Brazil. (2015). Ministry of Health. Ministry of Health Surveillance. Department of STD, AIDS and Viral Hepatitis. Clinical protocol and therapeutic guidelines for prevention of vertical transmission. Brasília, DF.

2. Nóbrega, V. M., Damasceno, S. S., Rodrigues, P. F., da Silva Reichert, A. P., & Collet, N. (2013). Attention to the child with chronic disease in the Family Health Strategy. *Cogitare Nursing*, 18.
3. Galvão, M.T.G., Barroso, M.M., & Freitas, J.G. (2013). Scale for assessing the ability to care for children exposed to HIV.
4. Brazil. (2012). Ministry of Health. National Health Council Resolution 466. Provides guidelines and regulations for research involving human beings. Brasília, DF.

BUNDLE FOR CENTRAL LINE BASED ON THE KNOWLEDGE TRANSLATION CONCEPTUAL FRAMEWORK IN A BRAZILIAN NEONATAL UNIT

Edilaine Giovanini Rossetto; Gabriela R. F. Curan; Louise Marina Fontana; Sarah N. D. Hegeto de Souza; Ligia Silvana Lopes Ferrari

The use of central vascular catheters, common among neonates in Intensive Care Units, represents one of the main risk factors for primary bloodstream infection, related to or associated with the catheter. In this Brazilian study, the use of the theoretical framework Knowledge Translation, which incorporates as one of the strategies the concept of bundle, a package formed by few practices based on evidence that have proven to improve the desired results. The present study aimed to elaborate a central catheter bundle and evaluate the impact of its implementation in a neonatal unit of a university hospital in south of Brazil. A quasi-experimental study of time-series design was carried out. Data collection occurred before and after the design and implementation of two catheter bundles, one insertion and one maintenance bundle. The rates of catheter-associated bloodstream infection were compared and the staff's knowledge of insertion and manipulation practices related to CVCs before and after the intervention was verified. A relative risk of 2.5 higher pre-infection in the post-intervention period was observed ($p = 0.02$, 95% CI 1.04-6.25), showing a reduction of 64.49% on mean infection rates. There was also increased knowledge of practitioners on the subject on most issues. We reinforce the adoption of the Knowledge Translation conceptual framework as an appropriate theoretical framework for changing the practice and improvement of central catheter care in a scenario of neonatal care in Brazil.

References:

- Stevens TP, Schulman J. (2012). Evidence-based approach to preventing central line-associated bloodstream infection in the NICU. *Acta Pediátrica*, 101 (Suppl. 464), 11–16.
- Resende DS, Peppe ALG, dos Reis H, Abdallah VOS, Ribas RM, Filho PPG. (2015) Late onset sepsis in newborn babies: epidemiology and effect of a bundle to prevent central line associated bloodstream infections in the neonatal intensive care unit. *Braz j infectdis*;19 (1):52-57.
- David B.; Edwards N. (2013) Sustaining Knowledge use. In: Strauss SE; Tetroe J; Graham, ID. *Knowledge Translation in Health Care Moving from Evidence to Practice*. 2ª Ed: UK, Cap. 3,6.
- Helder O, Kornelisse R, van der Starre C, Tibboel D, Looman C, Wijnen R, Poley M, et al. (2013) Implementation of a children's hospital-wide central venous catheter insertion and maintenance bundle. *BMC Health Services Research*.; 13:417.

STAFF PERCEPTIONS OF THE BARRIERS AND FACILITATORS TO IMPLEMENTATION OF THE BABY-FRIENDLY HOSPITAL INITIATIVES FOR NEONATAL WARDS

Edilaine Giovanini Rossetto; Sarah Nancy Deggau Hegeto de Souza; Thaila C. Castral; Marcia Helena Machado Nascimento; Sonia Semenik; Suzanne Campbell; Carmen G. Silvan Scochi

Introduction: Brazil is listed in the top ten countries with the highest premature infant birth rates, almost 50% of whom die because of their prematurity. The BFHI has demonstrated positive outcomes in the health and well-being of term infants and their families and may have effects on the survival and long-term outcomes for preterm infants when adjusted to their unique needs. In knowledge translation of evidenced based practice guidelines for premature infants in Neonatal wards, addressing staff's perceived barriers and facilitators is paramount. Prior to the implementation of the intervention at five experimental sites, group interviews were conducted to identify member's perception of the anticipated barriers and facilitators for implementation of the Neo-BFHI in their unit. The research question posed was: "What were Health Care Professionals perceptions of barriers and facilitators to implementing the Neo-BFHI in Brazilian NICUs?" **Method:** As part of a larger study, a convenience sample of fifty multi-disciplinary health care providers of five sites in Brazil (10 from each site) were brought together in two different meetings and asked "Can you identify at least one barrier and facilitator to each category for the implementation of the Neo-BFHI in the NICU in which you work?" Perceptions were included in five pre-categories: Infrastructure and environment; Human resources; Knowledge and attitude; Breastfeeding and Lactation Support; and Family Centered Care. Thematic Analysis based on Bardin's Content analysis was conducted to reveal the perceptions of barriers and facilitators, prior to implementing the Neo-BFHI change management. Participants signed a consent form to participate in research, which was approved by a ethic committee. **Outcomes:** Facilitators were identified as BFHI implemented in all sites; free access for parents; multidisciplinary team to assist family's demands; training in breastfeeding of the BFHI and support of Human Milk Bank. Many barriers were similar including: limited infrastructure to support parents' continuous presence; lack of specific preterm breastfeeding education for clinical staff; inadequate communications among staff; lack of protocols; overcrowding of units and insufficient staff to practice family centered care; resistance to change; and cultural and socioeconomical problems of families. **Conclusions:** Although centers have different breastfeeding prevalence rates and situations, the five centers from different regions in Brazil identified many similar perceived barriers and facilitators. Bringing together clinicians and administrators to identify mutual goals and objectives in light of perceived barriers and facilitators is a viable way of implementing knowledge translation and programs designed from evidence-based practice.

References:

- Alonso-Diaz, C., Utrera-Torres, I., de Alba-Romero, C., Flores-Anton, B., Lora-Pablos, D., & Pallas-Alonso, C. R. (2016). Breastfeeding Support in Spanish Neonatal Intensive Care Units and the Baby-Friendly Hospital Initiative. *J Hum Lact*, 32(4), 613-626. doi:10.1177/0890334416658246.
- Blomqvist, Y. T., Frölund, L., Rubertsson, C., & Nyqvist, K. H. (2013). Provision of Kangaroo Mother Care: supportive factors and barriers perceived by parents. *Scandinavian journal of caring sciences*, 27(2), 345-353. doi:10.1111/j.1471-6712.2012.01040.x

de Oliveira, R. R., Melo, E. C., Fujimori, E., & Mathias, T. A. d. F. (2016). The inner state differences of preterm birth rates in Brazil: a time series study. BMC Public Health, 16, 411. doi:10.1186/s12889-016-3087-9.

NeoBFHI. (2015). The NeoBFHI: The Baby-Friendly Hospital Initiative for Neonatal Wards. Retrieved from <http://www.ilca.org/main/learning/resources/neo-bfhi>.

Pérez-Escamilla, R., Martinez, J. L., & Segura-Pérez, S. (2016). Impact of the Baby-friendly Hospital Initiative on breastfeeding and child health outcomes: a systematic review. Maternal & Child Nutrition, 12(3), 402-417.

ANALYSIS OF GLYCEMIC RESPONSES, PLASMA LIPIDS AND BODY MASS INDEX AFTER PHYSICAL TRAINING IN INDIVIDUALS WITH TYPE 2 DIABETES MELLITUS

Giovanna Vallim Jorgetto; Juliana Vallim Jorgetto; Daniele Albano Pinheiro; Sandra Renata Pinatti de Moraes

ABSTRACT: Currently, diabetes mellitus is considered as one of the main chronic diseases affecting man. It is a universal health problem, affecting all socioeconomic classes and affecting populations of countries at all stages of development. And its complications have increasingly effects on quality of life and mortality. The practice of physical activity has been considered an important tool in the prevention and treatment of individuals with diabetes mainly type 2, where physical exercise programs have shown efficacy in glycemic control, improving insulin sensitivity and glucose tolerance, decreasing glycemia, The values of plasma lipids and consequently the Body Mass Index (BMI) of these individuals. **OBJECTIVE:** To analyze the effect of regular 36-week physical exercise on glycemic control, plasma lipids and BMI in type 2 diabetic subjects from a Health Unit in the city of São João da Boa Vista, SP. **METHODS:** Metabolic variables were analyzed by means of fasting glucose, total cholesterol, HDL and LDL and BMI, which were recorded in the medical records of these patients (n = 25). The instruments used were the fasting blood test for laboratory evaluation and the anthropometric measurement (weight and height). The experimental treatment was a 36-week physical exercise program, three sessions per week with 50 minutes duration. Each session was divided as follows: 5 minutes of warming up with stretching exercises of MMSS and MMII and limb and trunk circumference; 35 minutes of walking and / or water aerobics and 10 minutes of cooling with stretching exercises and breathing and relaxation techniques. For the statistical analysis, the paired T-test was used. **RESULTS:** The following mean values were obtained before and after physical training: 146.93 (+52.21) mg / dl and 121.16 (+ -63.57) mg / dl for fasting glycemia; 215.96 (+ -78.62) mg / dl and 195.05 (+ -103.29) mg / dl for plasma lipids; 30.65 (+ -15.79) Kg / cm and 28.29 (+ -11.16) kg / cm for BMI. **CONCLUSION:** These results allow us to conclude that physical exercise is of great importance in metabolic control, lipid profile and nutritional status of individuals with diabetes, improving these parameters.

