



15ª Conferência Internacional de Investigação em Enfermagem

15th International Conference of Nursing Research

**A Saúde como um Direito Humano.
Da Investigação à Liderança e
Inovação Clínica!**

***Health as a Human Right.
From Research to Leadership and
Clinical Innovation!***

Lisboa, 26-28 Junho 2019

Fundação Calouste Gulbenkian
Avenida de Berna
Lisboa – Portugal

Lisbon, 26-28th June 2019

*Fundação Calouste Gulbenkian
Berna Avenue
Lisbon - Portugal*

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NOTA INTRODUTÓRIA | INTRODUCTION

Em nome da Associação Portuguesa de Enfermeiros e individualmente, congratulo pela concretização da 15ª Conferência Internacional de Investigação em Enfermagem, que hoje se inicia.

Saúdo todos os colegas de mesa, bem como todos os presentes nesta sala. Bem-vindos à 15ª Conferência Internacional de Investigação em Enfermagem da Associação Portuguesa de Enfermeiros! Bem-vindos a Lisboa! Bem-vindos a Portugal!

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 conhecimento dos resultados de muitos estudos realizados por enfermeiros investigadores convidados, e apresentados através de conferências, comunicações livres, workshops, e posters.

Partimos da premissa “A saúde como direito humano. Da investigação à liderança e inovação clínica!” que é o tema escolhido para esta conferência.

Esperamos três dias de intenso trabalho, mas também desejamos que sejam três dias de partilha de conhecimento, e que este contribua para uma efectiva mudança nas práticas clínicas.

Um agradecimento especial à Fundação Calouste Gulbenkian por nos ter permitido a utilização deste maravilhoso espaço, 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 e imprescindível contributo, bem como a todos os que, com a apresentação dos seus estudos permitiram a concretização desta Conferência.

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

Obrigado por terem vindo.

João Fernandes
Presidente da Associação Portuguesa de Enfermeiros

On behalf of the Portuguese Nurses Association and individually, I am pleased to be able to celebrate the 15th International Conference on Nursing Research, which is starting today.

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

Welcome to the 15th International Conference of Nursing Research promoted by the Portuguese Nurses Association! Welcome to Lisbon! Welcome to Portugal!

The dissemination of knowledge through publications, conferences and other means has been one of the objectives of the Portuguese Nurses Association 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 know the results from many studies developed by nurse researchers and presented through the form of conferences, oral communications, workshops, and posters.

We start from the premise that "Health as a human right. From research to leadership and clinical innovation!" which is the theme chosen for this conference.

We expect three days of hard work, but we also wish three days of knowledge sharing to contribute to an effective change in clinical practices.

A special thanks to the Calouste Gulbenkian Foundation for allowing us to use this wonderful space, all those who has collaborated in the organization of this conference integrating the scientific and organizing committees, also those who, not integrating any of them have made a valuable and indispensable contribution and as well as all those who, with the presentation of their studies, have made possible the realization of this conference.

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
President of Associação Portuguesa de Enfermeiros*

MENSAGEM DO PRESIDENTE DA COMISSÃO CIENTÍFICA | MESSAGE FROM THE PRESIDENT OF SCIENTIFIC COMMITTEE

O desenvolvimento da enfermagem exige um esforço para estabelecer as prioridades da investigação científica e política (na(s) liderança(s)) mais próximas das necessidades da população e dos profissionais.

Reconhecendo que o rigor metodológico e a capacidade de fundamentar as ações em evidência (prática baseada na evidência), e que a evidência só é útil se surgir de contextos práticos (evidência baseada na prática), é importante refletir o desenho e o planeamento da investigação em enfermagem que garanta os processos participativos e de capacitação, bem como, a efetividade das intervenções, garantindo ganhos em saúde sensíveis aos cuidados de enfermagem e consolidando a base científica da intervenção da enfermagem e dos enfermeiros.

Um desafio da investigação em enfermagem é manter-se mais próximo da realidade de uma comunidade, com suas características físicas, socioeconómicas, culturais e epidemiológicas específicas. Este desafio contém um componente de investigação de translação (colocar o conhecimento ao serviço da(s) comunidade(s)), fundamental para o sucesso das intervenções promovendo mais e melhor saúde individual e coletiva.

Para que a investigação em enfermagem seja capaz de encontrar respostas a estes desafios, propomos uma reflexão sobre:

1. Direito(s) humano(s) em saúde: de que perspetiva? Direitos dos utentes? Direitos dos profissionais (também enfermeiros)? Direitos da comunidade como um todo? Saúde como bem de mérito? Ou, antes, um equilíbrio dinâmico entre todas estas vertentes?
2. Investigação e Liderança em saúde: que liderança(s) é (são) necessária(s) para a consolidação da enfermagem como elemento integrante da gestão em saúde e do desenvolvimento de políticas de saúde? Como edifica-las?
3. Investigação e Inovação clínica: como colocar o conhecimento em enfermagem ao serviço da comunidade? Que aporte pode a inovação clínica em enfermagem trazer para a melhoria da saúde das pessoas e comunidades e para o desenvolvimento das outras profissões de saúde? Que inovação clínica fazemos e que inovação clínica é necessária ao desenvolvimento dos sistemas de saúde?

É com este espírito que a Associação Portuguesa de Enfermeiros (APE) organiza a 15ª Conferência Internacional de Investigação em Enfermagem (CIIE), sob o lema “Saúde como direito humano: da investigação à liderança e inovação clínica”. Ao longo de três dias, usando a sabedoria de peritos de nível mundial, nacionais e internacionais, pretende-se um espaço de análise e construção sobre o conhecimento, a liderança e a inovação clínica em enfermagem. 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.

A conferência, que decorre de 26 a 28 de junho de 2019, assinalará também a memória dos 50 anos de representação da enfermagem portuguesa no ICN (Internacional Congress of Nurses) pela mão da Associação Portuguesa de Enfermeiros, a 27 de junho de 1969. Que esta conferência seja mais um elemento de construção para que a enfermagem possa continuar a agir localmente em benefício da saúde da pessoa e da comunidade, sabendo pensar globalmente um mundo em constante e rápida mutação...

Nursing development requires an effort to establish the priorities of scientific and political research (in leadership) closest to the needs of both population and health professionals.

Recognizing that methodological rigor and the ability to substantiate evidence-based practice (evidence-based practice), and that evidence is only useful if it emerges from practical contexts (practice-based evidence), it is important to reflect the design and planning of research in nursing that guarantees participatory processes and training, as well as the effectiveness of interventions, ensuring health gains achieved are sensitive to nursing care and consolidating the scientific basis of nursing and nurses' interventions.

A challenge in nursing research is to stay closer to the reality of a community, with its specific physical, socioeconomic, cultural and epidemiological characteristics. This challenge contains a translation research component (using knowledge to serve communities), fundamental for the success of the interventions, promoting more and better individual and collective health.

To allow nursing research to be able to find answers to these challenges, we propose a reflection on:

- 1. Human rights in health: from what perspective? Users' rights? Health professionals' rights (including nurses)? Community rights as a whole? Health as merit good from an economical point of view? Or, rather, a dynamic balance between all these aspects?*
- 2. Health Research and Leadership: what leadership is required for the consolidation of nursing as an integral element of health management and health policy development? How do we build them?*
- 3. Research and clinical innovation: how to use knowledge in nursing to serve communities? What contribution can clinical innovation in nursing bring to improving the health of people and communities and the development of other health professions? What clinical innovation do we make and what clinical innovation is required for the development of health systems?*

With these questions in mind, the Portuguese Association of Nurses (APE) organizes the 15th International Conference on Nursing Research (ICNR), under the motto "Health as a human right: from research to

leadership and clinical innovation". Over three days, using the wisdom of world-class experts, national and international, a space for analysis and construction on knowledge, leadership and clinical innovation in nursing is sought. In a vision that fuses clinical practice, teaching, research, management and advice, it is proposed to reflect where we have come from, where we are, where we want to go ... and how we can use research as a guide in this construction process.

The conference, which runs from June 26 to 28, 2019, will also mark the memory of the 50 years of representation of Portuguese nursing in the ICN (International Congress of Nurses) by the hand of the Portuguese Association of Nurses, on June 27, 1969. May this conference be seen as another element of construction so that nursing can continue to act locally for the health of the person and the community, knowing how to think globally a world in constant and rapid mutation ...

José Carlos Rodrigues Gomes, RN, MHN, MPH, PhD
Presidente da Comissão Científica | *Chairman of the Scientific Committee*

PROGRAMA CIENTÍFICO | SCIENTIFIC PROGRAM

26 DE JUNHO/26th JUNE

09h00	Registration
09h30	Opening Ceremony Health Minister Marta Temido (representing Prime Minister) President of APE (João Fernandes)
10h00	Plenary Session – Keynote 1: “Health as human right” Maria de Belém Roseira (Portugal) Chair: Maria Augusta Sousa (Portugal)
11h30	Parallel Sessions – Oral presentations
14h30	Plenary Session – Keynote 2: Research and Health Leadership “Nursing allowances: impact on health care safety” Nelson Guerra (Portugal) Chair: Maria João Freitas (Portugal)
16h00 - 18h00	Workshops - Research Methods Research and leadership - Helena Valentim Abrantes (Portugal) – Auditório 3 Research and clinical innovation - Maria dos Anjos Dixe (Portugal) – Sala 1

27 DE JUNHO/27th JUNE

09h00	Extra Conference “50 years from admission of APE to the ICN” João Fernandes (Portugal) Chair: Alexandra Tereso (Portugal)
10h00	Parallel Sessions – Oral presentations
11h30	Parallel Sessions – Oral presentations
14h30	Plenary Session – Keynote 3: “Research and Clinical Innovation” Pedro Parreira (Portugal) Chair: Armandina Antunes (Portugal)
15h00	Parallel Sessions – Oral presentations
16h30 - 18h00	Parallel Sessions – Oral presentations

28 DE JUNHO/28th JUNE

09h00	Parallel Sessions – Poster presentations
11h00	Plenary Session - Keynote 4: “From Research to Innovation in Health” Vítor Rodrigues (Portugal) Chair: Sandra Queiroz
14h30	Final Conference – “Leadership of nurses and the importance of leadership in research” Thóra Hafsteinsdóttir (Netherlands) Chair: Marta Lima Basto (Portugal)
16h00	Closing ceremony João Fernandes/José Carlos Gomes Awards Cerimony (Marília Pais Viterbo de Freitas and Marta Hansen Lima Basto Correia Frade) Conclusions - End of 15th ICNR

PROGRAMA DAS COMUNICAÇÕES LIVRES | ORAL PRESENTATIONS PROGRAM

26 DE JUNHO/JUNE – MANHÃ/MORNING

AUDITÓRIO/AUDITORIUM 3

Tema/Theme	EIXO 1: DIREITOS HUMANOS EM SAÚDE AXIS 1: HUMAN RIGHTS IN HEALTH
Moderador/Moderator Relator/Reporter	Amélia Figueiredo Antónia Chora
11h30 – 11h40	Impacto do Assentimento Informado numa População Vulnerável: O Olhar do Menor e do Tutor - Hortense Maria Tavares Simões Cotrim
11h40 – 11h50	<i>Practices about sexual and reproductive health of the teenagers in Mindelo city</i> - Suely Helena Lima dos Reis
11h50 – 12h00	<i>Layledu - Development of Self-Management Competences in Adolescents with Diabetes Type 1. Listen to their voices and their parents</i> - Sónia Isabel Pinela Colaço Marques
12h00 – 12h10	<i>Feeling of the family caregiver in pediatric oncology in a university hospital in Recife, Pernambuco, Brazil</i> - Rêneis Paulo Lima Silva
12h10 – 12h20	<i>What preschool children like to eat? The importance of children food preferences to prevent overweight and childhood obesity</i> - Cláudia Mariano Julião Bacatum
12h20 – 12h30	A Família da Criança com Cardiopatia Congénita: a Scoping Review - Maria Filomena Abreu de Sousa
12h30 – 13h00	Discussão/Discussion

26 DE JUNHO/JUNE – MANHÃ/MORNING

SALA/ROOM 1

Tema/Theme	EIXO 2: INVESTIGAÇÃO E LIDERANÇA EM SAÚDE AXIS 2: HEALTH RESEARCH AND LEADERSHIP
Moderador/Moderator Relator/Reporter	Deolinda Luz Gilberto Tadeu
11h30 – 11h40	<i>The Brazilian psychiatric reform and the training of professional nurses</i> - Juliana Jesus Baião
11h40 – 11h50	<i>Emergence of the nursing discipline in the study plans from 1965 to 1987: from rupture to intention to change</i> - Luísa Maria Correia d' Espiney
11h50 – 12h00	<i>Didactic sequence applied to the teaching of the systematization of the assistance in the graduation in nursing</i> - Cássia Barbosa Reis
12h00 – 12h10	<i>Knowledge and practice of health promotion of nurses of family health units in São Carlos - São Paulo – Brazil</i> - Sílvia Carla da Silva André Uehara
12h10 – 12h20	<i>Realistic simulation in prehospital care: scale design</i> - Suderlan Sabino Leandro
12h20 – 12h30	<i>Spiritual impact on the emotional pattern of the elderly</i> - Maria Madalena Jesus Cunha Nunes
12h30 – 13h00	Discussão/Discussion

26 DE JUNHO/JUNE – MANHÃ/MORNING

SALA/ROOM 2

Tema/Theme	EIXO 3: INVESTIGAÇÃO E INOVAÇÃO CLÍNICA AXIS 3: RESEARCH AND CLINICAL INNOVATION
Moderador/Moderator Relator/Reporter	Isabel Malheiro Patrícia Pontífice
11h30 – 11h40	<i>Concerns, needs, difficulties and supports in pediatric palliative care: parental perception</i> - Carolina Ventura Valério Nobre
11h40 – 11h50	<i>Alimentação e nutrição da criança com cardiopatia congénita crítica no primeiro ano de vida</i> - Rebeca Filipe Flora
11h50 – 12h00	<i>Children with brief resolved unexplained event in their first year of life - specialised nursing interventions - a integrative review of literature</i> - Joana Mesquita de Carvalho Cardoso
12h00 – 12h10	<i>A kangaroo care: a neuroprotection intervention in neonatal intensive care unit</i> - Maria Thereza de Carvalho Valle Vasconcellos
12h10 – 12h40	Discussão/Discussion

27 DE JUNHO/JUNE – MANHÃ/MORNING

AUDITÓRIO/AUDITORIUM 3

Tema/Theme	EIXO 1: DIREITOS HUMANOS EM SAÚDE AXIS 1: HUMAN RIGHTS IN HEALTH
Moderador/Moderator Relator/Reporter	Deolinda Luz Merícia Bettencourt
10h00 – 10h10	<i>Promoting the transition to healthy motherhood</i> - Graciete Maria Martins Cardoso
10h10 – 10h20	<i>Obstetric violence: perception of health professionals</i> - Rita de Cássia Vellozo da Silva
10h20 – 10h30	<i>Perfil de mulheres submetidas ao aborto legal em um hospital público de referência em Recife – PE</i> - Sandra Cristina de Souza Carvalho
10h30 – 10h40	<i>Editores chefes de revistas de enfermagem brasileiras indexadas na LILACS: subsídios sobre perfil</i> - Gilberto Tadeus Reis da Silva
10h40 – 11h00	Discussão/Discussion

27 DE JUNHO/JUNE – MANHÃ/MORNING

SALA/ROOM 1

Tema/Theme	EIXO 2: INVESTIGAÇÃO E LIDERANÇA EM SAÚDE AXIS 2: HEALTH RESEARCH AND LEADERSHIP
Moderador/Moderator Relator/Reporter	José Carlos Gomes Nélia Vaz
10h00 – 10h10	<i>Fragilities and potentials in assistance in Primary Health Care</i> - Silvia Carla da Silva André Uehara
10h10 – 10h20	<i>Perception of hospital nurses about patient safety culture</i> - Edenise da Silva Santos Batalha
10h20 – 10h30	<i>Projeto de Investigação: Desenvolvimento de Competências de Liderança e Simulação</i> - Cátia Sofia Marques Teixeira
10h30 – 10h40	<i>Avaliação do risco de queda no cuidado de enfermagem à pessoa em situação crítica</i> - Juliana Manuela Moreira Dias Pinto
10h40 – 11h00	Discussão/Discussion

27 DE JUNHO/JUNE – MANHÃ/MORNING

AUDITÓRIO/AUDITORIUM 3

Tema/Theme	EIXO 1: DIREITOS HUMANOS EM SAÚDE AXIS 1: HUMAN RIGHTS IN HEALTH
Moderador/Moderator Relator/Reporter	Carlos Sequeira Deolinda Luz
11h30 – 11h40	Conhecimento dos idosos sobre HIV/AIDS em Recife – PE - Rêneis Paulo Lima Silva
11h40 – 11h50	Quality of life of chronic renaissance patients in hemodialytic treatment in the rim clinic of Carpina, Pernambuco, Brazil - Anna Maria César Tavares Barbosa
11h50 – 12h00	Dignity: nursing students' conception - Liliana Vanessa Lúcio Henriques
12h00 – 12h10	Perception of elderly autonomy in hygiene self-care - Mafalda Sofia Cardoso Inácio
12h10 – 12h20	Nurses' professional quality of life and its relationship with patient safety: preliminary results - Edenise Maria Santos da Silva Batalha
12h20 – 12h30	Understanding inpatient falls to implement preventive measures - Luísa Conceição Murcho Matado Caldas
12h30 – 13h00	Discussão/Discussion

27 DE JUNHO/JUNE – MANHÃ/MORNING

SALA/ROOM 1

Tema/Theme	EIXO 2: INVESTIGAÇÃO E LIDERANÇA EM SAÚDE AXIS 2: HEALTH RESEARCH AND LEADERSHIP
Moderador/Moderator Relator/Reporter	Nélia Vaz José Carlos Gomes
11h30 – 11h40	Prevention of catheter associated urinary tract infection in critical patient: an integrative literature review - Cláudia Sofia Veloso Pereira
11h40 – 11h50	A saúde mental & a comunidade urbana - Pedro Alexandre Brôa de Oliveira
11h50 – 12h00	The impact of the refusal of the triple viral vaccine: an integrative review - Raquel Oliveira Melo
12h00 – 12h10	First contact access in primary care in the eastern region - Suderlan Sabino Leandro
12h10 – 12h20	Process education X nurse practice with mobile device support - Cássia Barbosa Reis
12h20 – 12h50	Discussão/Discussion

27 DE JUNHO/JUNE – MANHÃ/MORNING

SALA/ROOM FOYER

Tema/Theme	EIXO 3: INVESTIGAÇÃO E INOVAÇÃO CLÍNICA AXIS 3: RESEARCH AND CLINICAL INNOVATION
Moderador/Moderator Relator/Reporter	Isabel Malheiro Sandra Queiroz
11h30 – 11h40	Prevalence of depression and suicidary risk between university students - Maria Helena de Agrela Gonçalves Jardim
11h40 – 11h50	Factors associated with the consumption of licit and illicit drugs by adolescents and young adults - Marcos Fábio Conceição Souza

11h50 – 12h00	<i>Sociodemographic and epidemiological analysis of the cases of dengue in São Carlos - Brazil: subsidies for nursing care in primary health care - Sílvia Carla da Silva André Uehara</i>
12h00 – 12h10	<i>Nasal carriage of staphylococcus aureus among nursing students during curricular internship - Ricardo Jorge Afonso Costa Magalhães</i>
12h10 – 12h20	<i>The human anti-rabic epidemiological profile in a policlinic of the municipality of Niterói / RJ – Brazil - Maritza Consuelo Ortiz Sanchez</i>
12h20 – 12h30	<i>Relatives of patients with heart disease knowledge and skills about cardiopulmonary resuscitation after an educational program quasi experimental study - Lília de Souza Nogueira</i>
12h30 – 13h00	Discussão/Discussion

27 DE JUNHO/JUNE – TARDE/AFTERNOON

AUDITÓRIO/AUDITORIUM 3

Tema/Theme	EIXO 1: DIREITOS HUMANOS EM SAÚDE AXIS 1: HUMAN RIGHTS IN HEALTH
Moderador/Moderator Relator/Reporter	Sandra Queiroz Gilberto Tadeu
15h00 – 15h10	<i>Influence of initial formation on the attitudes of nursing course students to the elderly people - Ana Paula Fernandes das Neves</i>
15h10 – 15h20	<i>Elderly: conception of nursing students, nurses and other professionals - Rosa Cândida de Carvalho de Melo</i>
15h20 – 15h30	<i>Being an advocate of patients with risk for compromised human dignity: barriers and facilitators to nursing students - Paulo Jorge Marcos Cruchinho</i>
15h30 – 15h40	<i>Vision of graduating about palliative care - Rita Cássia Velozo da Silva</i>
15h40 – 16h00	Discussão/Discussion

27 DE JUNHO/JUNE – TARDE/AFTERNOON

SALA/ROOM 1

Tema/Theme	EIXO 3: INVESTIGAÇÃO E INOVAÇÃO CLÍNICA AXIS 3: RESEARCH AND CLINICAL INNOVATION
Moderador/Moderator Relator/Reporter	Graça Vinagre Carlos Sequeira
15h00 – 15h10	<i>Prevalência de alodinia e sintomas noturnos em indivíduos com dor neuropática por DM 2 - Juliana Jesus Baião</i>
15h10 – 15h20	<i>Antineoplastic therapy administration: nursing intervention in the relief of suffering - Eunice Maria Casimiro dos Santos Sá</i>
15h20 – 15h30	<i>Promoting adherence to opioid regimen in older adults with non-cancer chronic pain: a case study - Sandra Patricia Afonso Trancoso</i>
15h30 – 15h40	<i>Impacto da cirurgia bariátrica na qualidade de vida dos doentes - Célia Maria Pessoa Manso</i>
15h40 – 15h50	<i>Prevalence of adverse events in the perioperatits of cardiac surgery in a reference hospital in the city of Recife, Pernambuco, Brazil - Anna Maria César Tavares Barbosa</i>
15h50 – 16h00	Discussão/Discussion

27 DE JUNHO/JUNE – TARDE/AFTERNOON

AUDITÓRIO/AUDITORIUM 3

Tema/Theme	EIXO 1: DIREITOS HUMANOS EM SAÚDE AXIS 1: HUMAN RIGHTS IN HEALTH
Moderador/Moderator Relator/Reporter	Deolinda Luz José Carlos Gomes
16h30 – 16h40	<i>The person with dementia and family caregiver: determinants of institutionalization. Preliminary descriptive results - Cátia Sofia Martinho Guerreiro Rosa</i>
16h40 – 16h50	<i>Contribution of the nursing intervention to the well-being of the family caregiver - Laura Monteiro Viegas</i>
16h50 – 17h00	Percepção sobre sintomatologia depressiva e comportamento suicida em população geral - Juliana Jesus Baião
17h00 – 17h10	<i>Automedication: identification of the practice of nursing professionals in a public hospital of the city of Recife, Pernambuco, Brazil - Rêneis Paulo Lima Silva</i>
17h10 – 17h20	<i>The expression of sexuality young muslim people in non-islamic society - Cristina Maria Rosa Jeremias</i>
17h20 – 17h50	Discussão/Discussion

27 DE JUNHO/JUNE – TARDE/AFTERNOON

SALA/ROOM 1

Tema/Theme	EIXO 3: INVESTIGAÇÃO E INOVAÇÃO CLÍNICA AXIS 3: RESEARCH AND CLINICAL INNOVATION
Moderador/Moderator Relator/Reporter	Gilberto Tadeu Graça Vinagre
16h30 – 16h40	<i>The use of aromatherapy for the promotion of women comfort in the first stage of labor - Khatidja Amirali</i>
16h40 – 16h50	<i>Consultation of gynaecological nursing: sub terminological set ICPN - Cássia Barbosa Reis</i>
16h50 – 17h00	<i>Sociodemographic and clinical profile of women with breast cancer in Portugal - Rita de Cássia Veloso Silva</i>
17h00 – 17h10	<i>Nursing care in palliative care for oncological children - Ana Alice Ribeiro do Nascimento</i>
17h10 – 17h40	Discussão/Discussion

27 DE JUNHO/JUNE – TARDE/AFTERNOON

SALA/ROOM FOYER

Tema/Theme	EIXO 3: INVESTIGAÇÃO E INOVAÇÃO CLÍNICA AXIS 3: RESEARCH AND CLINICAL INNOVATION
Moderador/Moderator Relator/Reporter	Carlos Sequeira Nélia Vaz
16h30 – 16h40	Prevenção da pneumonia associada à intubação – implementação das bundles na unidade de cuidados intensivos, procurando a excelência no cuidar - Diliana Vera Luísa Iria Mateus
16h40 – 16h50	Conhecimento dos profissionais da enfermagem no cuidado a úlceras vasculares em um hospital público na cidade de Recife/PE - Sandra Cristina de Souza Carvalho
16h50 – 17h00	<i>Thirst relief in a person with heart failure - Ana Catarina Barros Alves</i>
17h00 – 17h10	<i>Evolution of the victim with traumatic brain injury in the emergency room - Regina Márcia Cardoso de Sousa</i>
17h10 – 17h20	<i>The mental health of homeless women - Bruna Farias Ribeiro</i>
17h20 – 17h50	Discussão/Discussion

PROGRAMA DOS POSTERS | POSTERS PROGRAM

28 DE JUNHO/JUNE – MANHÃ/MORNING

SALA/ROOM 1

Tema/Theme	EIXO 1: DIREITOS HUMANOS EM SAÚDE AXIS 1: HUMAN RIGHTS IN HEALTH
Júri/Panel	Nélia Vaz Carlos Sequeira
09h00-10h30	<p>118 Cuidados de enfermagem na satisfação da dimensão espiritual ao cliente oncológico - Sara Alexandra Gouveia Miranda</p> <p>119 <i>Perspectives of citizenship – health as a human right of the homeless person</i> - Lina Maria de Jesus Antunes Cabaço</p> <p>13 <i>Nursery and health education: study of environmental drawings produced by students of elementary education from Belo Horizonte – MG</i> - Estelina Souto do Nascimento</p> <p>14A <i>Physical activity in the vision of children of the fundamental education of a municipal school of the metropolitan region of Belo Horizonte – Minas Gerais</i> - Estelina Souto do Nascimento</p> <p>38A O adolescente e a relação com a saúde - Jessica Michelle Ramos de Sobral</p> <p>41 <i>Promotion of sexual and reproductive health of teenagers: community intervention Project in Mindelo</i> - Suely Helena Lima dos Reis</p> <p>50 <i>Preparing for breastfeeding during pregnancy</i> - Graciete Maria Martins Cardoso</p> <p>90 Cuidados inclusivos à mulher surda: um desafio à intervenção do enfermeiro especialista em enfermagem de saúde materna e obstétrica - Verónica Soares Sousa</p> <p>99 <i>Prevention of alcohol consumption in school adolescents</i> - Maria de Fátima dos Santos Ramalho Arrabaço</p> <p>27A <i>Nurses' health in terms of profession: an integrative review</i> - Fernanda Poli Moreira da Silva</p> <p>43A <i>Job satisfaction of nurses: a scoping review</i> - Cláudia Isabel Neves Pacheco da Silva</p> <p>53A <i>Barriers in human health care</i> - Marcos Fábio Conceição Souza</p> <p>130 <i>Cecília Grieson "I am a worker of thought". Study of her activist and intellectual production regarding the debate of social sanitary modernity in contemporary Argentina</i> - Elsa Beatriz Morrone</p> <p>131 <i>People's participation in healthcare. Theoretical and methodological contributions towards a distribution of power criticism</i> - Elsa Beatriz Morrone</p> <p>133 <i>Fundamental right interlaced with health judicialization: integrative research</i> - Maritza Consuelo Ortiz Sanchez</p> <p>81A A abordagem de enfermagem na implementação da educação em saúde em equipamentos sociais: com ênfase nos direitos a saúde pública dos moradores em situação de rua e vulnerabilidade social - Bárbara Thalita de Rezende Olim</p> <p>150 <i>The importance of the nurse in the preparation of the lay person in the care of the cardiorespiratory stop</i> - Denize Marroni</p> <p>138 <i>Action of student movement in nursing school 2015 – 2017</i> - Maria Lelita Xavier</p> <p>149 <i>Black working students enrolled in the school of nurses Rachel Haddock Lobo (1948 – 1961)</i> - Maria Lelita Xavier</p> <p>23A <i>A right to family health in the street situation</i> - Marcos Fábio Conceição Souza</p>