INVESTIGATION OF THE CLINICAL CHARACTERISTICS OF ACUTE MYOCARDIAL INFARCTION FOR THE ADOPTION OF THE NURSING DIAGNOSIS OF ACUTE PAIN

Jailson Alberto Rodrigues; Sônia Maria Josino dos Santos; Izaías Almeida Belas; Núbia Rafaella Rodrigues; Wendell Soares Carneiro; Thelma Leite de Araujo

Introduction: The criteria for the diagnostic differentiation of acute myocardial infarction (AMI) are based on the association of: 1) intense precordial pain with anginal characteristic that lasts more than 20 minutes in rest; 2) ECG changes (ST elevation); 3) elevation of myocardial necrosis markers (CKMB). **Objective:** To identify the defining characteristics (DC) for the nursing diagnosis "Acute pain" in patients with AMI. **Methods:** A crosssectional study was developed through the application of a questionnaire about the presence of DC and sociodemographic characteristics. The sensitivity and specificity of the DCs were analyzed in the Statistical Package for the Social Sciences (SPSS), version 21.0. 125 patients with a medical diagnosis of AMI hospitalized in a coronary care unit in Recife, Brazil were interviewed. The inclusion criteria in the sample were patients aged 18 years old and above, regardless of gender; Medical diagnosis of AMI recorded in the medical record; Being in the acute phase of the disease and hospitalized in the Coronary Care Unit of the Hospital and Cardiology Emergency Facility of Pernambuco. **Results:** The profile of the patients was mainly constituted of men (61.6%), elderly (mean of 62.06 years), with a partner (57.5%) and few years of study (39.7%), retired (46.6%), coming from the city of Recife (48.0%). 50.0% had a family history of AMI, 55.0% had a diagnosis of hypertension and 34.4% had Diabetes mellitus. 26.2% were smokers who had smoked on average 18.03 cigarettes for an average time of 29.70 years (SD = 15.24). 35.3% reported using alcohol. 14.4% reported to practice regular physical activity. All the defining characteristics for the diagnosis were present in clinical practice. Among them, the most frequent were: Acute pain (79.2%), Diaphoresis (71.2%), Dyspnea and Weakness (66.4%), Nausea and Anxiety, (62.4%), High blood pressure and high respiratory rate (60.85%). Followed by Fatigue (56.0%), Paleness (52.0%), High heart rate (49.6%), Sleep disturbance and Fear, both with 41.6% and Vomiting with 37.6%. Episodes of AMI in the absence of pain characterized silent ischemia. The mechanisms for nonperception of ischemic phenomena have not yet been well defined. It was observed that five defining characteristics (Acute pain, Diaphoresis, Fatigue, Pallor and Weakness) presented values of sensitivity and specificity greater than 60%. **Conclusion:** Defining characteristics are evidences that might determine a diagnosis. in this study, the reports of acute pain, diaphoresis, fatigue, pallor and weakness as determinants for the diagnosis are verified.

VALIDATION OF THE NURSING DIAGNOSIS ACUTE PAIN IN VICTIMS OF ACUTE MYOCARDIAL INFARCTION

Jailson Alberto Rodrigues; Sônia Maria Josino dos Santos; Izaías Almeida Belas; Thelma Leite de Araujo

Aiming to review the nursing diagnosis 'acute pain' in patients hospitalized with acute myocardial infarction (AMI), a study was developed in three stages: Analysis of the concept of acute pain; validation by specialists and clinical validation. In the first step, the integrative literature review was performed through access to studies about acute pain during the infarction episode published

between 2006 and 2012 on the databases CINHALL, SCOPUS, and PUBMED. For the research on these databases, the Medical Subject Headings (MeSH) Vocabulary of U.S. National Library of Medicine and the Descriptors in Health Sciences (DeCS) were used in english and spanish: *acute pain*; *myocardial infarction* and *dolor agudo, el infarto miocardio*. Also, the boolean operator "AND" and the intersection "Acute pain" and "Myocardial infarction" were applied. After applying the inclusion and exclusion criteria, 29 studies remained. 4 essential attributes for the comprehension of the concept of acute pain were found: characteristics of pain (constrictive, oppressive, pressure, tightness and weight); Location (retrosternal, substernal, thoracic, left and right breast, center of sternum, chest); Time and duration (sudden start, prolonged duration of 15 to 30 minutes, recurrent and intermittent); Spread (neck, left shoulder, jaw, right and left arm). 14 defining characteristics (DCs) were identified in the concept analysis, where 8 of them correspond to the "acute pain" nursing diagnosis of NANDA-I. An instrument was developed based on the definition created in the concept analysis, a constant in NANDA-I and the 14 DCs and their respective conceptual definitions and empirical references identified. This instrument was submitted to the assessment of 22 specialists in nursing terminology and/or acute pain and/or AMI. 54.54% the specialists opted for the definition resulting from the concept analysis. After the trial, it is recommended, in addition to the DCs identified in NANDA-I, the addition of six other DCs to the nursing diagnosis "Acute Pain" identified in concept analysis: Dyspnea; Weakness; Fatigue; Nausea; Vomiting and Paleness. The fourteen DCs analyzed and evaluated by specialists were tested in clinical practice, through a cross-sectional study of 125 patients with AMI. The findings show that 'Expressing Acute pain, Diaphoresis, Fatigue, Pallor and Weakness' are good indicators on the occurrence of the diagnosis. The DCs 'High Blood Pressure, Sleep Disorder, High Respiratory Rate, Dyspnea, Nausea, Vomiting, Anxiety, and Fear' were not the satisfactory indicators of the diagnosis. Therefore, five DCs were found to be adequate to evaluate the nursing diagnosis "acute pain" in patients with AMI.

Keywords: Nursing; Nursing Diagnosis; Validation studies; Acute pain; Myocardial infarction

TEACHING METHODS USED IN SIMULATION AND THEIR EFFICIENCY IN NURSES' TRAINING: AN INTEGRATING LITERATURE OVERVIEW

Jandra Ristikivi; Kristi Puusepp; Ere Uibu

Simulation learning is considered to be the most used teaching strategy in teaching nursing education. The continuing increase in the number of nursing students practice bases, and the resulting overcrowding has made the simulation exercise for nurses in training all the more important, and resulted in the need to create a high-tech simulation. The topic was chosen due to a fact that existing literature describing simulation learning does not give a good overview of learning and teaching methods used in simulation and their productivity. At the same time, the choice of teaching methods is of essential importance in relation to achieving productivity in learning and teaching. In thesis topical scientific literature has been searched, combined and integrated to give an overview of the topic and create a conceptual model to describe the productivity of teaching methods used in simulation learning in nursing studies. The search for the materials to be investigated was conducted in databases MEDLINE and Science Direct from October, 2013 to January 2016. 15 articles met the selection criteria. In analysing data firstly, the thought units were gathered, then different approaches were grouped and finally compared. As a result of thesis it was confirmed that different teaching methods are used in simulation and the choice of a

specific method depends on the objectives of the learning and simulation stage. The efficiency of learning methods is evident in development of students affective, cognitive and psychomotoric skills. To develop a specific skill it is possible to choose suitable learning method.

THE INVOLVEMENT OF PRIMARY CARE IN HOME CARE FOR MEN WITH SPECIFIC NEEDS: THE VISION OF THE CAREGIVERS

Jocelly De Araújo Ferreira; Laís Moreira Santos; Rita De Cassia Marques; Luana Carla Santana Oliveira

It is known that primary health care determines all actions of promotion and prevention of disease in a defined territory. Among the public to be assisted by such attention are the men with specific needs that considering the high level of difficulty for the concreteness of activities of daily living, often need a caregiver to help them. In many cases, the caregiver is usually a layman and assumes duties for which, in the majority of cases, is not prepared. Thus, it is stressed the importance that the Family Health Teams of their scope, have sensitivity when dealing with this public, helping them through relevant information to better assist the be careful, because the act of caring does not characterize the caregiver as a health care professional. On this background, the objective of this study was to: check the demand for primary care in the care of people with special needs, by caregivers. Methodologically this study was descriptive, with a qualitative approach, carried out with 20 caregivers of people with special needs in the city of Nova Floresta - Paraíba, Brazil. Participants were interviewed through a structured guide, after approval from the Research Ethics Committee of the State University of Paraíba in the CAAE N36063214.6.0000.5187. The data were analyzed through the technique of content analysis as proposed by Bardin. The caregiver testified that: “[...] I'm always calling the doctor to come to visit, to better take care of it and buy the drugs [...]”; “[...] depending on the level of need that he has, some as physiotherapist comes at home [...]”. It is possible with the testimony that some caregivers seek primary care with the strategies of Family Health, and the nuclei of Attention to Family Health, for the purchase of drugs, dressings, requesting a home visit, checking the blood pressure and for the achievement of physiotherapy. Other caregivers, however, do not recognize the importance of using primary care services and do not go to the health center, or by limiting themselves or imposed by the patient. Such an attitude makes it difficult to care, as the caregiver should not perform procedures of competence of health professionals, planning these activities by the Family Healthcare Team, in order to achieve a quality assistance. In this way, it appears that the demand of primary care by caregivers, in order to meet the parsimonies of men with special needs is significant.

Keywords: Men; Primary Health Care; Home Care.

References:

- Brazil. (2012). The Ministry of Health. National Policy for Primary Care.
- Brazil. (2011). The National Council of Health Secretaries. Primary Care and Health Promotion. The National Council of Health Secretaries. - CONASS, 1st ed., vol. 2.
- Bardin, L. (2011). Content Analysis. Portugal: 70 editions.
- Figueiredo, E. N. (2012). The Family Health Strategy in Primary Care of SUS. Specialization Course in Family Health - Federal University of São Paulo (UNIFESP). Retrieved from

[Http://www.unasus.unifesp.br/biblioteca_virtual/esf/2/unidades_conteudos/unidade05/unidade05.pdf](http://www.unasus.unifesp.br/biblioteca_virtual/esf/2/unidades_conteudos/unidade05/unidade05.pdf)

Pan American Health Organization. (2011). The health care coordinated by the PHC: Building networks of attention in the SUS: contributions to the debate.

THE SATISFACTION REFERRED BUT NOT FELT BY THE PART OF CAREGIVERS OF MEN UNDER HOME CARE

Jocelly De Araújo Ferreira; Laís Moreira Santos; Rita De Cassia Marques; Luana Carla Santana Oliveira

The act of taking care of another constitutes a sociocultural tool which reveals different meanings and interpretations, based on the experience of the individual who assumes the role of caregiver, when he suits on the life of the being who receives the mentioned care. In this way, he creates a link in which not only the patient becomes dependent on the caregiver, but the caregiver establishes bonds so intimate with the patient, that care gives him various emotions and feelings. Thus, it becomes essential to investigate the perception of caregivers about the assistance offered, since they allow exposing their feelings before their values, their emotions, fears and anxieties to take care of the other. With this, the objective of this study was to: Investigate the satisfaction of caregivers in home care to men. It is a descriptive study of a qualitative approach, carried out with 20 caregivers of men assisted in at home, in the municipality of Nova Floresta-Paraíba, interviewed by a structured interview with direct approach and after approval from the Research Ethics Committee of the State University of Paraíba under CAAE N 36063214.6.0000.5187. The analysis of data was the method of content analysis. The research revealed that although many of the participants have stated they feel satisfied to assist men in their home, some statements and expressions viewed and recorded at the time of collection allow for the reflection of satisfaction referenced, but not felt, to report that: "[...] Why do you have to do everything for him! [...]"; "[...] I wasn't going to abandon him and leave him in the hands of other people, so that's the way I stay with him. [...]". With these statements, it is possible that not always the act of caring is assumed by feelings of love and affection, availability of time, resulting in feelings of moral obligation and reflecting in a larger effort of the caregiver in relation with the care and assistance offered. Given the above, the care can be considered an occupation arduous, performed as an obligation. With this research acknowledges the importance of apprehending reality and feelings of carers of men in home care are factors that influence directly in the assistance offered, as well as in the quality of life of caregivers and patient.