28 DE JUNHO/JUNE – MANHÃ/MORNING

SALA/ROOM 1

Tema/Theme	EIXO 2: INVESTIGAÇÃO E LIDERANÇA EM SAÚDE AXIS 2: HEALTH RESEARCH AND LEADERSHIP
Júri/Panel	Deolinda Luz José Carlos Gomes
09h00-10h30	<p>47 Knowledge of nurses in the early identification of patients with sepsis risk in the emergency and ICU of a public hospital in Pernambuco - Rêneis Paulo Lima Silva</p> <p>22A Experience report of a nurse from the mobile emergency care service of São Paulo - Raquel Oliveira Melo</p> <p>26A The nurse in health promotion and education: an integrative review – Leticia Carvalho de Lima</p> <p>58 O ensino da história de enfermagem portuguesa: partilha de uma experiência - Ernestina Maria Veríssimo Batoca Silva</p> <p>75 Particularities of a hypertensive group in a northern brazilian city - Denise Marroni</p> <p>2A Health care rationing in quality of nursing care: systematic review - Ana Filipa da Silva Poeira</p> <p>39A Job satisfaction as a determinant of nurses' turnover: systematic review - Ana Filipa da Silva Poeira</p> <p>126 Leadership of the nurse in the assistance to cardiorespiratory arrest in a hospital unit - Soraya El Hakim</p> <p>144 A importância da gestão do conhecimento para o enfermeiro perioperatório enquanto trabalhador do conhecimento - Carla Nancy Lima Peixoto</p> <p>132 Permanent education as management strategy in two community family clinics – Niterói - Maritza Consuelo Ortiz Sanchez</p> <p>136 Nursing research in the health management: the logic with the humanization - Márcia Valéria Rosa Lima</p> <p>137 Assignment of federal outpatient unit to the state university of Rio de Janeiro – Brazil - Maria Lelita Xavier</p> <p>21A O impacto do modelo de Calgary na capacitação familiar: perspectiva de enfermagem de saúde familiar - Rui de Oliveira Pires Monteiro</p> <p>25A Liderança e <i>coaching</i> – o novo modelo de enfermeiro gestor e inovador: uma revisão integrativa – Maria Clara Nascimento da Silva</p> <p>146B The double hand of teaching-service partnership: an action of nursing management disciplines - Márcia Valéria Rosa Lima</p> <p>92A Aplicação da saúde pública em mulheres indígenas: uma revisão integrativa - Soraya El Hakim</p>

28 DE JUNHO/JUNE – MANHÃ/MORNING

SALA/ROOM 1

Tema/Theme	EIXO 3: INVESTIGAÇÃO E INOVAÇÃO CLÍNICA AXIS 3: RESEARCH AND CLINICAL INNOVATION
Júri/Panel	Gilberto Tadeu Graça Vinagre
09h00-10h30	<p>36A Presença de diabetes e depressão em população geral - Bruna Farias Ribeiro</p> <p>48 <i>Nursing in mechanical ventilation: a care beyond practice</i> - Rêneis Paulo Lima Silva</p> <p>68 <i>Alterações sensoriomotoras e diabetes mellitus</i> - Bruna Farias Ribeiro</p> <p>83 <i>Accession of the nursing team to assistance practices related to the central venous catheter for patient safety in a intensive therapy unit of a public hospital of Recife, Pernambuco, Brazil</i> - Rêneis Paulo Lima Silva</p> <p>95 <i>Assistance provided by the patient nursing team ostomized</i> - Sandra Cristina de Souza Carvalho</p> <p>5 <i>Factors affecting the care provided to senior citizens with dementia in Japan: a literature review</i> - Machico Higuchi</p> <p>12 <i>Meaning of prevention of accidents for children of a school of the metropolitan region of Belo Horizonte – Minas Gerais</i> - Estelina Souto Nascimento</p> <p>24 <i>The role of nurses who perform palliative care in pediatric oncology</i> - Ana Alice Ribeiro do Nascimento</p> <p>57A <i>Comparação das temperaturas axilares e cutâneas em recém-nascidos prematuros: contributos para a prática de cuidados</i> - Ernestina Maria Veríssimo Batoca Silva</p> <p>134 <i>Da prática clínica à evidência numa unidade de queimados: o papel de uma enzima alginogel nas queimaduras de 2º grau</i> - Susana Maria Sobral Mendonça</p> <p>145 <i>Comparison of an oral factor Xa inhibitor VS. Low molecular weight heparin in patients with câncer-associated venous thrombosis: a systematic review and meta-analysis</i> - Yiling Chen</p> <p>147 <i>Investigação do uso de terapia assistida com animais para melhoria na qualidade de vida de pacientes com Alzheimer</i> - Bárbara Thalita de Rezende Olim</p> <p>34A <i>Puerperal psychosis: a reality perceived by the woman</i> - Soraya El Hakim</p> <p>17A <i>Adolescent nursing care with suicidal ideation: a review</i> - Jessica Michelle Ramos de Sobral</p> <p>127 <i>Performing rapid tests: the user in focus</i> - Maritza Consuelo Sanchez Ortiz</p>

RESUMOS DAS CONFERÊNCIAS | CONFERENCE ABSTRACTS

NURSING ALLOWANCES: IMPACT ON HEALTH CARE SAFETY

Nelson Guerra

Direção-Geral da Saúde, Portugal

A Page disse que “os **olhos**, os **ouvidos**, os **conhecimentos** e as **intervenções** dos enfermeiros” são cruciais para “**detetar, corrigir e prevenir** as falhas que ocorrem no sistema de saúde”. Os enfermeiros são o **principal sistema de vigilância de um hospital**.

Linda Aiken afirma que a adequação das equipas de enfermagem às necessidades dos doentes se faz refletir nos resultados obtidos na saúde. A adequação das equipas permitirá aos enfermeiros “**ter tempo**” para os doentes, melhorando a relação e “**ter tempo**” para discutir e planear os cuidados, para assim melhor responder às necessidades.

É ampla e internacionalmente reconhecida a qualidade da formação dos enfermeiros portugueses, no entanto em Portugal vimos observando uma **degradação da importância dos cuidados** de enfermagem; Existe um evidente Afastamento da estratégia política europeia e americana, veiculada por exemplo pelo ICN – Conselho Internacional de Enfermeiros - que procura **consensualizar em modelos de regulação com** as necessidades de recursos humanos de enfermagem, para melhor **garantir a segurança e qualidade dos cuidados de saúde**.

Também os estudos científicos que vão demonstrando que melhores dotações de enfermeiros estão associadas à **redução da mortalidade** nos cuidados agudos, muito particularmente na associada a complicações evitáveis.

Preocupa-nos a necessidade de suportar cientificamente a **construção de um modelo seguro**, para a **adequação dos recursos de enfermagem** aos cuidados necessários, pois, em Portugal, ainda não existe suficiente evidência sobre o **impacto das dotações de enfermagem na ocorrência de eventos adversos**.

Já todos sabemos que as **dotações adequadas** de enfermagem permitem maior qualidade dos cuidados e que as **dotações inadequadas** estão associadas à ocorrência de eventos adversos incluindo o aumento da demora média e da mortalidade muito particularmente na mortalidade associada a complicações evitáveis. Com este estudo queremos acrescentar conhecimento sobre o impacto das dotações de enfermagem numa grande amostra de unidades portuguesas e evidenciar estatisticamente a associação das dotações de enfermagem com a ocorrência de eventos adversos, aumento da demora média e mortalidade.

DA INVESTIGAÇÃO À INOVAÇÃO EM SAÚDE

Vítor Rodrigues

Universidade de Trás-os-Montes e Alto Douro

A conferência “Da Investigação à Inovação em Saúde”, tem por base 3 projetos aprovados e financiados pela FCT e que se encontram em desenvolvimento na Escola Superior de Saúde da UTAD.

O projeto SAICT-POL/24048/2016 “NIE - Interfaces naturais com idosos”, com referência NORTE-01-0145-FEDER-024048, financiado pela Fundação para a Ciência e Tecnologia e co-financiado pelo Fundo Europeu de Desenvolvimento Regional (FEDER) através do Programa Operacional Regional do Norte (NORTE2020), tem como objetivos principais: identificar as características de saúde, o estado funcional dos idosos, a qualidade de vida, a solidão e a apetência dos idosos para o uso das novas tecnologias, nomeadamente a interação com robots de telepresença. A recolha de dados decorreu entre fevereiro e maio de 2018, em 7 Estruturas Residenciais para Pessoas Idosas do norte de Portugal, num total de 135 pessoas idosas. Neste momento está em curso a prova de conceito da interação dos robots com os idosos.

O projeto SAICT-POL/23434/2016 “Health TuriDouro - Intervenções dirigidas às necessidades de saúde dos turistas dos cruzeiros do rio Douro”, com referência NORTE-01-0145-FEDER-023434, financiado pela Fundação para a Ciência e Tecnologia e co-financiado pelo Fundo Europeu de Desenvolvimento Regional (FEDER) através do Programa Operacional Regional do Norte (NORTE2020), tem como objetivos: caracterizar o perfil dos turistas que frequentam os cruzeiros fluviais no rio Douro, identificar as necessidades de saúde dos turistas que frequentam os cruzeiros fluviais no rio Douro e construir uma aplicação móvel e uma plataforma de dados de saúde. A recolha de dados decorreu entre abril e outubro de 2018, junto de 1.086 turistas que realizaram o cruzeiro fluvial da Régua ao Pinhão a bordo dos navios da empresa Barcadouro. Neste momento está em curso a validação da aplicação móvel e da plataforma de dados de saúde.

O projeto SAICT-POL/23428/2016 “IPAVPSI - Impacto de um programa de auxílio e vigilância do plano terapêutico apoiado por uma rede de sensores, na promoção da saúde do idoso dependente no Domicílio” com referência NORTE-01-0145-FEDER-023428, financiado pela Fundação para a Ciência e Tecnologia e co-financiado pelo Fundo Europeu de Desenvolvimento Regional (FEDER) através do Programa Operacional Regional do Norte (NORTE2020), tem como objetivos: avaliar o estado de saúde do idoso dependente no domicílio a cargo de um cuidador informal, implementar um programa de auxílio e vigilância do plano terapêutico a partir de uma rede de sensores e avaliar o impacto do plano de auxílio e vigilância do plano terapêutico apoiado numa rede de sensores no auxílio ao cuidador informal. Este projeto está na sua fase inicial, tendo já sido selecionados o grupo experimental e o grupo de controlo dos idosos dependentes no domicílio.

LEADERSHIP OF NURSES AND THE IMPORTANCE OF LEADERSHIP IN RESEARCH

Thóra B. Hafsteinsdóttir

Nursing Science Department, Julius Centrum, UMC Utrecht - The Netherlands

Although nursing has been an academic discipline for decades, there is wide variation in how nursing science has been developing within various countries. Reviews have shown that nursing research in many European countries is fragmented, with lack of programmatic approach to research and lack of infrastructure for nursing research. The World Health Organization recognized the global shortage shortages of highly qualified nurses as a limiting factor to rapid scale-up of global nursing capacity (WHO 2016). The Global Advisory Panel on the Future of Nursing and Midwifery (GAPFON), which had the purpose to establish a voice and vision for the future of nursing and midwifery that will advance global health while simultaneously strengthening professional role, identified LEADERSHIP as the most important “work force issue” that nursing and midwifery needs to work on in the future (GAPFON 2017).

In the Netherlands the development of nursing science has been halted by the lack of infrastructure for nursing research and the very limited number of professorships. For many years the number of professors was three and during the last years it has been slowly growing to approximately twelve. Still this number of professorships in a population of nearly 17 million is much lower than in the neighboring Western-European Countries. In Sweden, a population of 10 million people, the number of professors in nursing was over 100 in 2010 (www.vardforbunded.se) and in the UK, a population of 64 million, the number of professors in nursing and midwifery was 252 in 2013 (www.rcn.org.uk). However, although the Dutch nursing science landscape is slowly changing, today post-doc career opportunities are still fragile, thus also limiting national and international collaborations. More nurses are finishing their PhD, these postdoctoral nurses, however, are confronted with very limited opportunities to continue their nursing science careers. Although, this is mainly due to lack of academic positions, lack of leadership is also an important reason why postdoctoral nurses have difficulties with moving on with an academic career. There is however lack of information about the actual number of postdoctoral nurses, their leadership practices, where they work and how they experience their leadership and professional development.

In this presentation dr. Hafsteinsdóttir will discuss studies investigating academic leadership of postdoctoral and qualitative studies exploring postdoctoral nurses working in research experiences of their leadership and professional development. Also she will present the first leadership and mentoring programs for postdoctoral nurses in the Netherlands and Europe. The development and execution of these first leadership and mentoring programs which focus on postdoctoral nurses working in research represent an innovative way to strengthen nursing science.

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

PRÉMIO ENFERMEIRA MARTA HANSEN LIMA BASTO CORREIA FRADE



Marta Hansen Lima Basto Correia Frade, nasceu a 4 de Agosto de 1940, em Lisboa. Formou-se na então designada Escola Técnica de Enfermeiras em 1961 e, em Outubro desse mesmo ano, ingressou no Instituto Português de Oncologia de Lisboa, como enfermeira de 2ª classe.

Em Maio de 1963, foi convidada para exercer funções como adjunta dos serviços de enfermagem no Instituto Maternal, onde se manteve até Junho de 1965, tendo tido a oportunidade de participar na abertura dos dispensários materno-infantis em Odivelas e na Pontinha incluindo levantamento de necessidades e programa de orientação a enfermeiros.

Em Junho de 1965, por convite da Enfermeira Maria Fernanda Rezende, frequentou, na Dinamarca, um curso de visitação domiciliária, com o patrocínio da Organização Mundial de Saúde - OMS, tendo passado a desempenhar funções de Técnica de Enfermagem na

Inspecção Técnica de Enfermagem da Direcção geral dos Hospitais.

Com a criação das Comissões Inter-Hospitalares do Norte, Centro e Sul de Portugal, foi iniciado um processo de divulgação da profissão de enfermagem por todo o país, no qual participou activamente.

No ano lectivo 1966/67 obteve uma bolsa de estudos da OMS, para a frequência de um “Programa Especial” com o objectivo de adquirir conhecimentos e experiência acerca da formação de professores para o ensino da enfermagem de saúde pública. Esteve na Escola de Enfermagem de Augusta, na Geórgia, Estados Unidos da América –EUA e onde realizou também um estágio de enfermagem na comunidade preparando-se assim para docente nesta área.

Frequentou também um curso de verão organizado pela Escola de Enfermagem de Baltimore e efectuou um estágio na Escola de Enfermagem da Universidade de S. Francisco também nos EUA.

Ao longo do seu percurso frequentou várias actividades de formação em Portugal e noutros países.

Em Setembro de 1967 iniciou funções como Enfermeira Professora na recém criada Escola de Ensino e Administração de Enfermagem, da qual veio a ser Enfermeira Diretora (por concurso) a partir de 1982.

Assumiu a responsabilidade e coordenação pedagógica da secção de administração do Curso de Enfermagem Complementar entre 1974 e 1982.

Após a frequência de um curso da responsabilidade do Departamento de Enfermagem da Universidade de Manchester, foi-lhe conferido o diploma em “Advanced Nursing Studies”. Entre 1979 e 1980 obteve o “Master of Science” pela Universidade de Manchester, qualificação reconhecida pela Universidade de Lisboa em 1990.

Em 1983 foi nomeada Presidente da Comissão Instaladora da Escola de Enfermagem Pós-Básica de Lisboa, situação que manteve até 1992. Entre 1994 e 2001 foi Presidente do Conselho Científico da Escola Superior de Enfermagem de Maria Fernanda Rezende, altura em que se aposentou.

Em 1995 obteve o grau de Doutor em Psicologia Social e Organizacional, conferido pelo Instituto Superior de Ciências do Trabalho e da Empresa - ISCTE, com a tese intitulada “Implementing change in nurses professional behaviors”, tornando-se assim a primeira Enfermeira portuguesa a defender uma tese de doutoramento e a obter o grau de doutor em Portugal.

De Janeiro do ano 2000 a 2002, foi investigadora da Unidade de Investigação em Educação e Desenvolvimento da Faculdade de Ciências e Tecnologia da Universidade Nova de Lisboa, membro do seu conselho científico, coordenadora e responsável pelo programa Enfermagem, Educação e Qualidade de vida. Entre outras aprendizagens inclui-se o financiamento de um programa de investigação (artigo publicado na revista “Enfermagem” em 2005, volume 23, número 1, intitulado “Da visibilidade do trabalho das enfermeiras à produção de saberes em enfermagem: cuidados prestados num Centro de Saúde”).

Integrou a Comissão Nacional de Humanização e Qualidade dos Serviços de Saúde, de 1996 a 1999 nomeada pela Ministra da Saúde. É membro da Comissão Científica das Conferências Internacionais de Investigação em Enfermagem, organizadas pela Associação Portuguesa de Enfermeiros – APE desde 1989.

A partir de 1995, passou a fazer parte da redacção da revista “Enfermagem”, propriedade da mesma Associação.

Representou a APE no Grupo de Enfermeiras Investigadoras da Europa (WENRG) em 1987 e em 2003. Desde 2004 até 2010 representou neste mesmo grupo, o Fórum Nacional de Organizações Profissionais de Enfermeiros – FNOPE do qual fazem parte Associações, Ordem e Sindicatos de Enfermeiros.

Tem continuado a publicar e a orientar teses de doutoramento.

Pelo reconhecimento de todo o seu percurso, bem como do valioso contributo que tem dado para o desenvolvimento da investigação e da enfermagem e também pela sua ligação à APE desde a sua criação, a Direcção Nacional decidiu por unanimidade a atribuição do Prémio Marta Hansen Lima Basto Correia Frade, ao melhor poster apresentado durante a Conferência Internacional de Investigação em Enfermagem e que se traduzirá pela publicação do estudo premiado.

Fonte: Freitas, Marília Pais Viterbo de; Vidas de Enfermeiras

João Fernandes, Presidente da APE

MARTA HANSEN LIMA BASTO CORREIA FRADE AWARD

Marta Hansen Lima Basto Correia Frade was born on August 4, 1940, in Lisbon. She graduated from the Technical School of Nursing in 1961, and in October of the same year, she joined the Portuguese Oncology Institute in Lisbon, as a second-class nurse.

In May 1963, she was invited to serve as an adjunct of the nursing services at the Maternal Institute, where she remained until June 1965, and had the opportunity to participate in the opening of maternity and child clinics in Odivelas and Pontinha, including needs assessment and mentoring program for nurses.

In June 1965, after the invitation of the Nurse Maria Fernanda Rezende, she attended a course of home visitation in Denmark, sponsored by the World Health Organization (WHO), and began to perform Nursing Technician functions at the Technical Nursing Inspection - Directorate General of Hospitals.

With the creation of the Inter-Hospital Commissions of the North, Center and South of Portugal, a process of dissemination of the nursing profession was started throughout the country, in which she participated actively.

In the 1966/67 school year, she obtained a WHO scholarship for the attendance of a "Special Program" to acquire knowledge and experience about teacher education for public health nursing education. She was at the Augusta School of Nursing in Georgia, USA, where she also carried out a nursing internship in the community, preparing herself for teaching in this area.

She also attended a summer course organized by the Baltimore School of Nursing and completed an internship at the University of São Francisco Nursing School in the USA.

Throughout her career he has attended various education activities in Portugal and in other countries.

In September 1967, she began to work as a Registered Nurse at the recently created Nursing School of Education and Administration, from which she became a Nurse Director (by competition) in 1982.

She assumed the responsibility and pedagogical coordination of the administration section of the Complementary Nursing Course between 1974 and 1982.

After attending a course in charge of the Nursing Department of the University of Manchester, she was awarded a diploma in "Advanced Nursing Studies".

Between 1979 and 1980 she obtained the "Master of Science" from the University of Manchester, a qualification recognized by the University of Lisbon in 1990.

In 1983 she was appointed President of the Installing Commission of the Post-Basic Nursing School of Lisbon, which she held until 1992. Between 1994 and 2001 she was the President of the Scientific Council of the Maria Fernanda Rezende Nursing School. She is retired since 2001.

In 1995 she obtained a phd in social and organizational psychology, conferred by the instituto superior de ciências do trabalho e da empresa - iscte, with the thesis entitled "implementing change in nurses professional behaviors", becoming the first portuguese nurse to defend a thesis and to obtain a doctor's degree in portugal.

From january 2000 to 2002, she was a researcher at the education and development research unit of the faculty of science and technology of the universidade nova de lisboa, member of its scientific council, coordinator and responsible for the nursing, education and quality of life program. Other learning includes

the funding of a research program (article published in the journal "nursing" in 2005, volume 23, number 1, entitled "from the visibility of the work of nurses to the production of nursing knowledge: care provided in a center of health").

She was a member of the scientific committee of the international conferences of nursing research, organized by the portuguese association of nurses - ape since 1989.

From 1995 onwards, she became part of the editorial staff of the "Nursing" magazine, owned by the same Association.

She represented the APE in the European Nursing Research Group (WENRG) in 1987 and 2003. From 2004 to 2010 she represented in the same Group, the National Forum of Professional Nurses Organizations (FNOPE), which includes Associations, Order and Nurses' Unions.

She has been continuing to publish and to provide guidance to doctoral theses.

Recognizing the whole of its career, as well as the valuable contribution she has made to the development of research and nursing and also its connection to the APE since its foundation, the National Board unanimously decided to award the Marta Hansen Lima Basto Prize Correia Frade, to the best poster presented during the International Conference of Nursing Research and which will be translated by the publication of the award-winning study.

Source: Freitas, Marília Pais Viterbo de; Vidas de Enfermeiras

João Fernandes, President of APE

RESUMOS DAS COMUNICAÇÕES ORAIS | ORAL PRESENTATIONS ABSTRACTS

THE USE OF AROMATHERAPY FOR THE PROMOTION OF WOMEN COMFORT IN THE FIRST STAGE OF LABOR

Amirali Khatidja, Madalena Oliveira

According to the Ordem dos Enfermeiros (2011), the mission of the midwife is to promote the positive experience of the physiological processes related to labor. The painful sensation is one of the elements most cited by women and their absence favors the feeling of well-being in the first stage of labor (Carraro, Knobel, Radunz, Meincke, Fiewski, Martins, Lopes, Berton, 2007). For this reason, the Associação Portuguesa dos Enfermeiros Obstetras & Ordem dos Enfermeiros (2012) argue that all parturients should be able to rely on pharmacological and non-pharmacological methods of pain relief during labor, since providing comfort measures and avoiding the routine use of pharmacological control of pain are practices that promote normal childbirth. For Kolcaba (2003), nurses can develop comfort care, attending to two dimensions, respectively: the three states of comfort - relief, tranquility and transcendence - and the four contexts in which it can be experienced - physical, environmental, psycho - spiritual and social. Inhalation by diffusion of essential oils stimulates the release of neurotransmitters that reduce pain through the production of feelings of euphoria and pleasure. Adrenaline levels are reduced, as are anxiety and fear, which facilitates normal production of oxytocin and physiological labor (Burns, Blamey, Ersser, Barnetson and Loyd, 2000). Clinical aromatherapy is a practice recognized as an integral part of holistic nursing by entities such as the American Holistic Nurses Association and the Royal College of Midwives. The scarce evidence of the benefits of aromatherapy as a non-pharmacological measure of pain relief contrasts with the increasing implementation of this technique in portuguese delivery rooms. In the scope of the Clinical Teaching developed in one of these Units in a Hospital of Greater Lisbon, we intend to understand the contribution of the essential oils to the promotion of the comfort of women during the first stage of labor. To map the existing scientific evidence related to this subject, a narrative review of the literature was accomplished, according to the Joanne Briggs Institute's protocol. Based on a project methodology, an interview with an expert in the area was also carried out and the Childbirth Comfort Questionnaire (translated and validated for the portuguese population, after author's authorization) was mobilized during the care of twelve parturients using aromatherapy. To safeguard the ethical issues, a request for authorization for the implementation of the project was made to the head nurse of the service mentioned above and requested an informed consent to the woman / couple for the use of the essential oils in labor. The results obtained indicate benefits for the woman's relaxation and for the nurse/woman/couple relationship, which is strengthened by the constant presence of the nurse with them, providing greater support to the process of transition to parenting and empowering the parturients. It should also be pointed out that the nurses who contacted this technique were interested in using it in their practice of care.

NURSING CARE IN PALLIATIVE CARE FOR ONCOLOGICAL CHILDREN

Ana Nascimento, Marcos Souza, Márcia Pardinho, Marcos Campoy, Estela Nicolau

Objective: To describe the role of nursing in palliative care for children with cancer.

Method: This is an integrative literature review, a method that enables the search for research in several databases, allowing a critical analysis of the available content. And as a guiding question was established: what is the role of nursing in palliative care for oncological children? Data were extracted in the databases: Scientific Electronic Library Online (SCIELO), Latin American and Caribbean Literature on Health Sciences (LILACS), Medical Literature Analysis and Retrieval System Online (MEDLINE), Databases in nursing (BDENF) and collects SUS by means of the following descriptors: palliative care; Child health; Nursing care, associated with the Boolean operator and. The inclusion criteria defined were: national articles, in Portuguese and to

answer the guiding question. Exclusion criteria: Articles that were not available online and articles related to palliative care in adult patients.

Results: After reading in full, 11 studies were selected and categorized into 12 themes and those who approached the subject: relieve pain and give importance to the child's desire: 11; Play use: 3; Family support: 9; Child and family orientation: 3; Involve the family in the care process: 3; Multiprofessional team Interaction: 3; The lack of approach in academic curricula: 6.

Conclusions: In the care of oncological children without therapeutic chances, nursing is not limited to physical care, but to the involvement of the family with the child, emotional support and humanization of care. It is understood that caring in this context encompasses the biopsychosocial and spiritual spheres. In relation to the professional nurse, the feeling of apprehension in dealing with death, both for reasons of qualification, and psychological was evidenced greatly.