Keywords: Men; Home Care; Caregivers

References:

Araújo, J., Silva, S., Conceição, V., Santana, M., & Vasconcelos, E. (2012). The obligation of (carelessness) care: Social representations about those with sequelae due to cerebral stroke by their caregivers. *Journal of Nursing from the State of Minas Gerais*, 16 (1), 98-105. DOI: S1415-27622012000100014.

Brazil. (2009). Ministry of Health. Caregiver's Guide.

Mayor, M., Ribeiro, O., & Paúl, C. (2009). A comparative study: perception of the satisfaction of caregivers of people with dementia and carers of people with cerebral stroke. *Latin American Journal of Nursing*, 17 (5), 620-624. DOI: 10.1590/S0104-11692009000500004.

Vasconcelos, E., Santana, M., Silva, S., Araújo, J., & Conceição, V. (2014). The social representations of cancer caregivers: implications for care. *Online Research Journal Care is Fundamental*, 6 (2), 474-484. Recovered from:

http://www.seer.unirio.br/index.php/cuidadofundamental/article/download/2997/pdf_1301

Vidigal, F., Ferrari, R., Rodrigues, D., Marcon, S., Baldissera, V., & Carreira, L. (2014). Satisfaction in taking care of elderly people with Alzheimer's Disease: perceptions of family caregivers. *Cogitare Nursing Journal*, 19 (4), 768-75. DOI: 10.5380/EC.v19i4.36739.

SCOPING REVIEW: WORK ENVIRONMENT AND ITS RELATIONSHIP WITH CHINESE NURSE SATISFACTION IN A HOSPITAL SETTING

Jun Chen; Pedro Lucas

Background: A growing body of research has documented an association between the quality of work environments and nurse satisfaction, patient satisfaction, and quality of care. A positive work environment increase levels of jobs satisfaction and staff retention. Nurse manager play a critical role in creating a positive work environment. Aim: This Scoping Review aims at exploring the relationship between the professional practice environment and nurses' job satisfaction. **Method:** Twelve studies were identified through a scoping review of the literature, search in CINAHL and MEDLINE database. Eligibility criteria included the studies that examined factors correlating the nursing professional practice environment and job satisfaction between 2011-2016. Data extraction and analysis of the studies are based on The Joanna Briggs Institute criteria's. **Result:** The results document evidence of the effect of work environment on job satisfaction and intention to leave. **Conclusion:** The factors of work environment influence on nurse satisfaction, human resources manager can develop strategies to contribute retention of nurses and to promote the better quality of care.

Keywords: Wellbeing at work, job satisfaction, quality of care, work environments, nurses, hospital, China

References:

- 1) Aiken, L, Sloane, D., Bruyneel, L., Heede, K. & Sermeus, W. (2013). Nurses' reports of working conditions and hospital quality of care in 12 countries in Europe. *International Journal of Nursing Studies*, 50, 143-153.
- 2) You, L. ming, Aiken, L. H., Sloane, D. M., Liu, K., He, G. ping, Hu, Y, ... Sermeus, W. (2013). Hospital nursing, care quality, and patient satisfaction: Cross-sectional surveys of nurses and patients in hospitals in China and Europe. *International Journal of Nursing Studies*, 50(2), 154-161. <http://doi.org/10.1016/j.ijnurstu.2012.05.003>.
- 3) Chen, Y. M., & Fang, J. B. (2016). Correlation between nursing work environment and nurse burnout, job satisfaction, and turnover intention in the western region of Mainland China. *The Journal of Nursing*, 63(1), 87-98. DOI:10.6224/JN.63.1.87.
- 4) Zhang, L.F., You, L.M., Liu, K., Zheng, J., Fang, J.B., Lu, M.M., ... Bu, X.Q. (2014). The association of Chinese hospital work environment with nurse burnout, job satisfaction, and intention to leave.

Nursing Outlook, 62, 128-137. <http://dx.doi.org/10.1016/Loutlook.2013.10.010> ; 5) Liu, K, You, L.M., Chen, S.X., Hao, Y.T., Zhu, X.W., Zhang, L.F. & Aiken, L. (2012). The relationship between hospital work environment and nurse outcomes in Guangdong, China: a nurse questionnaire survey. Journal of Clinical Nursing, 21, 1476-1485. DOI: 10.1111/j.1365-2702.2011.03991.x

CARE MODEL IN THE HUMANIZATION PROCESS OF PAIN OF THE NEWBORN IN THE NEONATAL THERAPY UNIT: KANGAROO METHOD

Lidiane F. Schultz; G. Silva; L.C.O. Aires; P.F.A. Rocha; R.R. Pereira; M.F.M. Zampieri; A.I.J. Souza

The Brazilian Ministry of Health has released the Standard for Humane Care of the Low-Birth-Weight (LBW) Newborn (1) aimed at minimizing stress and guaranteeing quality, humanized and comprehensive care. To meet this standardization, the work process needs to be modified, and the Kangaroo Method (KM) incorporated, besides the adequate management of newborn (NB) pain (1,2). Our question is: which practices have been performed for the process of humanization of pain since the Kangaroo Method was proposed? The objective of this study was to report and reflect on the practical activities for pain management performed in a Neonatal Unit (UN) with 27 beds in the city of Joinville, Santa Catarina, Brazil. This is a descriptive analytical report, based on participant observation and reflection on the practical interventions adopted to relieve newborn pain from May to July 2016. Data were analyzed in light of the KC practice. Results show that all the team are concerned about offering comprehensive and individualized care to the newborn. In terms of pain management, some differential care was reported such as: a) individualization and grouping of care activities; b) care with the environment, reduction of stressors: excessive noise, light, providing the NB with silent time to rest, thus favoring their sleep and placement of bed covers on the incubators; c) evaluation and implementation of the Peripheral Central Catheter Insertion (PICC) procedure; d) use of non-pharmacological measures, such as: non-nutritive sucking associated with sucrose, facilitated containment, adequate positioning, hygiene and comfort; e) individualized assessment of the need for pharmacological methods for pain relief; f) evaluation of the level of pain by the Neonatal Infant Pain Scale (NIPS), along with the vital signs; h) continuous assessment and behavioral reassessment after pain relief measures. Adhesion to KC is positive and guarantees the users' rights to humanized assistance for pain relief and stress in painful procedures. Therefore, this work contributed to discuss methods to strengthen humanized care, the practice of less painful interventional care to the neonate and the interaction between health professionals and family through KC.

Keywords: Pain. Kangaroo Method. Neonatal Intensive Care Units

References:

Ministry of Health. National Register of Health Establishment (DataSUS). Brasília: Ministry of Health, 2015. Available at: Ministry of Health. Secretariat of Health Policies. Child Health Area. Humanized attention to the low birth weight infant: kangaroo mother method, manual of the course. Brasília (DF): MS, 2002.

Ministry of Health. Secretariat of Health Care. Department of Strategic Programmatic Actions. Atenção humanizada ao recém-nascido de baixo peso: método canguru. 2nd. ed. Brasília: As Ministério da Saúde, 2013.

SOCIOECONOMIC AND NUTRITIONAL PROFILE OF THE USERS OF A POPULAR RESTAURANT OF JOINVILLE/SC

Lidiane Ferreira Schultz; Ana Paula Ferretti Oliveira; Marilyn Gonçalves Ferreira; Sonia dos Santos Toriani; Juliano Turmina; Sandra Ana Czarnobay

The Brazilian System of Food and Nutrition Security under the law n. 11,346 of 2006 assures the Human Right to Adequate Food and encourages the integration of government and civil society through the Food and Nutrition Security Councils to formulate and implement the public policies for Food and Nutrition Security (SAN). The popular restaurants are part of SAN's public facilities, whose principle is the production and distribution of healthy meals at affordable prices. Considering the importance of this equipment and its impact on the health-disease process of the Brazilian population, since a balanced and balanced diet prevents malnutrition, obesity and favors the reduction of non-communicable chronic diseases, as well as the reduction of public expenses with the treatment of Pathologies, hospitalizations and recovery of health. Descriptive study aimed at evaluating the Socioeconomic and Nutritional Profile of the visitors of a Popular Restaurant in the city of Joinville, SC, Brazil. 236 users participated in the study, data collection was performed during August 2016 and performed according to the precepts described in Resolution 466/20121, approved under No. 1,637,267/2016. As a data collection instrument, a semi-structured protocol was used investigating the general characteristics of the participants, using the economic classification formatted by the Brazilian Association of Companies and Research², the reduced Brazilian Scale of Food Insecurity published by Santos et al³ to measure insecurity As well as, anthropometric measures such as weight, height and body mass index with nutritional status classification based on the World Health Organization⁴ for adults and Lipschitz⁵ for the elderly were measured. The results of this research showed that 54.66% of the users are male; 63.14% were over 65 years of age; 45.34% were married; 63.98% had completed or incomplete elementary education. In relation to the economic profile, there was a higher prevalence of classes D and E with monthly income between R \$ 485.00 and R \$ 277.00, 41.95% and 19.07% were in food and nutritional insecurity. Regarding nutritional status, it was verified that there was prevalence of overweight and obesity among men 33.47%, and women 32.62%. With this data it is intended to collaborate to better dimension public policies in the SAN area and to demonstrate the importance of the performance of a multidisciplinary health team in this service context.

Keywords: Food and nutrition security, Nutritional status, Socioeconomic Profile, Popular restaurant.

References:

1. Brazil. Food and Nutrition Security Council (CONSEA). Principles and Guidelines for a Food and Nutrition Security Policy. 2004. [access on March 19,2016]. Available at: <http://www4.planalto.gov.br/consea/publicacoes/principios-e-directories-of-a-politica-de-san>
2. Abep. Criteria of Economic Classification Brazil. 2015. [access on November 10, 2016]. Available at <http://www.abep.org/Servicos/Download.aspx?id=09&p=cb>
3. Santos LP, Linde IL, Motta JVS, Mintem Gicele, Bender E, Giant DP. Short Version Proposal of the Brazilian Scale of Food Insecurity. 2014. Rev Saúde Pública; Campinas v48: 783-789. [Access on November 10, 2016]. Available at http://www.scielo.br/pdf/rsp/v48n5/en_0034-8910-rsp-48-5-0783.pdf

4. Who, World Health Organization. Obesity. Preventing and Managing the Global Epidemic. (Technical Report Series, 894). Report of a Who Expert Committee, Geneva. 1997. [access on November 10, 2016]. Available at <<http://www.bvsde.paho.org/bvsacd/cd66/obeprev/indice.pdf>

PHENOMENOLOGY OF PRACTICE IN NURSING: BIBLIOMETRIC REVIEW

Lúcia Bacalhau; Patricia Pontífice-Sousa

Introduction: The phenomenology of practice is a qualitative methodology based on philosophical, philological and, human sciences methods' (van Manen, 2014). The main purposes of this research study are: to identify in which cases this methodology is applied, to analyze the way it has been used along the years, for instance which countries have been applying more this method and, in what areas of nursing research it has been applied. **Methodology:** To perform this study a bibliometric analysis was adopted since it allows to map and generate parameters to manage the information and knowledge obtained (Sancho & Loranço, 2002). When it comes to evaluate the scientific information produced, this methodology is very important since it allows a quantitative and objective reflection through the use of the bibliometric parameters. **Results:** After literature analysis, 5 articles were selected as being in agreement with the two defined criteria, having nursing research as the main subject and the application of the phenomenology of practice in the study. The bibliometric analysis of these selected articles shows an increasing interest in applying the phenomenology of practice in the nursing research. Its application has been increasing for the last decade being used more recently in adult patients that have experienced situations of health and disease transitions. Within the disease situations, the ones related with cancer, chronic disease and aging are the most reported cases where the phenomenology of practice has been applied. **Conclusions:** The phenomenology of practice allows constructing a real image of the situation according to the life's experience of the patient. It gives information of how the experience interferes with the patients' bio-psycho-sociocultural surroundings. Therefore, it makes possible to the nursing personnel to know in a greater depth to a better care. This method explores a new intervention field beyond the patients' disease into their real life experiences. Future research should be done to address other unexplored areas such as acute diseases and life experiences of health processes.