INFLUENCE OF INITIAL FORMATION ON THE ATTITUDES OF NURSING COURSE STUDENTS TO THE ELDERLY PEOPLE

Ana Neves, Deolinda Luz, Emília Brito, Laura Viegas

Conceptual framework: Population aging is increasing globally, and Portugal is one of the oldest countries in the world, with the older population growing significantly (Fernandes, 2014). Life expectancy at the birth of the Portuguese is 81.3 years, one of the highest in the European Union (EU28), which is 80.6 years (PORTDATA, 2017). Longevity is often associated with chronic diseases, leading to increased dependence of the elderly and the inevitable demand for health services.

Nurses, aware of this challenge, promote the health and well-being of older people by helping people along the lifecycle to develop healthy aging skills.

Some studies on nurses' attitudes towards the elderly show that "important part of changing attitudes in this area is through education and formation" (Marques, 2005, p.219) and that "the elderly with their specific needs obtain gains in health care when cared by nurses with more formation, namely, it has been verified that masters and doctorates have more positive attitudes toward the elderly" (Mendes, 2013, p.59).

The experiences developed in the formation course of the Nursing Course (CLE) provide students with the integration of different knowledge and progressive socialization in the different contexts of practice to clients throughout the life cycle. These formative experiences constitute an added value in the change of attitudes towards the elderly population, is the central question of this study.

Research problem: Many of the attitudes towards the elderly by professionals may not be the most appropriate for the development of an active and healthy aging.

They are often stereotyped and reflect a negative conception of the aging process, associating it with an inevitable physical and cognitive decline.

With this study, we intend to know if CLE contributes to the students being able to develop attitudes that promote active and healthy aging.

General objective: To know the effect of the 2016-2020 Nursing Course, in students' attitudes toward the elderly, in promoting an active and healthy aging.

Material / Methods: Quantitative, longitudinal, comparative and descriptive study. Participants: all students who attend the course, mentioned above, and agree to participate by signing the informed consent. For convenience population sample. Study approved by the Ethics Committee of ESEL. Data collection instruments: Socio-demographic questionnaire and Kogan Attitudes Scale for the Elderly, used in the reference literature, validated and adapted for the Portuguese population. Application of data collection instruments, in a classroom setting, in three moments: at the end of the first semester of the first year (2018), at the end of the clinical practice of the first semester of the third year (2019) and in the final clinical practice of the 4th year (2020). The present work intends to compare the first two evaluation moments. Data analysis: Descriptive and inferential statistical analysis using the Statistical Package for Social Sciences - SPSS, current version, after coding the questionnaires.

Results: The sociodemographic characteristics of the sample revealed that, in 2017, 187 students completed the questionnaire, mostly female (83%), with a mean age of 19.9 years (standard deviation of 4.2) and in 2019, 233 students completed the questionnaire, also mostly female (87%), with a mean age of 21.5 years. The comparison of students' attitudes towards the elderly at the end of the first semester of the first year (2018) and at the end of the first semester of the third year (2019) revealed favorable attitudes (mean point <3.5, theoretically neutral) in all dimensions of the Kogan scale.

We found that in six of the seven dimensions of the scale the values of student attitudes remain favorable, but closer to the mean point, that is, closer to the transition to negative attitudes, with statistically significant differences: "segregation of the elderly through the living space" (2.71 to 2.97) $p < 0.001$; "emotional dependence" (3.30 to 3.47) $p < 0.01$; "cognitive abilities" (3.07 to 3.37) $p < 0.000$; "personal appearance and personality" (2.77 to 2.95) $p < 0.05$; "feelings caused by living with elderly people" (2.96 to 3.19) $p < 0.001$; "interpersonal relations between generations" (3.25 to 3.38) $p < 0.05$.

In the other dimension "homogeneity of the elderly as a group" we observed that the students' attitudes improve (2.72 to 2.62), without statistically significant differences, $p < 0.21$ for $p < 0.05$.

Conclusions: Nursing students maintain positive attitudes toward older people, in the different dimensions of the Kogan Attitude Scale and in the two moments of evaluation. All dimensions of the scale, with exception of the "homogeneity of the elderly as a group", although positive are evaluated in a less favorable way, approaching the mean point of the scale. These results suggest the need to develop, in initial formation, gerontological nursing competences, investing more sharply in the theoretical knowledge about the process of aging and care for the elderly, either in the context of the classroom or in the context of clinical practice. These results are in line with some studies (Viegas 2006, Pinto, 2012, Zampieron, Saraiva, Corso & Buja, 2012) that argue that specific formation in this area improves attitudes toward older people. During the academic course of the students, it is necessary to resort to pedagogical strategies that promote the construction of positive attitudes towards aging and contribute to improve the quality of nursing care provided to the elderly. In the study, we did, with students of the 6th Post-Graduate Course and Master's Degree in Nursing in the Area of Specialization in Medical-Surgical Nursing - Elderly People, (Luz, Brito, Neves, Viegas, 2017), we verified that after this specific formation the attitudes of the nurses toward the elderly changed to more favorable.

PREVALENCE OF ADVERSE EVENTS IN THE PERIOPERATIVE OF CARDIAC SURGERY IN A REFERENCE HOSPITAL IN THE CITY OF RECIFE, PERNAMBUCO, BRAZIL

Anna Barbosa, Alana Rosa, Wellen Menezes, Eliane Mota, Katia Cesar

Introduction: Patient safety is of paramount importance to prevent adverse events (AD), which can result in harm to the patient and in some cases become irreversible. Adverse Events (AD) are actions that cause harm to the patient and the Near Miss are actions that were disrupted prior to affecting the patient, also called undamaged incidents. Adverse events (AEs) are considered to be an unexpected complication of care given to patients, where the error is quantitatively recognized, facilitating its identification. The National Patient Safety Program (PNSP) of the Ministry of Health of Brazil, through Ordinance No. 529/2012, published on 01/04/2013, established six goals that aim to guarantee the safety of the patient who is hospitalized in a hospital, among these six protocols, the fourth one is aimed at offering the patient, family and health professionals a safe surgical intervention. The contribution of the nursing team is of paramount importance for the prevention of AD, since they are always in direct contact with the patient, guaranteeing not only quality assistance but also responsibility and knowledge.

Objective: To identify the prevalence of adverse events occurring in the perioperative period of cardiac surgery, performed in a teaching and referral hospital in the city of Recife-PE.

Methodology: Retrospective, descriptive, exploratory, cross-sectional study, and quantitative approach. The sample consisted of 89 cases of AS and incidents, from July 2017 to July 2018, which were investigated in the hospital risk management sector. The survey was approved by the CEP's opinion: 2,950,503 and the CAAE number: 96004718.8.0000.5192.

Results: A total of 89 cases of AE and Near Miss were identified, of which 28.9% were from EA where the patient suffered damages due to non-compliance with one of the six safety goals, resulting in minor to severe damage. The degree of damage that most affected the patient was slight damage, with a percentage of 80.8%, which did not cause any symptoms in the patient, known as asymptomatic damage. Regarding the shift in which the incidents and AS occurred, the largest amount occurred in the morning shift with a rate of 61.8% of the cases. The sex that most suffered this type of event was the male, with representation of 60.7%. With regard to the sectors where the highest amount of Near Miss and EA occurred, there is the emergency with 31.5% of the cases. The safety goal that was most broken was relative to safe surgery, with 27% of cases.

Conclusion: Although the hospital has a risk management service and seeks to consolidate the culture of patient safety, it is still necessary to implement and implement strategies aimed at: making professionals aware of their work process, following the recommendations of the international safety targets, which notify the errors, computerize the records of the EA and Near Miss.

KeyWords: Patient Safety. Nursing. Cardiac Surgery. Adverse Events.

QUALITY OF LIFE OF CHRONIC RENAISSANCE PATIENTS IN HEMODIALYTIC TREATMENT IN THE RIM CLINIC OF CARPINA, PERNAMBUCO, BRASIL

Anna Tavares, Hosana Alves, Patrícia Silva, Maria Lucena, Rêneis Silva

Introduction: Chronic Kidney Disease (CKD) consists of a kidney injury and the progressive and irreversible loss of kidney function. Some factors contribute to the development of the disease, such as Diabetes Mellitus (DM) and Hypertension (AH), which has significantly increased the appearance of new cases of CKD in Brazil and in the world, which characterizes it as severe public health problem. The Quality of Life (QOL) of the Chronic Renal Patient is very restricted. Due to a number of changes: physical, psychological, emotional, food, social. In addition to these factors that entail limitations there is dependence on third parties and professional inability to exercise their profession. The reality is shocking when they come across the dialysis machine, which negatively influences QOL.

Objective: To analyze the quality of life of chronic renal patients undergoing hemodialysis at Rim Clinic of Carpina, Pernambuco, Brazil.

Methodology: a descriptive, exploratory study with a quantitative approach, performed at the Rim Clinic of Carpina in Pernambuco, Brazil, with 160 chronic renal patients undergoing hemodialysis using a structured questionnaire applied from September to November, after approval by the Ethics and Research Committee with CAAE No. 98241718.7.0005640 and Opinion No. 2,904,885. Results: 62.5% of the participants were male; 40.5% identified themselves as brown; 55% are over 50 years of age and 50% are married. Catholic is a religion declared by 55% from the public. 70% of these have a monthly income of up to 1 minimum wage. 80% have incomplete elementary education and have no occupation. It is still observed that 34% of the patients live in the same municipality where the Rim Clinic is located. The study of clinical data shows that 60% of patients report good sleep quality even after initiation of hemodialysis treatment, 42% say they have regular sexual function, 53% have good social interaction, 34% report a fatigue after the start of treatment, 38% say that the family has been constant and continuous supporter in the treatment process. 46% said they did not see the need for medical treatment to obtain a good quality of life, however, they did not refuse to do so. 55% affirm that the established links with nursing professionals throughout the process were extremely important for adherence to treatment, since 100% of the patients interviewed affirm that they were encouraged by these professionals to be the most independent in the experience with the disease. Among the main discomforts related to hemodialysis, pain was prevalent in 40% of the cases.

Conclusions: The quality of life of the chronic renal patients studied was considered by the majority of the participants to be good, having the support of family members and nursing care as well as the humanization in the treatment as the main factors for adherence to the treatment and consecutively, in the achievement of better QoL.

Key-words: Quality of life; Hemodialytic treatment; Nursing care; Renal Patient

THE MENTAL HEALTH OF HOMELESS WOMEN

Bruna Ribeiro, João Marcolan

Conceptual Framework: Homeless population has increased world, this it is due to the series of factors economic, social and individual. Historically, the woman who experiences inequalities, presents greater social vulnerability; and, the streets, is a subject extreme exclusion and violence^{1, 2, 3, 4}, which makes it highly vulnerable to stress psychological.

Search Problem: In Brazil, is scarce evidence on mental health conditions present in this population. This lack of Knowledge, compromises the care and implementation of public policies. Goal was to analyze the presence of stress psychological in women due to the street situation.

Method: Qualitative, descriptive and exploratory study. The research was conducted in shelter with 20 vacancies for women, who receives subsidy from the city hall of São Paulo city, from march to december 2018. Criteria of inclusion: people who self-declared woman, more than 18 years old, homeless at least 6 months, using the shelter for sleep only, under cognitive conditions and accepting to participate in the study. The sample was defined by convenience and non-probabilistic. Data collection was through semi-structured interviews. The Interviews were recorded, transcribed and interpreted in the light of analysis Bardin's technique. The research ethics committee of federal university of São Paulo approved the research project, number 2,469,154. Moreover, all participants signing of the free and clarified consent term. Results: 12 women agreed to participate, with age between 31 and 60 years old. All brazilian, most of the southeastern region of the country, self-declared black, had completed high school, separated and had children living with family members. From the analysis of the content of the interviews, two categories emerged: 1) history of past lives before homeless; 2) stress psychological and ways of coping. History of past lives had were marker the for low socio-economic condition, unemployment loss of bonds family, domestic violence, self-report of the presence of disorder mental, attempted suicide and use of psychoactive substances; reasons referred to homeless. Other investigations about homeless women^{5,6} corroborated the findings of this research. About the stress psychological, most women reported experience it before to go to the streets, and once in it, the stiffness institutional norms, violent actions among users, lack of privacy, discrimination, humiliation and lack of support were pointed out as factors that reinforced feelings of anger, anxiety and sadness. Six women were being treated at the psychosocial care center. Who were not, when identifying signs and symptoms of psychic distress, the researcher guided and forwarded or to psychological counseling on-site. American study about adversity lived by homeless women⁷, pointed presence of feelings related to anxiety and stress to the utilized shelter. To coping, religion and the intentionality of getting out of the street situation was reported by most.

Conclusion: Even though have some limitations, this results reinforce the presence of vulnerability social, psychic suffering and its impacts on women's lives. It is noteworthy the investment in public policies for women and mental health as well as more research's on the subject.