References:

Sancho & Lozano, Rosa - INDICADORES BIBLIOMÉTRICOS UTILIZADOS EN LA EVALUACIÓN DE LA CIENCIA Y LA TECNOLOGÍA. Revista española de documentación científica. Madrid. ISSN 0210-0614. Vol. 13, n.º s 3-4 (1990), pp. 842-865.
Van Manen, M. (2014). PHENOMENOLOGY OF PRACTICE: MEANING - GIVING METHODS IN PHENOMENOLOGICAL RESEARCH AND WRITING. CA: LeftCoastPress, Inc.

ASSOCIATION BETWEEN FRAILTY AND COGNITION IN ELDERLY PEOPLE ATTENDED IN AN OUTPATIENT OF A TEACHING HOSPITAL

Luciane Patrícia Andreani Cabral; Clóris Regina Blanski Grden; Pollyanna Kássia de Oliveira Borges; Vanessa Regina de Andrade; Jacy Aurélia Vieira de Sousa; Carlos Eduardo Coradassi

As the body ages there is a decrease in physiological functions, especially cognitive changes, which may compromise the health of the elderly and make them more susceptible to possible aggravation

and adverse events such as frailty. Authors define it as a syndrome which has many causes and is characterized by a decrease in strength, endurance and physiological function, collaborating to make the individual more vulnerable to dependence and death (MORLEY et al 2013). The prevalence of the syndrome increases with increasing age and it is responsible for the high number of Institutionalizations, hospital admissions, falls and mortality (ROMERA et al, 2014). Besides it research indicates that frailty is directly related to the decline of cognitive functions, especially in people above 75 years (FARIA et al, 2013). The present study aimed to verify the association between frailty and cognition in the elderly people attended in the speciality outpatient clinic of a teaching hospital. This was a cross-sectional study between October 2015 and March 2016. The sample for convenience comprised 246 elderly people who were individually interviewed while waiting for medical attention in the waiting room of a specialty outpatient clinic. A total of 216 individuals were included in the analysis after the exclusion of 30 (11.7%) who did not meet the selection criteria. It was applied the Edmonton Frailty Scale (ROLFSON et al 2016) for data collection. These data were analysed by Stata software version 12 and described by measures of frequency, average and standard deviation (SD). The association between variables was verified through simple linear regression (Fisher tests and Student's t), significance level of $p < 0.05$. The project received a favorable feedback from the Ethics Committee on Research in Human Beings, registry CAAE: 34905214.0.0000.0105. The results showed a predominance of females (54%) with an average age of 67.9 years, married (44%), who lived with the spouse (41%), low schooling (70%). Regarding to the frailty Syndrome, 37% of the elderly were considered non-frail and 36% presented some level of frailty (mild, moderate or severe). There was a significant association between frailty and cognition ($p = 0.001$). It is concluded that the early screening of the frailty syndrome and of the cognitive prevention allow prevention and/or treatment strategies implemented by health professionals, especially nurses.

Keywords: Fragile elderly Cognition; Geriatric Nursing Aging.

References:

Faria, CDA, Lourenço, RA., Ribeiro, PCC., Lopes, CS. Desempenho cognitivo e fragilidade em idosos clientes de operadora de saúde. *Revista de Saúde Pública*, 2013, 47 (5) 923-930. Morley J. Vellas, B, Kan G. Anker. Bauer. J Bernabei, R. Walston. J (2013). Frailty Consensus a call to action *Journal of the American Medical Directors Association*, 14(6) 392-97 doi 10. 1016/j. jamda. 2013.03.022 Rolfson, D., Majumdar, S., Tsuyuki, R., Tahir A., Rockwood, K. (2006) Validity and reliability of the Edmonton Frail Scale *Age Ageing*, 35 (5) 526-9 Romera, L., Orfila, F., Segura, J., Ramirez, A., Moller, M., Fabra, M., Pérez, E. Effectiveness of a primary care based multifactorial intervention to improve frailty parameters in the elderly: a randomized clinical trial: rationale and study design.

QUALITY OF LIFE AMONG SENIOR CITIZENS IN SRI LANKA

Machiko Higuchi; Chandani Liyanage

The number of senior citizens in Sri Lanka has increased rapidly. The percentage of those over 60 years of age was estimated to be 12.3 in 2012, as opposed to 9.2 in 2001. Furthermore, life expectancy at birth was 78 years of age. This is in conjunction with a declining birth rate and a relatively high poverty rate. Twenty-five per cent of Sri Lankans live on less than two dollars per day. Sixty-seven per cent of those over 80 require help performing instrumental activities of daily living (IADLs) while only 35 per cent in their 60s need it. For senior citizens in Sri Lanka, although social

welfare support services such as day care and community centres for the elderly are required to maintain quality of life, few studies have assessed the impact of such services with regard to the ability to engage in daily life. This study aimed to determine which activities senior citizens engage in in their communities and explore the everyday lives of elderly people independently performing IADLs. We collected data by observing their activities and by conducting in-depth interviews according to guidelines. The results showed that retired senior citizens take initiative in group activities, collaborating with public organisations and non-governmental organisations, including Buddhist temples, in the community. Senior citizens pursued basic education, lived with their extended families, controlled their illnesses, and kept themselves occupied by engaging in business and participating in community social activities. Further research is required to identify how senior citizens living in Sri Lanka have been able to maintain healthy lifestyles in order to broaden available support systems in practice.

UTILIZATION OF LUDICAL PEDAGOGICAL MATERIAL USED BY NURSES AS A INSTRUMENT OF PROMOTION TO THE HEALTH OF YOUNG UNIVERSITY

Marco Aurélio Sousa; M.D.O. Lima; R.F. Brito

INTRODUCTION: Perceive a growing increase in the number of young people, especially university students, who make regular use of alcohol and tobacco, which is considered a global phenomenon that transcends the category of "health problem". The use of alcohol by university students outpaced the consumption identified among non-university students, as well as higher numbers of episodes of "heavy drinking" (binge drinking) and drunkenness. In view of the above, the question arises: what are the implications generated by university students from the use of play by nurses as a strategy to promote health? Thus, the objective of this study is to identify the efficacy of play tools used by nurses for health promotion activities among university students. **METHODOLOGY:** This is a research with a qualitative approach. The subjects of the study are university students, 18 to 25 years of age, who are enrolled in courses of the health area of a university in the city of Belo Horizonte, Brazil. Health promotion workshops were held with the application of the game "On the Tracks of Life", which discusses the consequences of alcohol and tobacco abuse. Each workshop was attended by ten university students. After application of the game there was a moment of discussion of the activity and the participants of the survey answered five questions that were given to them in a previously structured script. The responses were organized and presented according to the methodology of the discourse of the collective subject. It is worth mentioning that the research began only after being accepted by the Ethics Committee. **RESULTS:** Fifty health promotion workshops were conducted by nurses, with the participation of 500 university students, of which 350 (70%) were female and 150 (30%) were male. It is verified that the use of alcohol and tobacco among young people is common and used as a form of socialization among groups of friends. After the participation of young people in the health promotion workshops, they found that they generally did not think about the consequences of abusive use of these substances, and that the action was positive, because it alerted them to the risks to which they are exposed. **CONCLUSIONS:** The application of the game "In the Tracks of Life" awakened in a playful way the discussion among these university students about how has been the use of alcohol and tobacco in their daily life, which justifies the growing increase in the consumption of these drugs in Brazil.

Keywords: Health promotion. Young people. Alcohol. Tobacco. Nursing.

HOLISTIC CRITICAL THOUGHT IN NURSING TRAINING

Maria da Graça de Oliveira Crossetti; Fernando Riegel

Conceptual framework: Critical thinking is essential for the learning process and especially in the nursing training field. Holistic Critical Thinking (SHPP) is defined as a way of thinking the unified whole; Is to think with quality, that is, the process of forming a judgment or judgment centered on deciding what to believe or what to do¹. Research problem: Holistic view conceives of the world as an integrated whole and not only a junction of dissociated parts². From this understanding of the world, the holistic perspective ends up contributing to its approach aimed at the integral human being. Not being the world composed of dissociated parts, the human being is not either. In this context, the teacher will have the important function of deconstructing conceptions focused on fragmentation, breaking with old paradigms and conceptions of education, teaching and learning that requires the teacher to change posture, evolving from transmission and production to the translation of knowledge, prioritizing the Protagonism of the student. **Method:** This is a critical reflection narrative³ with the purpose of reflecting critically on nurses' thinking and the need to rethink nursing education. **Results:** the teacher should consider the student as an original being and that is inserted in a sociocultural context and with its multiple intelligences, providing intra and interpersonal relationships as a way of collective construction of knowledge, enabling students to share with each other and reflect on the Fragilities and critical nodes, building an education in which teaching and learning can lead to a constant process in search of quality of life⁴. Holistic training is comprehensive and encompasses all aspects of patient care, including biological, psychological, social, emotional, and spiritual dimensions. **Conclusion:** technological advances and the crisis of human relations have increasingly demanded a formative education to face these challenges of transforming relations in search of the common good and the rehabilitation of people's health. Thus, it is understood that education, in a holistic perspective, with an emphasis on critical holistic thinking, requires the participation of being in its totality. Brain and spirit, body and mind, reason and emotion are parts of a whole and need to be interconnected so that the whole is complete is obtained in the act of teaching to be and to do nursing⁴.

References:

1. FACIONE P; GITTENS, C. A. Think Critically. California: Pearson Education, 2016.
2. CAPRA, F. Ponto de mutação. São Paulo: Cultrix; 2006.
3. POLIT, D. F.; BECK, C. T. Fundamentos de pesquisa em enfermagem: avaliação de evidências para a prática de enfermagem. Porto Alegre: Artmed, 2011.
4. NASCIMENTO, G. S.; SOUZA, M.E.S. Uma visão holística da educação: da fragmentação à totalidade. Interletras. Vol (3):1 9. Abril, 2014.

WORKERS MENTAL HEALTH IN A PORTUGUESE INDUSTRIAL COMPANY

Marina Sofia Silva Cordeiro; José Carlos Gomes; Paulo Granjo

Conceptual Framework: Work can contribute for positive mental health or for its deterioration, through poor work conditions (McDaid, Curran & Knapp, 2005; World Health Organization, 2010). This means that work can cause mental health disturbance or worsen preexistent mental health diseases. This has consequences for the worker, the company and the society (McDaid, Curran & Knapp, 2005; Alli, 2008). Therefore, it is important to develop interventions to promote mental

health at the workplace. Research problem Nursing interventions to promote mental health have to be designed considering the real workers' needs and the characteristics which most affect their mental health. The main objective of this research is to determine the workers mental health level and its relation to sociodemographic and professional characteristics. **Method:** A cross-sectional study, descriptive and correlational, was performed in a Portuguese industrial company. The non-probabilistic convenience sample was composed by 134 workers. Data was collected by a self-administered questionnaire including sociodemographic and professional questions and the 5 items Mental Health Inventory (Pais-Ribeiro, 2001). Parametric statistical tests were performed. The study was approved by an ethical commission. **Outcomes:** The sample mean age is 38.58 years (DP=9.52; min=21; máx:62), mainly composed by female workers (77.6%), 44% concluded high school, 61.2% are married/living common law, and 31.3% has 2 children. Workers work in the company for about 107.15 months (DP=51.10), 88.1% has Permanent Employment Contract (PEC), 87.3% works 40 hours or less a week, 40.3% has as working schedule 07h00 to 16h00 and 41% are production operators. Mental Health level has a mean of 64.00 (DP=19.51), with distress dimension higher (M=69.25; DP=18.89) than well-being (M=56.12; DP=23.00). The variables age and working time at the company are not correlated with mental health ($p>0.05$). There is no statistically significant differences in mental health when comparing the sociodemographic and professional variables described ($p>0.05$), except for working hours ($p<0.05$), where workers who work 40 hours or less have higher mental health level than those who work more. There is a statistical significant difference on distress according to employment contract ($p<0.05$), where workers with Term Employment Contract (TEC) have higher mental health level than those with PEC. **Conclusions:** Workers have a moderate mental health level, higher than the cutoff to consider moderate mental disorder symptoms (60) (Yamazaki, Fukuhara & Green, 2005). However, well-being level scores under the cutoff point. Workers who work 40 hours or less and have a TEC (comparing to PEC) have higher mental health.

References:

Alli, B. O. (2008). Fundamental principles of occupational health and safety (2^a.ed.). Geneva: International Labour Office. McDaid, D.; Curran, C. & Knapp, M. (2005). Promoting mental health in the workplace: a European policy perspective. *International Review of Psychiatry*. 17(5), 365-373. DOI: 10.1080/09540260500238397. Pais-Ribeiro, J. L. (2001). Mental Health Inventory: Um Estudo De Adaptação À População Portuguesa. *Psicologia, Saúde & Doenças*. 2 (1), 77-99. World Health Organization (2010). Healthy workplaces: a model for action: for employers workers, policymakers and practitioners. Geneva: World Health Organization. Yamazaki, S.; Fukuhara, S. & Green, J. (2005). Usefulness of five-item and three-item Mental Health Inventories to screen for depressive symptoms in the general population of Japan. *Health and Quality of Life Outcomes*, 3 (48). DOI: 10.1186/1477-7525-3-48.

DEPLOYMENT OF BUNDLE FOR PREVENTION OF INFECTIONS RELATED TO CENTRAL VENOUS CATHETERS IN CHILDREN GUIDED BY KNOWLEDGE TRANSLATION

Mauren Teresa Grubisich Mendes Tacla; Patrícia Basso Squarça Mendes

The primary infections of the bloodstream are very frequent in pediatric patients and are associated mainly with the presence of central venous catheter. They increase morbidity, mortality and length of stay in the hospital. It is necessary to adopt security measures for their prevention. We highlight

the use of bundles, using evidence-based practices for prevention of infections related to health care and reduce the primary infections of the bloodstream. The objective of this study was to evaluate the contribution of a bundle to improve the practices of prevention of infections related and associated with central venous catheters in children using the conceptual Knowledge translation or transfer of knowledge. It uses the best available knowledge and uses effective strategies that transfer the findings of scientific research to practice. It's an intervention study of type quasi-experimental, quantitative, prospective and analytical. It was performed in the Pediatric Intensive Care Unit of a University Hospital of Northern Paraná, Brazil. The study population was the multi-professional team who played in the manipulation of central venous catheters. Research approved by the Committee for Ethics in Research Involving Human Subjects of the University connected to research. It is an intervention study of type quasi-experimental, quantitative, prospective and analytical. It was performed in the Pediatric Intensive Care Unit of a University Hospital of Northern Paraná, Brazil. The study population was the multi-professional team who played in the manipulation of central venous catheters. Research approved by the Committee for Ethics in Research Involving Human Subjects of the University connected to research. Initially there was a step of observation of the practices of the multi-professional team in the insertion and manipulation of the catheters between 10/12/13 to 26/02/14. Then there was a period of intervention with the use of Knowledge translation, 24/04/2014 to 10/10/2014. Were performed 13 intervention activities with the multidisciplinary team, since the managers up to the professionals who worked in practice. Among them, the creation of the bundle to decrease the infections related to central venous catheter. After the speeches, there was a new period of observation to assess adherence to the proposed bundle. The analysis of data was through the program Graph Pad Prism 5 (Graph Pad Software, Inc., San Diego, USA), categorical variables were expressed as absolute number (n) and percentage (%) and analyzed by the Chi-square or Fisher's exact test. There was an increase in adherence to good practice with the central venous catheters and incorporation of scientific evidences of the bundle. Knowledge translation proved to be viable for the scope of the proposed objective, that is, there was the incorporation of scientific evidence in practice, with consequent improvement in maintenance of central venous catheters.

References:

- Agencia Nacional de Vigilância Sanitária (2010). Infecção de corrente sanguínea: orientações para prevenção de As Infecção Primária da Corrente Sanguínea. Es 1 Improvement Health Care (2016). Pacotes. Recuperado em: 15 jan 2017, in <http://www.ihl.org/sites/search/pages/results.aspx?k=BUNDLES%5B>
- Canadian Institutes of Health Research (2009). Knowledge translation strategy: innovation e acition. Recuperado em: 20 janeiro, 2017 de http://www.cihr-irsc.gc.ca/e/documents/kt_strategy_2004-2009_e.pdf

IMPACT OF HEALTHCARE-RELATED INFECTIONS ON THE COSTS OF PEDIATRIC HOSPITALIZATION

Mauren Teresa Grubisich Mendes Tacla; Jackeline Martins Leoncio; Gilselena Kerbauy Lopes

Health care-associated infections (HAIs) represent a relevant public health problem, resulting in prolonged hospitalization, high rates of health complications, increased cost of care, and favoring the selection and dissemination of multiresistant microorganisms. **Objective:** To evaluate the impact of HAI on the cost of hospitalization of children in a university hospital. **Method:** A

prospective, observational, epidemiological study involving all children admitted to the Inpatient and Pediatric Intensive Care Units of a public university hospital in the south of Brazil, between July and December 2015. All children hospitalized for a period longer than 24 hours and excluding interneers for more than three months. Data were tabulated and analyzed using the software Statistical Package for the Social Sciences, version 20. Study approved by the Research Ethics Committee Involving Human Beings of the State University of Londrina, opinion no. 1,440,289 and CAAE15415413.4.0000.5231 **Results:** A total of 173 children were analyzed, and the median age was three years. The hospitalization period had an average of 12.32 days, with 70% of the children remaining for up to 15 days. Among the diagnostic categories, diseases of the digestive system were the most prevalent. Regarding invasive procedures, 41.6% of the children received at least one device, with emphasis on the central venous catheter with 35.3%, urinary catheter with 27.5% and mechanical ventilation with 22.5%, 59 (34.1%) were submitted to surgery, and the gastrointestinal ones, with 47.5%, were the most frequent. Regarding the clinical outcome, 169 children survived, three died and one was transferred to another hospital. The cost analysis in the sectors showed that the median value of the hospitalization of children in the Pediatric Intensive Care Unit was higher than the other sectors. The hospitalization shorter than seven days presented lower costs when compared to the other periods ($p < 0.001$). The presence of HAI increased the cost 4.15 times ($p < 0.001$). The hospitalizations of children who had two or more infectious sites diagnosed ($p = 0.010$) and those who developed sepsis ($p < 0.001$) were associated with higher costs. Children colonized by multiresistant microorganisms, with an emphasis on *E. coli* ESBL, had higher costs. Treatment costs were lower for metronidazole and higher for antifungal drugs. Conclusion: The results obtained in this research show that there is a need for the rational use of antimicrobials and HAI control measures to reduce hospital costs.

References:

1. Lamarsalle, L., Hunt, B., Schauf, M., Szwarcensztein, K., & Valentine, W. J. (2013). Evaluating the clinical and economic burden of healthcare-associated infections during hospitalization for surgery in France. *Epidemiology and infection*, 141 (12), 2473-2482.
2. Goldstein, B., Giroir, B., & Randolph, A. (2005). International pediatric sepsis consensus conference: definitions for sepsis and organ dysfunction in pediatrics. *Pediatric critical care medicine*, 6(1), 2-8. As
3. Zimlichman, E., Henderson, D., Tamir, O., Franz, C., Song, P., Yamin, C. K., ... & Bates, D. W. (2013). Es Health care-associated infections: a meta-analysis of costs and financial impact on the US health care system. *JAMA internal medicine*, 173 (22), 2039-2046.
4. Hidron, A. I., Edwards, J. R., Patel, J., Horan, T. C., Sievert, D. M., Pollock, D. A., & Fridkin, S. K. w (2008). Antimicrobial-resistant pathogens associated with healthcare-associated infections: annual summary of data reported to the National Healthcare Safety Network at the Centers for Disease Control and Prevention, 2006–2007. *Infection Control & Hospital Epidemiology*, 29(11), 996-1011.