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CONCERNS, NEEDS, DIFFICULTIES AND SUPPORTS IN PEDIATRIC PALLIATIVE CARE: PARENTAL PERCEPTION

Carolina Nobre, Luís Batalha

Over the years the evolution in care have allowed an increase in the survival rate of children with incurable and/or disabling conditions that require palliative care. Although there is a higher provision of palliative care, there is still little evidence in relation to the concerns, needs, difficulties and support to these children, their parents and families. It is therefore important to analyze the parents' perceptions in relation to themselves, their son and family so we can implement care to ensure comfort and quality of life. Thus, we defined the following objectives: analyze the concerns, needs and difficulties experienced by parents of children with palliative needs under their care, regarding themselves, their children and families; and analyze the supports that parents value in the palliative trajectory of their child. We chose a qualitative approach of descriptive type involving 13 mothers whose selection was carried out intentionally through the snowball method. The data collection was done through semi-structured interviews and the data was analyzed using the technique of content analysis, according to Bardin (2016). Based on the four major themes (concerns, needs, difficulties and supports) emerged 33 categories. The results evidenced in relation to the thematic concerns, the aspects related to the symptom control, the suffering, the place of death and anticipatory grief. Regarding the needs, stands out the respite care. In the difficulties we highlight the economic ones, the transition to the context of adult care, training of health professionals, caregiver burden, and grief. The difficulties of the family are centered on the couple's relationship and the poor involvement of the father and the family in care. Of the supports valued by the mothers, we stand out the role of the primary nurse, and the sharing experiences with peers. We conclude that we must prioritize the provision of integrative nursing care that promotes comfort of the child and family as active members of their care process. A coordinated team work seems to be an essential strategy to implement a project of life centered on the child and family through a comforting care, thereby improving their quality of life. There is an urgent need to invest in the training of nurses in Pediatric Palliative Care, suggesting a greater investment in research in this vast area, opening the way and developing new knowledge.

DIDACTIC SEQUENCE APPLIED TO THE TEACHING OF THE SYSTEMATIZATION OF THE ASSISTANCE IN THE GRADUATION IN NURSING

Cássia Reis, Carla Monteiro

The Systematization of Nursing Care (SAE) is regulated in Brazil as a method that organizes professional work, making possible the implementation of the Nursing Process (PE), a methodological tool that guides professional nursing care, organized in five interrelated stages: data collection, nursing diagnosis, nursing planning, implementation and evaluation. This whole process of knowledge must be started in the undergraduate, and the formation of new professionals must be based on teaching strategies from meaningful learning. Thus, it is necessary to develop methodologies that facilitate SAE teaching and learning. The objective was to develop a didactic sequence (SD) for the teaching of SAE and the International Classification for Nursing Practice (CIPPE), which serves as teaching didactic support in the Nursing course. Research approved by the Ethics and Research Committee (CEP) of the State University of Mato Grosso do Sul. A descriptive study was carried out, with a qualitative approach, allowing the participants to express their opinions on the subject. The research sample was composed by students of the Nursing Course of a private institution of higher education. Seven meetings were held with the research subjects to identify the knowledge about the subject matter, making possible a methodological diagnosis for the elaboration of SD to be produced in video lessons format. All steps were developed and analyzed in the light of the theory of

the American researcher in the field of educational psychology (Ausebel), who proposes since 1963 a learning that makes sense for the subject, highlighting learning from the relationship and anchoring process of new information with the already preexisting ones (subunits) in the cognitive structure of the individual. As **results** we have a series of social representations about SAE and PE that do not correspond to the respective concepts, although the public studied are students of the final stages of formation. The use of terminology was not clear to the group and CIPE was not even known. Although everyone has memories of nursing theories (TE), none were cited or adequately conceptualized. An SD was constructed starting with the discussion of the concepts that involve the SAE, with emphasis on the discussion of each step of the Nursing Process (PE) and techniques of active methodology for TE teaching and taxonomies in nursing. The sequence proved effective for meaningful learning of the contents discussed. Thus, it is believed that from the sequence of organized educational content and production of educational technologies, it is possible that there is greater empowerment of students for professional performance.

PROCESS EDUCATION X NURSE PRACTICE WITH MOBILE DEVICE SUPPORT

Cássia Reis, Cláudia Carollo, Glaucia Sass

In Brazil, the nursing process (PE) was proposed through Wanda de Aguiar Horta (1979), which already mentioned the need for nursing care by the individual, family, group or community. Since then, the gradual insertion of the nursing process in teaching and care practice has been observed, acting in a way both to prevent the health of the population and to value the nursing professional, as it is perceived as generator of scientific knowledge. In this scenario, the need arises for tools that address and facilitate not only the implementation of PE in professional practice, but also theories and taxonomies, as well as tools that optimize the time of this professional and favor multidisciplinary integration. The purpose of the proposal is to evaluate the usability of the application and the diffusion of teaching about the Nursing Process. The project was approved Ethics and Research Committee of the State University of Mato Grosso do Sul (CEP/UEMS). It is a development of educational material, of an interventionist nature, and is basically divided into 2 phases: construction of the application and evaluation of the usability and educational aspect of it. The non-probabilistic and intentional sample is composed of nurses who coordinate study groups and make up the Nursing process (PE) using the International Classification for Nursing Practice (CIPE) taxonomy. Workshop methodology was used for the construction of paper prototyping, one of the least costly types of prototypes, and may even reveal serious aspects or misbehavior among the design team members. The proposal in the first phase was to simulate, through paper prototyping, the use of the application, named PEApp, placing a professional to be a user voluntarily, being the author the computer and the other observers. At this moment, it was suggested to change technical terms, include and exclude items in the Menu, standardize CIPE subsets, include quick access links, change in the application map and hierarchical sequence of interfaces, among others. In addition, we sought to prioritize the teaching of health through interactivity among users, sending questions, comments, criticisms and suggestions, as well as news about the various events related to the topic. It is believed that the application will innovate the teaching-learning relationship in the nursing area, allowing nursing professionals to be able to improve knowledge and put into practice the PE through the contribution of a mobile device, since it provides a constructivist theoretical education, which is adapted to the rhythm of each individual, be it local or time, improving the relation of theory to practice.

CONSULTATION OF GYNECOLOGICAL NURSING: SUB TERMINOLOGICAL SET CIPE

Cássia Reis, Sandra Rodrigues

The Systematization of Nursing Care (SAE) is the method of executing care plans, protocols, standardization of procedures and the nursing process in a determined and organized way, seeking solutions within a defined period of time, aiming to achieve positive results for the person (SOARES, 2015). Also according to Resolution 358/2009, the Federal Nursing Council recommends to execute the nursing process in five stages, which occur with interaction, correlation and recurrence: Nursing data collection, Nursing Diagnosis, Nursing

Planning, Implementation and Nursing Evaluation. In practice, it is observed that there is recurrent neglect in the second stage, a fact that originated the goal of producing the CIPE® terminology subset: for gynecological nursing consultation, using the International Classification for Nursing Practice (CIPE®) as a tool for standardization of language, as well as to reflect and implement the therapy provided in this care by nurses of the municipal network in the scope of the gynecological nursing consultation, with emphasis to the actors of the Family Health Strategy. It was an educational practice using the methodology of problematization with Arco de Maguerez and Problem-Based Learning in order to provide reflection on the practice and reorientation of training in this line of care. The Basic Human Needs Theory (NHB) of Wanda de Aguiar Horta was the light of the process. There were 13 meetings between workshops with nurses and meetings of the coordinating group of coordinators composed of members of the collegiate system of nursing care in the municipality from October 2016 to May 2018, all with the purpose of exploring contents and elaborating support material to run the nursing process. The workshops started with weekly programming, then fortnightly, there was a dispersion period for three months and ended with monthly meetings. First, there was a theoretical rescue that started from the articulation of the members of the Nursing Assistance Systematization Collegiate. In the following thematic topics discussed were experiences lived in the practice and idealized nursing process so that those involved in the study became proactive in their actions through collective reflection associated with the theoretical basis and were empowered to perform systematized practices with excellence in the control of cervical cancers and breast cancer. This study allowed the construction of the CIPE® Terminology Subset, with 27 diagnoses for the application of the nursing process adapted to the electronic registration format, practiced in the scope of the gynecological nursing consultation or in education and health activities centered on women and in the context of which is inserted, with emphasis on the scenarios of the Unified Health System.

THIRST RELIEF IN A PERSON WITH HEART FAILURE

Catarina Alves, Patrícia Sousa, Rui Miranda

INTRODUCTION: Although thirst is vital to physiological's homeostasis, in patients with heart failure it can cause an increase in water intake and consequently hyponatremia, as well as other symptoms related with excessive intake of liquids. Recent research demonstrates that physiopathology, targeted therapy, liquids intake restriction and anxiety are responsible for thirst sensation, which can lead to levels of distress that promote non-adhesion to therapy regimes (S. M. Allida et al., 2015). Thirst is defined as the most persistent, intense and uncomfortable symptom, yet undervalued by health professionals in patients who are in intensive care units (Puntillo, Arai, Cooper, Stotts, & Nelson, 2014). Thirst can be assessed in four dimensions: intensity, distress, duration and frequency. In acute stage, 63% of patients felt moderate to severe levels of thirst during hospital admission. The highest levels of thirst intensity and distress were registered and described by hospitalized patients (Waldréus et al., 2016). Although the discomfort caused by thirst is well proven, the intervention strategies that promote its relief are not yet well documented.

OBJECTIVE: To identify Nursing interventions and strategies that promote comfort in the relief of thirst in a person with heart failure.

METHODOLOGY: A Review of literature using PICO strategy (P- Person with heart failure, I- Identification of comforting interventions, C- Comparison, T- Thirst Relief), following these steps: research question design, research and reading of relevant studies, data extraction, results evaluation and interpretation, which allowed to gather, evaluate and synthesise the results of the research. This research was performed September of 2018, using the international data base integrated in EBSCO: CINAHL® A; Cochrane Plus Collection; MedicLatina e MEDLINE®. Inclusion criteria were: articles in english, portuguese and spanish, without timeline, and excluding children. Through boolean research were included in the title thirst or dry mouth, and in the summary heart failure. Additionally, further research was made on thirst AND heart failure AND intervention. We started with 51 articles, 10 of which were excluded due to duplication, 2 for not being gratuit available, 24 after a reading of the title, 8 after a reading of the summary, and 1 after a reading of the full paper. Through consultation of bibliographical references a study emerged, which was included for its relevance to the issue analysis. The final result consists in a 7 article sample.

RESULTS: Thirst in people with liquids intake restrictions requirements is predominantly pre-absorptive and the use of strategies that work at this stage are the a viable alternative, having been identified several interventions which generate comfort in the relief of thirst in people with heart failure, such as the use of chewing gum (S. Allida et al., 2018). Other strategies such as the use of ice splinters, sips of water, ingestion of fresh water with lemon, iced water, chewing gum and artificial saliva are used by nurses during admission and empirically recognized by patients with heart failure in outpatient regimen as promoters of relief from the discomfort caused by thirst, although their efficiency is not scientifically proven (S. M. Allida et al., 2016). The use of ice splinters, spray iced water, cold water gargling, have proved efficient, practical, and economical. All interventions that uses cold resources are substantiate and viable options (Garcia, Fonseca, Aroni, & Galvão, 2016).

CONCLUSION: Thirst is identified as the hardest discomfort trigger to control in people with heart failure, and its relief has a short duration (S. M. Allida et al., 2018). The promotion of comfort implies adequacy in providing health care capable of ensuring well-being and an improvement in the quality of life. In recent years, scientific evidence has been identified in the importance of thirst relief as a comfort factor for people with heart failure, on both admitted patients and outpatients, with significant benefits in terms of quality of life, which allows decision making supported by scientific knowledge, contributing to an improvement of health care provision (Manuel & Faria, 2018). Notwithstanding the use of empirical strategies for the relief of thirst, a research for evidence directed towards the promotion of comfort in this area is essential. As such, it is essential to research and acquire knowledge through standardization of strategies and scientific evidence of efficacy of the ones used by expert nursing professionals (S. M. Allida, Hayward, & Newton, 2018; S. M. Allida et al., 2015; Waldréus et al., 2013).

KEYWORDS: Thirst relief; Person with Heart Failure; Integrative Literature Review

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THE PERSON WITH DEMENTIA AND FAMILY CAREGIVER: DETERMINANTS OF INSTITUTIONALIZATION. PRELIMINARY DESCRIPTIVE RESULTS

Cátia Rosa, Graça Melo

Dementia is one of the biggest causes of disabilities in aging, and providing care for the person with dementia at home presents a complex challenge, sometimes impossible to manage. The solution often comes in the form of institutionalization, especially in more advanced stages of dementia.

Aim: To determine the circumstances and living conditions of people with dementia (PwD), who live at home and receive formal professional care. Identify factors that influence the institutionalization.

Methodology: Participants were 20 consecutive patients with dementia and their family caregivers, living at home. A prospective study design was used, applying a structured interview at home, based on the RightTimePlaceCare European project protocol. Comprehensive assessments of patient included: comorbidity (Charlson index) and medication use, cognitive status (MMSE), independence in activities of daily living (KATZ), depression symptoms (Cornell Scale for Depression in Dementia – CSDD), neuropsychiatric symptoms (NPI-Q), pain, falls and physical restraints. Measures for family caregivers included socio-demographic variables, employment status, relation to PwD, caregiver burden (ZBI), positive and negative consequences of caregiving (CRA) and personal resources (RUD). Descriptive statistical was performed

Results: Patients: PwD mean age 82, 80% women; education years $3,4 \pm 2,01$; 45% of the participants were diagnosed with Alzheimer's disease and 30% marked as unknown. Mean comorbidity Charlson index score = $2,6 \pm 1,46$; medication: on average, PwD took 5 different pills a day, (minimum=2, maximum=13). Mean MMSE $11,84 \pm 7,5$; mean Katz $3,1 \pm 2,27$; mean CSDD $7,84 \pm 4,76$ (N=19). For NPI-Q, the most frequent behavioural symptom with higher total scores (frequency * severity) were agitation (85%, $4 \pm 2,9$). According to the family caregiver, 30% feel pain every day. In the last 3 months 35% of PwD had at least one fall and 5 cases reported the use of physical restraints. Family caregivers: mean age 60,8, 60% women, 70% married; education years $8,7 \pm 4,88$; 35% of the family caregivers have children under 18 living with them; 50% work and the main reason for not working was retirement 25%. Relationship with PwD: 25% spouse, 55% child; 65% cohabit with de PwD; burden (ZBI) $33,45 \pm 13$; positive and negative consequences of caregiving (CRA) mean $59,6 \pm 6,1$. Caregivers spent an average of 63 hours per month helping PwD in daily living activities and 54 hours per month helping in instrumental life activities (RUD). According to the formal caregivers (social workers), 60% of the participants were at risk of institutionalization, though only 40% were in a waiting list for placement in an institutional nursing care facility. The reasons indicated by the formal caregivers were heterogeneous ranging from reasons related to the severity of the dementia and increased necessity for care to carer burden and employment status. In follow up there were 4 dropouts, in 3 of the cases PwD was institutionalised.