EDUCATIONAL INTERVENTION AS A MEANS TO PROMOTE BEST CARE PRACTICE WITH THE FAMILY IN PEDIATRIC ONCOLOGY CONTEXT

Myriam Aparecida Mandetta; Fernanda Ribeiro Baptista Marques

Introduction: An educational intervention following the principles of the Patient-and Family-Centered Care Model, according to the Institute For Family-Centered Care (2012) and the Theory of

Significant Learning, based on Ausubel (2003) were the theoretical frameworks applied to develop and implement the intervention to nursing professionals of a pediatric oncology hospital in the city of São Paulo-Brazil. Objective: to evaluate the impact of an educational intervention on the knowledge, perceptions and attitudes of nursing team professionals regarding patient-and family-centered care. **Method:** Intervention research. A mixed method was applied to evaluate the outcomes. For the quantitative design, a quasi-experiment was carried out in three phases: pre-intervention, immediate post-intervention and three months after intervention. For qualitative study, the Qualitative Content Analysis, according to Morse & Field (1995) was applied three months after the finishing of the intervention. The participants were 18 health professionals of nursing team. Data collection included a socio demographic questionnaire; a theoretical knowledge form; the Perception of Family Centered Care-Staff (PFCC-S); and the Families Importance in Nursing Care–Nurses Attitudes, and an individual semi structured interview. Descriptive and inferential data analysis were conducted for the quantitative data ($p \leq 0,05$); and Qualitative Content Analysis to analyze qualitative data. **Results:** The educational intervention facilitated the acquisition of knowledge regarding the importance of providing information to the family, the involvement of the family in the care and the negotiation of family's preferences with the staff ($p = 0.050$). There was a change in the perception of professionals in the respect domain, evidenced by greater openness for parents to ask questions ($p = 0.020$), and in the collaboration domain, with less overhead information to parents about the child's treatment ($p = 0,029$). Regarding Nursing Attitudes, the educational intervention was significant as to the importance given by the professionals in the subscale Family as a conversational partner ($p = 0.003$). From the qualitative analysis emerged the theme "Becoming sensitive to the family" that represents the movement of the participants after the educational intervention, composed by three analytical categories: "Being compassionate with the experience of the family"; "Thinking about the family in a conceptual way" and "Going toward family care". **Conclusion:** The implementation of the educational intervention had a positive impact on knowledge, on the perceptions and attitudes of the nursing team professionals to the family in the pediatric oncology context. It is recommended to abroad the implementation of this intervention to evidence the benefits of this model of care.

References:

- Institute For Family-Centered Care. (2012). Patient and Family centered care. [cited 2016 Jan 10 from <http://www.ipfcc.org/about/pfcc.html>]
- Ausubel, D.P. (2003). Aquisição e retenção de conhecimentos: uma perspectiva cognitiva. (1a ed.). Portugal: Plátano Editora.
- Morse, J.M. Field, P.A. (1995). Qualitative research methods for health professionals. (2a ed.). Thousand Oaks: Sage.

CORRELATION BETWEEN PHYSICAL MOBILITY, AGE AND DEPRESSION IN 80 YEARS OLD PEOPLE OR OLDER UNDERGOING HEMODIALYSIS IN SÃO PAULO CITY

Odete Teresinha Portela; Ricardo de Castro Cintra Sesso; Ildelina Pereira do Nascimento; Bruno Felipe Casarin; Margarete Inês de Paula; Angélica Gonçalves Silva Belasco

Activities of daily living (ADLs) encompass the ones related to self-care and the Instrumental Activities of Daily Living (IADLs) indicate the individual's capacity of living independently in the community. **Aim:** Identify the physical mobility in long-lived elderly people, with chronic kidney

disease undergoing hemodialysis program, and correlate it to age and depression, through the instruments: Basic Activities of Daily Living (BADL) (a range between 0 and 6 points), Instrumental Activities of Daily Living (a range between 9 and 27 points) and Geriatric Depression Scale (a range between 0 and 7). **Method:** Cross-Sectional quantitative study, carried out in seven units of kidney replacement therapy, in Sao Paulo city, from March 2015 to November 2016. A sample with 103 elderly people aged 80 years old or older, undergoing chronic hemodialysis treatment, during an average of 47 months (a range between 4 and 192). Datas have been analyzed by the SPSS 20.0 program. Categorical variables have been evaluated according to absolute and relative frequencies and numerical variables, through mean standard deviation, median and variation. Relations between two categorical variables have been checked by using the accurate test of Fisher and for more than two groups a non-parametrical test of Kruskal-Wallis has been performed. After detecting the differences of average in the test of Kruskal-Wallis, tests of Dunn-Bonferroni have been performed. Study approved by the Committee of Ethics (CAAE 43094015.6.0000.5505). **Results:** 63 (61,2%) were men between 80 and 97 years old, a median of 84 years old has been observed. According to ADL's classification, 87 (70,9%) were long-lived people completely independent. On the other hand, the classification according to IADLs pointed out that 32 (31%) of the long-lived were independent and 37 (35,9%) had moderate or severe dependence. It has been checked that, in average, the long-lived with moderate or severe dependence, according to IADL, show superior and similar averages to the long-lived ones with mild dependence ($p=0,006$). Additionally, it was determined weak positive correlation, however Significant between age and ADL score, pointing out that the higher the age the higher the dependence ($r=0,220$; $p=0,0026$). Finally, a relation between classification of IADL and depression (GDS) ($p=0.025$) was identified. The long-lived having depression symptoms showed a higher serious dependence percentage (29,4%) compared to the others long-lived (less than 10%). So, in undergoing chronic dialysis long-lived, the age and depression have been related with a higher degree of dependence. **Conclusion:** Prevention and depression treatment in octogenarian people may decrease the effects about limitation for IADL.

SOCIO-DEMOGRAPHIC CHARACTERIZATION AND ELDERLY PEOPLE MORBIDITY AGED 80 YEARS OLD OR OLDER WITH CHRONIC RENAL FAILURE UNDERGOING HEMODIALYSIS

Odete Teresinha Portela; Ricardo de Castro Cintra Sesso; Ildelina Pereira do Nascimento; Bruno Felipe Casarin; Margarete Inês de Paula; Angélica Gonçalves Silva Belasco

It is estimated in 2025 Brazil will be among the countries with the highest number of elderly people, about 32 million people older than 60 years old. **Aim:** Characterize the sociodemographic profile of elderly people aged 80 years old or older undergoing hemodialysis. **Method:** Cross-Sectional quantitative study, carried out in seven units of dialysis, in Sao Paulo city (BR), from March 2015 to november 2016. A sample with 103 elderly people aged 80 years or older, in a chronic program of hemodialysis. In the interviews, the following instruments have been used: Economical Classification-Brazil, 2015, which classifies into five social classes, considering comfort aspects and level of education, ranges between 0 and 100 points, Medical Outcomes Study's social support scale (MOS)(2) , ranges between 0 and 95 points and the higher the score, the better the social support. Evaluation of Charlson comorbidity index (3), ranges between 0 and 33 points. This study was approved by the Ethics Committee (CAAE 43094015.6.0000.5505). **Results:** The 103 elderly people from the sample, constitutes 7.8% from 1.344 individuals under dialysis, in the participating units.

The average age was 84 years old (a range between 80 and 96 years old), being 63 (61%) male, 55 (53%) married, 44 (43%) widowed. They had on average 7,6 years of education (a range between 0 and 15 years old), 57 (55%), had arteriovenous fistula and 39 (38%) used a long-term venous catheter. The average time under dialysis, at the interview, was 47 months (range between 4 and 192), 38 (36.8%) belonged to the Class C2 and 25 (24.2%) to the class C1, results impacted by the illiterate people index or incomplete basic education, which were 31 (30%). The average score from MOS was 86, that shows a good social contribution. The main causes of the renal disease were arterial hypertension with 38 (36.8%) and diabetes with 25 (24%), however, 75 (73%) of the individuals were hypertensive and 41 (40%) diabetic at the interview. The average score from the comorbidity index was 3.7, that ranges between 0 and 33 and the higher the score the worse the prognostics. **Conclusion:** Long-lived patients undergoing chronic dialysis are mostly from lower social classes, have a good social support and a high "comorbidity" index. Knowing the characteristics of very old population under hemodialysis is primarily important to subside actions to improve the assistance to elderly's health and social support.

THE INTERVENTION WITH THE NEWBORN BEHAVIORAL OBSERVATIONS IN THE NEWBORN, INFANT AND FAMILY: A SCOPING REVIEW

Patrícia Martins; Isabel Malheiro; Maria José Góis Paixão; Odete Sousa e Lemos

Background: During the first year of life, the main parental functions are to provide care to the child, satisfy his/her needs, and facilitate his/her development (Cruz, 2013). The secure attachment between the children and the parents and their quality of interaction are crucial factors for their psychosocial and emotional development (Direção-Geral da Saúde, 2005; 2013). Brazelton created a development support Model, based on the child's behavior with a systemic and multidimensional approach. He developed the Newborn Behavior Observations (NBO) (Gomes-Pedro, 2003), which focus its observation on the child's behavior, to be used as a support to parents at a time parental functions are being established (Nugent, 2013). This model focuses on the early intervention, applied to the family and centered in the child behavior. In this perspective, the Newborn Behavioral Observations can be an important tool, used to support parents, as a nursing intervention. **Objective:** Examine and map the knowledge about the use of the Newborn Behavioral Observations. **Method:** This scoping review was carried out according of the Joanna Briggs Institute Reviewers' Manual: 2015. It includes studies with newborns (from 36 weeks gestation), infants (3 months) and families subjected to the NBO. All contexts were included. **Types of Studies:** This scoping review considered systematic reviews, quantitative and qualitative studies. **Search strategy:** The search strategy aims to find both published and unpublished studies over the last 10 years, from 2006 (date of NBO conception) to 2016. A three-step search strategy was used in this review. Studies published in English, Spanish and Portuguese were considered during the search. **Results:** Twelve studies published in English were included in this review. Research designs were mainly quantitative, occurred in the United States of America, and published in the last 5 years. The majority of the studies were carried out in home visits by different health care providers (nurses and early intervention professionals). The studies focus mainly the experience of the families after the NBO. **Conclusion:** The NBO is a flexible instrument that can be applied by many professionals, in different contexts, which allows a bigger interaction between parents and child, higher self-confidence, satisfaction, superior child competence and development knowledge by the caregivers, also associated to a decrease on the post-partum depression and anxiety, enhancing too their

relationship and confidence in the clinician. Perspective of professionals involved in the NBO intervention also felt more self-confident and with more knowledge on the intervention application.

References:

- Cruz, O. (2013). Parentalidade. Porto: Livpsic.
- Direção-Geral da Saúde. (2005). Promoção da Saúde Mental na Gravidez e Primeira Infância: Manual de orientação para profissionais de saúde. Lisboa: Direcção-Geral da Saúde.
- Direcção-Geral da Saúde. (2013). Norma da Direcção Geral da Saúde no 10/2013: Programa Nacional de Saúde Infantil e Juvenil. Direcção-Geral da Saúde.
- Gomes-Pedro, J. (2003). CLNBAS A Avaliação Neuro-Comportamental do Recém-Nascido para Aplicação Clínica. Acta Pediátrica Portuguesa, 34(6), 389–391.
- Nugent, J. K. (2013). The competent newborn and the neonatal behavioral assessment scale: T. Berry Brazelton's legacy. Journal of Child and Adolescent Psychiatric Nursing, 26(3), 173–179. <http://doi.org/10.1111/jcap.12043>

RECEPTION WITH RATING RISK IN EMERGENCIES: CHALLENGES IN PRACTICE NURSES

Rita de Cássia Velozo da Silva; Manoela Lima Maciel; Deisiane Lima Araújo

Introduction: Emergency and emergency services represent an important way for users to access the health network. Due to the overcrowding of the emergency units and the endless waiting lines, the Ministry of Health created the National Humanization Policy that advocates the reception with risk classification, which aims to welcome the user and serve him according to his needs, providing assistance Humanized and quality. The host with risk classification allows the best organization of the assistance articulates the services, defines flows and resolute reference, thus making the necessary reception. **Objective:** To know the challenges experienced by nurses in the practice of the host with risk classification in emergency units. **Method:** Integrative literature review, exploratory and descriptive, with a qualitative approach, with a search of an electronic database, between 2004 and 2014. The research question was: "What has been produced about the challenges faced by nurses in the host with risk classification in Brazil?" Results: Although the host with risk classification is an important tool to reorganize the care, and the nurse is the professional designated for this care, there are difficulties that impact on the practice of the host and that require Attention, such as the overcrowding of emergency units, inadequate environment, insufficient professional staffing, and the lack of knowledge of the users about the dynamics of care. **Conclusion:** In order to develop the host with risk classification with quality and effectiveness, the nurse needs greater organizational support, the existence of a network of articulated attention and the collaboration of other professionals. It was noticed that 90% of the publications focused on the Southeast and South regions, which demonstrates the need to carry out studies in other Brazilian regions, which consider the diversity of local realities.

References:

- Souza, RS., Bastos, MAR (2008). Acolhimento com classificação de risco: o processo vivenciado por profissional enfermeiro. Revista Mineira de Enfermagem, 12(4), 581-586.
- Dal Pai, D., Lautert, L (2011). Sofrimento no trabalho de enfermagem: reflexos do "discurso vazio" no acolhimento com classificação de risco. Revista Esc. Anna Nery. jul-set. 15(3): 524-530. 2011.

Shiroma, LMB., Pires, DEP (2011). Classificação de risco em emergência - um desafio para as/os enfermeiras/os. *Revista Enfermagem em Foco*, 2(1), 14-17.

Goyanna, NF., Netto, JJM., Freitas, CASL., Ponte, MAC., Dias, MSDA (2014). Acolhimento com avaliação e classificação de risco: dos desafios às potencialidades. *Sanare*, 13(1), 119-124.

USE OF CHILD RESTRAINT SYSTEMS: THE CASE OF PROVIDAS

Rosa Moreira; Anabela Almeida

Conceptual Framework: In the world where more than 1 million people die and more than 50 million are injured each year in road accidents (United Nations. 2010), many of the factors are known and can be avoided, these include restraint systems for children (CRS). According to the United Nations (UN, 2010), we know how to deal with these factors, but we need to bridge the gap between knowing and doing. WHO highlights the magnitude of the problem of preventable injuries in children and calls on policy makers and practitioners to develop interventions to prevent these injuries. The increase in the level of knowledge and motivation of families, together with the reduction of illiteracy and the improvement of living conditions, favor the development of the exercise of parenthood and make it possible for parents and families to assume, as a right and duty. It is up to the professionals to facilitate and promote it (DGS, 2013). **Research problem:** Educational intervention of a nursing team with parents and educators in promoting the safe transport of infants and children and in the prevention of injuries associated with improper practices in the use of child restraint systems. **Method:** A cross-sectional descriptive-correlational study with a quantitative approach, whose participants are the children and their educators from 1st cycle schools in the counties of Fundão, Covilhã and Belmonte. Sample collected by accidental or convenience method, nor random. The interview and the observation occur at the same moment with the driver of the vehicle that carries the child. The data collection takes place in two distinct temporal and methodological moments: one prior and one after the educational session. Outcomes: The results are expected to validate the hypotheses formulated and to highlight the important role that nurses' intervention plays in the literacy of safe transport of infants and children, in parents, other educators, and in school-school. Better results are expected in the use and correct use of CRSs by parents who received CHCB maternity training. **Conclusions:** It is intended to demonstrate the variables involved in the study, identified from the problem framework and the literature review, which evidenced the existence of a relationship between the increase in the level of knowledge of parents/other educators and the adoption of safe practices in the road transport of infants and children with the educational intervention of health professionals, namely nurses.

References:

Direção Geral da Saúde (2013). Programa Nacional de Saúde Infantil e Juvenil. Norma 10/2013 de 31/05

Nações Unidas (2010). Relatório de implementação do projeto: Melhorar a Segurança Rodoviária Global: definir objectivos regionais e nacionais para a redução do número de vítimas de acidentes rodoviários. New York e Geneva.

EPIDEMIOLOGICAL PROFILE OF HEPATITIS A IN BRAZIL (1999 TO 2011), ACCORDING TO SINAN

Sandra Renata Pinatti de Moraes; Giovanna Vallim Jorgetto; Daniela Silva Oggiam; Sales Sobral

ABSTRACT: Hepatitis A is an acute inflammatory disease caused by the virus VHA, oral-fecal transmission that multiplies in the liver, causing symptoms of fever, muscle pain, tiredness, malaise, inappetence, nausea and vomiting, jaundice, feces Yellowish-whitish and dark-colored urine. It can evolve into fulminate hepatitis and depending on the region, conditions of basic sanitation and socioeconomic conditions, can evolve into outbreak or epidemic, which makes the infection of the Hepatitis A virus of great importance of knowledge and resolution to public health. The objective of this work was to describe the epidemiological profile of the prevalence of Hepatitis A in different Brazilian states through a qualitative review of the notifications in the Information System of Notification Diseases (SINAN) platform, related to the period from 1999 to 2011. From the Data obtained showed a higher prevalence of Hepatitis A in females, in the age range of 5 to 9 years, and in the northern states of the northeast. In contrast, a lower incidence of this disease occurred during the period of analysis in the states of central-western Brazil. In terms of protection for the older population, seroprevalence may be considered to be sufficiently low in young adults. It should be noted that vaccination against HAV is the most effective means of controlling the disease and, consequently, the public health resource of choice.

EVALUATION OF DRUG INTERACTION IN A LONG STAY INSTITUTION FOR THE ELDERLY OF A MUNICIPALITY OF THE SOUTH OF MINAS GERAIS – BRAZIL

Sandra Renata Pinatti de Moraes; Giovanna Vallim Jorgetto; Felipe Palos Nishida; Juliana Vallim Jorgetto

INTRODUCTION: Different studies show that with the onset of old age there is also a loss of social life and a decrease in the physical and psychological capacities of the elderly, which also leads to multiple diseases, making this age group one of the largest consumers of polypharmacology. **OBJECTIVE:** To identify the drug interactions in a Long Stay Institution for the Elderly in a municipality of the South of Minas Gerais, regarding the type of drug interaction, dosage and route of administration of the drugs and to analyze the types of drugs used in the population in question. **METHOD:** This is a retrospective, descriptive, observational study carried out in a Long-Term Care Institution for the Elderly in a municipality in the South of Minas Gerais, serving people ranging from 60 to 90 years. Inclusion criteria were: medical records of patients 60 years of age or older; Of patients who use polypharmacology (2 or more drugs) and who are legible. The data collected were: Age, sex, Marital status, Schooling, Quantity of medications used, Name of medications, Medicines of continuous and sporadic use, Route of administration, Time of medications and Place of storage. This research was submitted to the research ethics committee, through the Brazil Platform, and approved with protocol number 48125115.0.0000.5109. **RESULTS:** The age range varied from 60 to 80 years of age. 90.6% of the prescriptions contained more than ten prescribed drugs. A total of 115 repeated and non-repeated drugs were observed, totaling 655 medications in the 84 prescriptions analyzed, with a mean of 8.04 medicines per patient and a standard deviation of 3.67 for more or

less. Hydrochlorothiazide was the medicine that was prescribed the most times and also the one that obtained the greatest amount of drug interactions. There was also a large consumption of medications (sporadic use) such as antidepressants, anticoagulants and antibiotics. Oral administration predominated. **CONCLUSION:** It was concluded that the great majority of drug interactions occurred through pharmacodynamics. The use of the sporadic drugs presented in this study may lead to pharmacokinetic interactions, making it difficult to modify the absorption, distribution, metabolism and excretion of the drugs. In this sense, it is concluded that the drug interaction is common in patients who use polypharmacy, mainly with oral medications, in the case of the vast majority of the latter's population.

References:

- Guiarlamudi, H.B. (2016). Polytherapy and drug interactions in elderly. *J Midlife Health*, 7 (3), 105–107.
- Hines, L.E. & Murphy, J.E. (2011). Potentially harmful drug-drug interactions in the elderly: a review. *Am J Geriatr Pharmacother.*, 9(6), 364-77.
- Kongkaew, C., Noyce, P.R. & Ashcroft, D.M. (2008). Hospital admissions associated with adverse drug reactions: a systematic review of prospective observational studies. *Ann Pharmacother*, 42(7), 1017-25.
- Prado, M.A.M.B., Francisco, P.M.S.B., & Barros, M.B.A. (2016). Diabetes in the elderly: drug use and the risk of drug interaction. *Ciência & Saúde Coletiva*, 21(11), 3447-3458.
- Rodrigues, M.C.S., & Oliveira, C. (2016). Drug-drug interactions and adverse drug reactions in polypharmacy among older adults: an integrative review. *Revista Latino-Americana de Enfermagem*, 24, e2800.