SIMUCAREPRO CRM-PROJETO DE INVESTIGAÇÃO: DESENVOLVIMENTO DE COMPETÊNCIAS DE LIDERANÇA E PRÁTICA SIMULADA

Cátia Teixeira, Amélia Castilho, Rui Batista

SimuCarePro-CRM aims to create tools addressed to medical training in order to provide, in simulation, the necessary non-technical skills to work in team in emergency situations. To do so, the project focus on the study of Crisis Resource Management concepts. This research project develops the leadership concept. Medical-surgical specialist nursing professionals develop practices based on the latest evidence, oriented to care-sensitive outcomes. These nurses are leaders in training, advisory and research projects to enhance knowledge and develop skills in their area of expertise and performance. Assuming simulation as an innovative learning strategy that can contribute to the development of leadership skills, the following question arises: "What leadership competencies are developed through simulated nursing practices?" The objectives of this study are: to characterize nursing students' perceptions of the leadership competencies exercised by the team leader in the simulated practice in nursing teaching; to analyze whether nursing

students' perceptions about the leadership competencies developed through simulation are influenced by sociodemographic characteristics of nursing students; to analyze the facilitating and difficult factors in the development of leadership skills in simulated practice. A quantitative, observational, analytical, transverse and correlational study will be developed. The sample will be intentional, formed by undergraduate and master's degree students in nursing who, in 2019, attend Advanced Life Support courses and accept to participate in the study. The data will be collected by a questionnaire consisting of three parts: sociodemographic and professional characterization; "Nursing Leadership Perception Scale" by Castilho and Frederico (2006) and questions that assess the perception about teamleader competencies during the simulation. The questionnaire also includes two open questions to identify facilitating factors and difficulties in acquiring leadership competencies through simulation. The data collected was subjected to statistical treatment in the Statistical Package for the Social Science® (SPSS®) program. In the first phase, a descriptive statistical analysis will be developed with the purpose of describing and analyzing the sample under study, using measures of location and central tendency (mean, median and fashion) and dispersion measures (standard deviation). After this, inferential statistics will be used, with the application of statistical tests to obtain a response to the central question of investigation and to perform a verification of the identified objectives. Presentation of the results will be done through tables, in which the most relevant results will be highlighted. Developing this project, ethical and legal procedures were foreseen, such as the informed consent of the participants, request for an opinion to the ethics committee and request for authorization to perform the data collection will be fulfilled to the President of the Nursing School, in which the study it will be implemented. It is hoped that the achievement of the objectives of the study will contribute to highlight simulated practice as an important strategy to learn leadership competencies in nursing teaching.

Keywords: leadership, simulation, nursing students e nurses

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IMPACTO DA CIRURGIA BARIÁTRICA NA QUALIDADE DE VIDA DOS DOENTES

Célia Manso, Maria Cerejo

Obesity is a chronic illness considered to be the epidemics of the 21st century. It is associated with several comorbidities, psychological and social changes, and decreased quality of life. With bariatric surgery besides diminishing body weight it can also be a way to reverse all negative impact in patient's life. The present study tried to give an answer to the question: what the impact of the bariatric surgery on the quality of life of the patients? And for that the following goals were outlined: evaluate the quality of life of patients submitted to bariatric surgery in the pre-op period and three months after surgery; analyze patient's quality of life according to the evaluation moment; identify sociodemographic and clinical factors that make quality of life change in patients submitted to bariatric surgery. This is a correlational, descriptive quantitative study, and data were collected through a questionnaire in two distinct moments: in the pre-op and 3 months after bariatric surgery. The instrument included collection of sociodemographic and clinical, data as well as the World Health Organization scale for the quality of life measurement, the WHOQOL-BREF. An accidental non-probabilistic sample of 30 patients was gathered in a university hospital. Data was later-on, treated with the SPSS software, and analyzed using descriptive and inferential statistical techniques (non-parametric tests). Previously to the data collection authorization was requested to carry out the study to the Ethics Committee of the institution concerned, which issued a favorable opinion. The right to privacy and confidentiality of data was ensured with the signing of informed consent. Results showed that patients after surgery show improvements in the quality of life. These improvements were statistically significant in all domains of WHOQOL-BREF except for the domain environment. Some sociodemographic variables influenced the quality of life of patients, and patients also showed an improvement in the most prevalent comorbidities after surgery. Considering the results and their discussion we could conclude that the surgical treatment for obesity doesn't stop with the surgery. That said we need to ensure that this surgery positive impact in patient's life's, doesn't end up being a short-term solution for a long-term chronic problem that needs to be addressed not only in a physiological way. That said a nursing accompanying consultation in the pre-op and long-term post-op could make a difference in these patient's life's, being in hospital environment or even in primary care. The Nurse's autonomous actions could have even more positive impact in long-term post-op in a way that the surgery results could really improve quality of life in a long-term way. Studying the quality of life in patients can be of great value for nurses in order for them to improve their practice by suiting the right care to the right patient. In this specific case, the care planning for patient capacitation in the post-op and self-adaptation to the new reality. Promoting self-care and always ensuring the maintenance and continuous improvement of the patient's quality of life.

“WHAT PRESCHOOL CHILDREN LIKE TO EAT? THE IMPORTANCE OF CHILDREN FOOD PREFERENCES TO PREVENT OVERWEIGHT AND CHILDHOOD OBESITY”

Cláudia Bacatum, Adriana Henriques

INTRODUCTION: Pre-school age child develops food habits based on preferences, rejections and on biological, psychological, emotional, family and socioeconomic factors. The pre-school age child defines their food preferences through learning and observation of the others. Is in this age an irregular appetite and resistances to new feeding experiences influence the introduction of new foods (Flides A., 2015). WHO (2014) estimate, that in 2025, 70 million children worldwide are overweight and obese. Children's food preferences have a significant effect on their health but also in the future as an adult (Russel, CG; Worley, A., 2013). In Portugal children between 2-10 years old 28,5% has overweight and 12,7% are obese (APCOI, 2018). Healthy eating promotion in kindergarten is an opportunity to reduce childhood overweight and obesity. Health education interventions in school are described as an effective approach to prevent overweight and obesity childhood.

AIM: Identify the pre-school age children food preferences

METHODS: A cross-sectorial study was developing to identify what are the food preferences of preschool children. Food preferences of the children aged 3-5 years old (n=55) were access by a playing activity developed by the kindergarten teachers. Children choose from a variety of food paper cuts and stick them on side of the paper sheet they preferred (Like). Data were categorizing in fruits/vegetables, meat /fish/eggs, soft drinks/ice-tea, milk/milk products, salty snacks/fast-food, candy/gums and water. Lor Unlike

RESULTS: 78,1% of the children prefers fruits/vegetables and 52% meat /fish/eggs; 20% prefers soft drinks/ice-tea but no children identify water as a preference. 41,8% choose as a food preference candy/gums. About milk and milk products, 23,5%, choose as a food preference and 32,7% salty snacks and fast-food.

CONCLUSIONS: Pre-school age children preferences for fruits/vegetables and meat/fish/eggs that can be protective to prevent overweight and childhood obesity. Candies and salty snacks preferences are close to the national rates. Children don't choose water as a food preference and we can ask if they recognize water as a food. These highlights findings will contribute to develop a nursing intervention to promote healthy food among pre-school age children and their families in kindergarten environment.

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PREVENTION OF CATHETER ASSOCIATED URINARY TRACT INFECTION IN CRITICAL PATIENT: AN INTEGRATIVE LITERATURE REVIEW

Cláudia Pereira, Cândida Durão

Healthcare-associated infections have a major impact worldwide and are a common adverse event affecting patients, families and health systems. Critical patient presents or is in an imminent situation of multiorgan failure, having a 5 to 10 times higher risk of acquiring an infection, a factor closely related to invasive devices.

Catheter associated urinary tract infection (CAUTI) is the most frequent hospital-acquired infection. It is estimated that with each day of bladder catheter stay, the risk of contracting an infection increases by about 3-7%. Although 70% of these infections are likely to be avoided, they have a high prevalence rate so, preventive measures are fundamental. The nurse, being the professional responsible for the placement, maintenance and removal of the bladder catheter, plays a central role in the prevention of this infection, reducing complications, hospitalization time and associated costs. This integrative review of the literature intended to identify the nursing interventions in the prevention of the urinary tract infection of the critically ill patients, through the research of articles in the databases MEDLINE and CINAHL, grey literature, using the descriptors: catheter-associated urinary tract infection, critical patient, nursing intervention, infection prevention. Ninety-one results were identified, 20 of which met the inclusion criteria: > 18 years old and urinary tract infections associated only with bladder catheterization, responding to the research question.

Most of these documents demonstrate the effectiveness of the bundles of interventions reducing significantly the incidence rates of CAUTI namely, correct hand hygiene in handling the catheter, compliance with the aseptic technique, hygiene of the urethral meatus, daily reevaluation of the need of catheter and maintenance of the drainage system closed, correctly fixed and free from obstruction.

The most effective strategy in the prevention of this type of infections is the reduction of the use of bladder catheters, and the main risk factor is their length of stay. Nurse intervention is a key element for the prevention of this infection, proposing alternative solutions to the use of the bladder catheter, namely the use of bladder ultrasound to assess the residual volume of urine, the use of the intermittent emptying technique or an external urinary device, according to the possibilities and needs of the patient.

Therefore, is imperative to emphasize the important role played by nurses in the multidisciplinary team, in order to create and implement innovative educational strategies and protocols for prevention of infection, in order to ensure patient safety.

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THE EXPRESSION OF SEXUALITY YOUNG MUSLIM PEOPLE IN NON-ISLAMIC SOCIETY

Cristina Jeremias

Human mobility, migration and globalization have approached people. The diaspora bring with them the culture, traditions, customs, religion, philosophies of life and ways of living health and disease. In the core of Muslim families, we found young people who are part of the cultural and religious diversity of non-Islamic countries societies. Due to various social, political and economic phenomena, Islamic communities have grown in non-Islamic societies. This reality creates challenges for nurses who care for people from diverse cultural and religious backgrounds. For most young people, adolescence is a period of discovery and a time when puberty takes place, when many young people initiate their first romantic and sexual relationships, when risk-taking is heightened and “attachment” with peers becomes very important. Since evidence-based knowledge is critical to the development of relevant sexual health resources, we undertook a qualitative systematic review of primary research literature on how the young Muslim people experience sexuality in a non-Islamic society. The present systematic review aim to understand how young Muslim people experience sexuality in a non-Islamic society. It was made search in electronic databases in interface EBSCOhost, interface B-on, to identify recent peer-reviewed journal articles and grey literature published between 2008 and 2018. The articles was submitted to an analysis to evaluate their quality according to the Joanna Briggs Institute Qualitative Assessment and Review Instrument criteria. After analyzing the selected studies, we obtained a set of data distributed by the categories established in the studies and, in the analysis and discussion stage, the data were regrouped into new categories. Our analysis revealed that young Muslim living in non-Islamic sociocultural contexts look for to experience the sexuality within the framework of the Islamic religion. However, due to external forces in non-Islamic culture, whether at the school level, peer pressure, low knowledge of health professionals and education about Islamic culture and religion, and the way in which the dominant society experiences sexuality, these young people find difficult to maintain the behaviors that are accepted by their families and Islamic communities. The findings reveal that despite the usefulness of sex education programs provided by non-Islamic society’s schools, some of the contents of these programs were problematic for young Muslim. From the analysis emerged several issues that are relevant for the design of future sexual education programs targeting young Muslim. We conclude there is lack of qualitative research on the expression of sexuality young Muslim people in non-Islamic Society, especially in nursing field. This reality poses a challenge for policy-makers, nurses, other health professionals, educators and other stakeholders to gain sufficient understanding to guide the development of effective and inclusive sexual health programming for young Muslim people in non-Islamic societies, in order to promote a sexual health cares and sexual education culturally and religiously sensitive for these young people.

Keywords: Young People, sexuality, culture, Muslim, Islamic religion.

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PREVENTION OF INTUBATION-ASSOCIATED PNEUMONIA - IMPLEMENTATION OF BUNDLES IN THE INTENSIVE CARE UNIT, SEEKING EXCELLENCE IN CARE

Diliana Mateus, Idalina Gomes, Odete Mendes, Ana Cunha

Healthcare-associated infections and the rate of antimicrobial resistance are a growing reality and extremely important today as they compromise the quality of healthcare and patient safety. This problem is transversal in Portugal and the whole world, hindering patient care, increasing the risk of morbidity and mortality and the consumption of hospital and social resources. Intubation-associated pneumonia (IAP) is the most common nosocomial infection associated with a high mortality rate, a higher rate of mechanical ventilation, permanency in the care unit increase, and high economic costs, as the evidences shows that investing in prevention of IAP is essential, not treatment. Thus, the need to create recommendations with the objective of homogenizing the practices supported by the scientific current and improve of the quality of care and clinical results - the 'Intervention Beam'.

Objective: Train the multidisciplinary team to use the bundle of interventions for the prevention of IAP.