QUALITY OF LIFE OF HEPATITIS B, C CARRIERS IN HEMODIALYSIS TREATMENT

Saturnina Alves da Silva Martins; Paula Falco Maurício

INTRODUCTION: Chronic Renal Disease receives increasing attention in studies carried out by the scientific community internationally. In Brazil, epidemiological studies covering Renal Disease and Renal Renal Therapy performed in January 2009 showed that there were 77,589 patients on dialysis in Brazil, where the prevalence and incidence of Chronic Renal Disease in Terminal Stage correspond to about 405 and 144 Per million in the population, respectively. Being a silent disease makes difficult the early diagnosis, being often discovered in terminal phase, fact that conditions the patient to Renal Renal Therapy. **PURPOSE:** the general objective of this study was to analyze the quality of life of patients with hepatitis B, C virus on hemodialysis treatment. **METHODOLOGY:** This was an exploratory, descriptive study with a quantitative approach. The subjects of the study were forty individuals with Hepatitis B virus, C on hemodialysis treatment at a Renal Replacement Therapy clinic, located in the eastern part of the City of São Paulo. To collect the data, a questionnaire with closed questions was used as the research instrument, the Medical Outcomes Study 36 (SF36), a generic instrument for evaluating the quality of life, which is easy to administer and understand. **CONCLUSION:** in the case of chronic kidney individuals and also carriers of one of the HBV or HCV viruses, the quality of life as demonstrated in the present study is greatly impaired. The continuity of its treatment affects several aspects of the life of the patients, being important the evaluation of their quality of life, so that actions can be instituted that improve their survival. The low scores found in the Physical Aspects, General State of Health and Vitality evaluation point to the need for a care that seeks at the same time to deal with physical, emotional, social, psychic and biological

aspects. It is recalled that one way of obtaining Quality of Life of individuals with Chronic Renal Disease is to postpone the initiation of dialysis treatment through actions such as early diagnosis of renal injury, initiation of conservative treatment, blood pressure and glycemic control.

Keywords: Quality of Life. Hepatitis. Hemodialysis.

References:

- Barbosa, G. S. & Valadares, G. V. (2009). Hemodiálise: estilo de vida e a adaptação do paciente. *Acta Paulista de Enfermagem*, v.22, n.1, p. 524-527.
- Bastos, M. G. & Kirsztajn, G. M. (2011). Doença renal crônica: importância do diagnóstico precoce, encaminhamento imediato e abordagem interdisciplinar estruturada para melhora do desfecho em pacientes ainda não submetidos à diálise. *J. bras. nefrol*, v. 33, n. 1, p. 93-108.
- Silva, A. C. O. et al. (2014). Qualidade de Vida, características clínicas e adesão ao tratamento de pessoas convivendo com HIV/AIDS. *Revista Latino-Americana de Enfermagem*, v. 22, p.995.

THE KNOWLEDGE OF THE POPULATION ON THE NURSE'S WORK IN THE FAMILY HEALTH STRATEGY

Saturnina Alves da Silva Martins; Eleessandra Alves da Costa Siqueira

INTRODUCTION: Since 1988, Brazil has established a dynamic and complex health system, the Unified Health System, based on the principles of health as a right of the citizen and a duty of the State. Public health evolved a lot in Brazil, people were attended by medical-philanthropic institutions, and the State did some health actions in the face of epidemics, such as vaccination and/or basic sanitation actions. At present, care is provided through State action, which organizes it according to its social and political issues, making medical services to be applied in the organization of the health system. **PURPOSE:** The general objective of this study was to identify the knowledge of the population about the role of the nurse in the Family Health Strategy Program. **METHODOLOGY:** it was characterized as a field study with exploratory, quantitative and descriptive approach, were interviewed a hundred individuals between men and women of age who live in a neighborhood in the eastern zone of the city of São Paulo. A semi-structured questionnaire was used, based on the Likert scale, a type of scale with a focus used in social investigations. **CONCLUSION:** the results showed that there is a controversy among the participants, since they do not know the attributions that the nurse develops in the Family Health Strategy. Although not valued, the nursing consultation is a key element for prevention and health promotion. It was therefore concluded that the population surveyed do not have knowledge about what the nurse's role is in the Family Health Strategy Program.

Keywords: Nurse. Family Health Strategy. Population.

References:

- Amaral et.al. (2011). Atuação do enfermeiro como educador no programa saúde da família: importância para uma abordagem integral na atenção primária. *FG Ciência, Guanambi*, v.01, n.1, p.01-21.
- Besen, C. B. et al. (2007). A estratégia saúde da família como objeto de educação em saúde. *Saúde e sociedade*, v. 16, n. 1, p. 57-68.

Guedes, J. S. et al (2011). A Implantação do Programa de Saúde da Família (PSF) no Estado de São Paulo (1995-2002). *Saúde Soc. São Paulo*, v.20, n.4, p.875-883.

THE NURSE IN THE MANAGEMENT OF THE EXTRACORPOREAL OXYGENATION MEMBRANE (ECMO) IN THE INTENSIVE CARE SECTORS

Sérgio Luis Alves de Moraes-Junior; Cláudia de Lima Teixeira Fuentes Garcia; Rorinei dos Santos Leal; Sandra Maria da Penha Conceição; Suely Rodrigues de Aquino-Silva; Elizia Esther Calixto Paiva

Concept: The intensive care unit is aimed at people on high life risks, thus requiring up-to-date human and technological resources. Among the major technologies used in the treatment of reversible respiratory or cardiac insufficiency, it is the called ECMO, which consists of direct artificial blood oxygenation, indicated for patients with respiratory compromise, due to acute or subacute pulmonary functional collapse. **Investigation question:** what is the main information to the nurse about the role and manipulation of ECMO in the Intensive Care Unit? Type of study: Was used the literature review method, using the scientific electronic bases and manuals of operation and maintenance of this device. **Results:** There are several oxygenators, and these have evolved significantly since the 1950s, gaining relevance in the treatment of patients with severe acute respiratory failure with or without injury, associated with pulmonary impairment, provided that they are reversible and unsuccessful to conventional treatments. ECMO provides temporary circulatory support for the lung to recover. In Brazil, in the hospitals that have this resource, nurses are the professionals said to be able to handle it, through training with theoretical classes and supervised practices. There are few published works on this subject and no study was found that addresses the handling of this device by the nurse in intensive care units. **Conclusions:** currently few hospitals have this therapy, being used to a lesser extent in the country. This feature is of paramount importance to keep the lung area at rest, reestablishing its functions. Nurses need specific training to deal with this technology that in Brazil is restricted to hospitals for people with high economical power.

References:

- Azevedo, L. C. P., Park, M., Costa, E. L. V., Santos, E. V., Hirota, A., Taniguchi, L. U., ... & Carvalho, C. R. R. (2012). Extracorporeal membrane oxygenation in severe hypoxemia: time for reappraisal. *Brasilian Journal the Pneumology*, 38(1), 7-12.
- Barbaro, R. P., Odetola, F. O., Kidwell, K. M., Paden, M. L., Bartlett, R. H., Davis, M. M., & Annich, G. M. (2015). Association of hospital-level volume of extracorporeal membrane oxygenation cases and mortality. Analysis of the extracorporeal life support organization registry. *American journal of respiratory and critical care medicine*, 191(8), 894-901.
- Drummond, M., Braile, D. M., Lima-Oliveira, A. P. M., Camim, A. S., Oyama, R. S. K., & Sandoval, G. H. (2005). Technological evolution of membrane oxygenators. *Revista Brasileira de Cirurgia Cardiovascular*, 20(4), 432-437.

ALCOHOL USE BY NURSING STUDENTS AND THE IMPACT OF BRIEF INTERVENTION ON THEIR QUALITY OF LIFE

Wanda Cristina Sawicki; Dulce Aparecida Barbosa; Dayana Fram; Angélica Gonçalves Belasco

Measures to reduce the effects of alcohol abuse and its deleterious consequences are emphasized by public policies in Brazil and around the world. Among undergraduate, we observed vulnerability in abusive alcohol consumption affecting their quality of life. Longitudinal study investigated the prevalence of alcohol use, levels of consumption, quality of life and brief intervention (BI) with nursing undergraduate from a public university in Brazil. The gathering used self-administered questionnaires to evaluate alcohol consumption, quality of life AUDIT and SF 36. Three months after BI, new application of the instruments and evaluation of the interventions were performed. Descriptive analysis with McNemar and ANOVA application, significance 5%. Study approved by the Ethics and Research Committee of UNIFESP. In the first phase of the research we included 281 (92%) students, mean age of 21.4 years, 255 (90.7%) women. They reported current alcohol use 194 (76.7%) and 147 (75.8%) drank it socially. The BI was evaluated as good for 64.7%. The AUDIT after BI showed that the number of students with low risk for alcohol consumption <8 increased to 230 (84.6%) and the total score was significantly lower than 0.0001. Students who consumed alcohol during the study had a lower mental health score. Functional capacity, general health status, vitality and mental health were significantly higher in males. SF36 domains evaluated together were significantly lower post BI. Alcohol consumption interfered with quality of life and BI had an impact on the prevention of excessive alcohol consumption.

Keywords: Quality of Life, Nursing Students, Ethanol, Disease Prevention

REPERCUSSIONS OF DOMESTIC VIOLENCE DONE BY INTIMATE PARTNERS IN WOMEN'S HEALTH: IMPLICATIONS ON NURSING CARE

Walquiria Jesusmara dos Santos; Maria Imaculada de Fátima Freitas; Marco Aurelio Sousa

Introduction: Violence against women is a Public Health issue and it is associated with harm to physical and mental health, leading to treatment by Health Care services. The importance of Nursing professionals is highlighted in such scenario, since their practice is founded on care and, many times provide first attention which must suit users' needs. Healthcare professionals have trouble dealing with social-cultural issues such as violence, which do not relate directly to sickness but may lead to harm to health. Objective: to analyze the repercussions of domestic violence perpetrated by intimate partner in women's health. **Methodology:** Qualitative study based on the Interactionist theory. Twelve open interviews were carried out in depth with women in violence-prone situations in a Reference Center for Women's Health in Belo Horizonte, MG, Brazil. Data were interpreted by Demaziere and Dubar's structural analysis (1997). The project was approved by the UFMG Ethics Committee in Research (COEP), Report no. 1.138.006, CAAE: 43697515.8.0000.5149. **Results and Discussion.** From the analysis the following categories emerged: Interaction of Women in violence-prone situations with Healthcare Professionals; Physical harm resulting from violence; Mental disorders after violence. Results showed that women in violence-prone situations seek healthcare services to treat physical and mental disorders, mainly anxiety, depression and post traumatic stress, but do not always have their demands seen to. Psychiatric consultations and medicalization

of mental disorders are frequent, and so are suicidal ideas and attempts at self termination, viewed as means to escape from daily violence. **Final Considerations:** It is important that healthcare professionals, especially in nursing care, acknowledge and value this phenomenon, aiming at overcoming it, and that education institutions include the theme in professional formation, seeking to develop skills such as listening and embracing.

References:

- Moya, E. M., Chávez-Baray, S., & Martinez, O. (2014). Intimate partner violence and sexual health voices and images of Latina immigrant survivors in southwestern United States. *Health promotion practice*, 15(6): 881–893.
- Silva, S.A., Lucena, K.D.T., Deininger, L.S.C., Coelho, H.F.C., Vianna, R.P.T., & Anjos, U.U. (2015). Analysis of domestic violence on women's health. *Journal of Human Growth and Development*, 25(2), 182-186.
- Demazière, D.& Dubar, C. (1997). *Analyser les entretiens biographiques: l'exemple de récits d'insertion*. Paris: Nathan.