Type of study: Action research methodology. Data collection instruments used were: a questionnaire to identify the training needs of the multidisciplinary team regarding the prevention of IAP and a participant observation with registration in a clinical audit grid adapted from the Directorate General of Health (2017) and the respective Hospital Center. The participants were the multidisciplinary team (17 nurses and 5 doctors). Ethical principles were guaranteed, privacy and confidentiality of data collected, informed consent of the participants and authorization of the Institution.

Results: With the application of the questionnaires to the multidisciplinary team, it was possible to construct a diagnosis. The greatest needs were identified in the replacement of ventilatory circuits (47.6%) and in the review of sedation (66.7%). Clinical audits have revealed other aspects to be improved in particular, evidence of bedside of patient should be $\geq 30^\circ$ angle and replacement of ventilatory circuits. It was noted that there is a need to adapt the computer records to what is recommended given the importance of the registers in the implementation of the beam. Training sessions were held for the team; dissemination and discussion of the results obtained, aiming to change the practices.

Conclusion: In this study, health professionals were made aware of the need to improve practices towards the systematic implementation of the entire beam, and emphasized the importance of multidisciplinary for the success of the results. The evaluation of the process indicators revealed the previous existence of competences in this area, however, this was not reflected in 100% adherence to the recommended guidelines. It is suggested to maintain the training in a work context; the periodic performance of audit procedures and the monitoring of the incidence rate of pneumonia associated with intubation (outcome indicator), aiming at the excellence of care.

NURSES PROFESSIONAL QUALITY OF LIFE AND ITS RELATIONSHIP WITH PATIENT SAFETY: PRELIMINARY RESULTS

Edenise Batalha, Marta Melleiro, Elisabete Borges

Introduction: Studying the relationship of workers' health and well-being, especially nurses, with patient safety in health organizations becomes important because it is the human resources that will implement the quality policies. Studies about Professional Quality of Life (PQL) have been developed (Zhang et al., 2018) because of its implications for patients, professionals and institutions. PQL is the quality that the professionals feel in relation to their work and incorporates two aspects: Compassion Satisfaction (CS) and Compassion Fatigue (CF). CS is related to the pleasure that the workers feel in doing their job. CF is divided in Burnout (BO), which refers to feelings such as exhaustion, frustration, anger and depression, and

Secondary Traumatic Stress (STS) that refers to work-related fear and trauma (Stamm, 2010). In this study, we aimed to evaluate the relationship between the nurses' PQL and the Patient Safety Culture (PSC).

Methodology: This is a quantitative, correlational and cross-sectional study developed between December / 2018 and February / 2019. We used a part with questions regarding five dimensions of Hospital Survey on Patient Safety Culture, Portuguese version (Eiras, 2014) and the Professional Quality of Life Scale 5 (Stamm, 2010; Carvalho & Sá, 2011). The sample selected by networks was composed of 164 nurses who work in hospitals in the north of Portugal. The majority were female (81.1%), with a mean age of 36.6 years, licensed (68.9%), with permanent employment bond (90.2%) and just a job (64.0%). Pearson's correlation was used to analyze the data through the SPSS 24 program. The ethical criteria for human research were fulfilled.

Results: The CS was positively correlated with the Organizational Learning—Continuous Improvement (OL / CI) dimension ($r = 0.430$), Overall Perceptions of Patient Safety (OPPS) ($r = 0.371$), Teamwork Within Units (TW) ($r = 0.301$) and Staffing ($r = 0.266$). There was no correlation between SC and Nonpunitive Response to Error (NRE). The BO presented negative correlation with all the dimensions, with ($r = -0.433$) with OL / CI, ($r = -0.430$) with OPPS, ($r = -0.412$) with Staffing, ($r = -0.302$) with TW and ($r = -0.273$) with the NRE. STS correlated negatively with three dimensions, with ($r = -0.286$) with Staffing, ($r = -0.232$) with OPPS and ($r = -0.228$) with NRE. The STS did not present significant correlation with TW and OL / CI.

Conclusions: We conclude that CS, BO and STS presented significant correlations with the dimensions of PSC. The data point to two possibilities for understanding, nurses with higher levels of CS and lower levels of CF perceive patient safety better because they feel well and act more safely in their care or because these nurses are in a work environment with more safety for patients to feel more satisfied and with lower CF levels. These results reveal the need to deepen this relationship in order to implement measures aimed at improving the PQL of nurses and PSC.

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PERCEPTION OF HOSPITAL NURSES ABOUT PATIENT SAFETY CULTURE

Edenise Batalha, Marta Melleiro, Elisabete Borges

Introduction: The Patient Safety Culture reflects the commitment of health organizations to the development of a safe care environment (Reis, 2014). Assessing this culture from the perspective of nursing becomes imperative, because these professionals represent a large part of the health workforce and fundamentally provide direct and continuous care to patients.

Objective: to evaluate the Patient Safety Culture in the perception of hospital nurses.

Methodology: This is a quantitative and cross-sectional study using a part (composed of five dimensions, degree of safety and number of events reported in the last year) of the Portuguese version of the Hospital Survey on Patient Safety Culture (Eiras, 2014). Sampling technique was the sampling by networks. This study contemplates preliminary data referring to the sample composed by 164 nurses who work in hospitals in the north of Portugal. Nurses had a mean age of 36.6 years, 81.1% were women, 68.9% were licensed and 55.5% were in a university hospital. The analysis of the data was made through descriptive and inferential statistics through the SPSS Program 24. The research followed the ethical norms of investigation with human beings.

Results: The data collection instrument used presented a Cronbach Alpha of 0.815. The dimension Teamwork (TW) presented the best evaluation ($M = 3.6$), the Staffing ($M = 2.8$) and the Nonpunitive Response to Error (NRE) ($M = 2.72$) obtained the lowest means. The difference in perception was significant for the

Organizational Learning—Continuous Improvement (OL / CI) ($p = 0.001$) and Overall Perceptions of Patient Safety (OPPS) ($p = 0.012$) dimensions with the academic qualification, the nurses licensed assessed safety better. The TW was better perceived by nurses younger ($p = 0.049$), licensed ($p = 0.033$), who had less professional experience ($p = 0.015$) and worked more than 36 hours a week ($p = 0.049$). There were no significant differences per shift, hospital service time, marital status, setting of work in the hospital and employment bond. In relation to the correlations between the dimensions, these were positive and moderate between TW and OL / CI ($r = 0,489$), OL / CI and OPPS ($r = 0.599$), OPPS and Staffing ($r = 0.424$). The Degree on Patient Safety was assessed by the majority as Acceptable (60.4%) and Very Good (25.8%). Regarding the Event Reports in the last year, 59.1% of the nurses reported not having notified and 31.1% reported 1 to 2 events.

Conclusions: The applied instrument presented good reliability. The TW has emerged as a strength for safety, especially among licensed, younger, less experienced and with higher weekly workload. Staffing and NRE were configured as fragilities in the safety culture. The correlations between the dimensions show the systemic relationship between the factors that compose the patient's safety in the hospital organization. The general assessment of patient safety was mostly Acceptable and Very Good, which shows a positive result, however, regarding the Event Notification, most nurses did not notify in the last year, suggesting that the notification culture has not yet is rooted in organizations and workers.

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ANTINEOPLASTIC THERAPY ADMINISTRATION: NURSING INTERVENTION IN THE RELIEF OF SUFFERING

Eunice Sá, Maria Lopes, Marta Lima 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 (IESSD), the pains cale, 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 (psychological 2,9; Existential 2,4; socio-relational 3,4; physical 2,1) and distress (3,9) or pain (1,1) lower than the control group (respectively 3,0;

2,67; 3,7; 2,5, 5,3; 3,2). 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 use of mixed methods of investigations allowed the understanding of the different components of drug chemotherapy administration as an individualized nursing intervention. The results point out that for relief of suffering to happen, nursing care should be centered on the person of the patient, integrated in their unique individual experience, and the intervention of the nurse based on knowledge and intentionality.

CHIEF EDITOR OF INDEXED BRAZILIAN NURSING MAGAZINES IN LILACS: SUBSIDIES ON PROFILE

Gilberto Silva, Virginia Ramos, Larissa Pedreira, Laís Pithon, Rafaela Ribeiro

This is a descriptive study with a quantitative approach, with to purpose to identify the profile of chief editors of Brazilian scientific journals. Data collection occurred in April 2019. The information about the chief editors was found in the electronic addresses of the scientific nursing journals, referring to the last published volume of 2018 and later accessing the Lattes Platform for additional information. This is a documentary study and uses public and free access directories, and it is unnecessary registration or evaluation by the research committees system. Twenty-four (24) Brazilian journals from the Nursing and Health area were identified. A journal was excluded from the analysis for not reporting the name of the chief editor. The available data were categorized and analyzed by: gender, academic qualification, scientific production from 2008 to 2018, time in the position, association with postgraduate and scholarship of productivity in research. The analysis was by descriptive and univariate statistics. In the results were identified female predominance, academic degree of doctorate and the permanence in the position greater than two years, of these three with more than ten years. The publishers reconciled the publishing activity with the publication of articles, once publications of fifty or more articles were identified in the period 2008-2018. The results demonstrate the performance of the chief editors for the consolidation and strengthening of Nursing in Latin America and Brazil, besides the indissociable nature of work in Nursing, the management, care, teaching, research and dissemination of scientific knowledge. The engagement identified in the study indicates the potential of these professionals in the research and add the perspective of nursing in the construction of knowledge, considering aspects: empirical, personal, ethical, aesthetic, emancipatory and socio-political. This study contributes to the visibility of the scientific production of the chief editors, who work in publishing without compromising other activities, motivating the interest and commitment with excellence in research.

KEYWORDS: production of knowledge; periodicals; nursing

PROMOTING THE TRANSITION TO HEALTHY MOTHERHOOD

Graciete Cardoso, Maria Rodrigues

It was verified in medical consultation of maternal health in a health center of Mindelo city that the primiparous pregnant were not prepared for childbirth and to play the role of mother. It was realized a community intervention project with the purpose of contributing to the primiparous training to live healthy motherhood. The project was based on the planning process in health by Imperatori and Giraldes (1993). The conceptual model was based on Meleis's Transitions theory" (2010). The first stage of diagnosis of the situation based on a descriptive observational study of a convenience sample of 13 primiparous pregnant registered for the first time in the maternal health consultation in the months of June and July 2015. As information instruments we used a questionnaire directed to the pregnant women. As ethical procedures the request for authorization was requested to the health office of S. Vicente, to the Health Center Director, the consent of the pregnant woman and when smaller (less than 18 years old) the authorization of the responsible adults. Diagnosis of the situation was aimed as: To evaluate the percussion of pregnancies on the transition to maternity; Identify the health necessities felt by the primiparous; Identify the behavior of the facilitation and inhibitors pregnant in the transition of maternity. By the method of analysis grid, four nursing diagnosis was prioritized: Knowledge about the process of behavior change decreased; Physical and psychological response to pregnancy in transition to compromised motherhood; The role of the committed

mother; Current fear of the development of pregnancy. The intervention strategy was education for health based on the model of health promotion of Pender, "Murdaugh Parsons" (2002). With the objective of developing mastery of pregnancies in the transition to motherhood were held group sessions in four areas of interest: Preparation for transition to maternity; Preparation for the labor and expulsive period; Preparation for the postpartum; Preparation to provide hygienic and comfort care for the newborn. The evaluation was carried out through process indicators, the observation of significant changes at the level of learning domains, translation into gains in knowledge of primiparous pregnant women, concerning to physiological changes of pregnancy, the psychological changes of pregnancy, to labor and postpartum, but also the acquisition of competencies in the transition to maternity, namely self-care skills and caring for the newborn.

Keywords: Nursing, Health, Maternity, Pregnancy, Empowerment

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IMPACT OF INFORMED ASSENT ON A VULNERABLE POPULATION: THE MINOR AND THE TUTOR'S VIEW

Hortense Cotrim, Cristina Granja, Ana Carvalho, Carlos Cotrim

BACKGROUND: The Convention on Human Rights and Biomedicine advocate that the opinion of the child should be considered as an increasingly determining factor, depending on his age and degree of maturity. These assumptions highlight the need to formalize the informed consent of minors in the most diverse clinical practices since minority is one of the forms of vulnerability pointed out by the literature in bioethics. In this way, we consider that the valorization of the assent is fundamental to reduce the notion of vulnerability, on the part of the minor, is based on the respect for his autonomy.

AIMS: Evaluate the opinion of the minor regarding the quality of the information that was made available to him by the physician regarding the performance of the exercise echocardiogram and his participation in this study, as well as his understanding of it; Evaluate the perception of the parents/guardians, regarding the information made available to the minor, by the physician, in the application of the assent. Evaluate the opinion of the parents/guardians regarding the facilitating role of the application of the assent, at the acceptance of the examination, by the minor.

METHOD: We studied 30 adolescents, aged between 10 and 17 years, submitted to exercise echocardiogram, whose mean age was 13.86 years. 25 were male. Minor Questionnaires: Adaptation of the Quality of Informed Consent (QuIC), part A, which evaluates the objective understanding and part B, which evaluates subjective understanding, developed by Joffe et al (2001).

RESULTS: From the descriptive analysis of the issues of both parts of the QuIC was verified that the minors presented a very significant understanding on both parts, the average of the sum of the answers of part A was 29.53, representing 86.85% of the maximum value of the questionnaire. The mean of the total responses in part B was 63.13, which corresponds to 90.18%. A positive relationship was found between the total obtained in QuIC A and QuIC B ($r = 0.531$; $p = 0.003$). There was no statistically significant relationship between age and QuIC A and B and between sex and QuIC A and B. Regarding the parents' / guardians' opinion that the application of the informed consent model was an advantage for the adolescent's acceptance of the examination, we found that 96.6% answered affirmatively. We also verified that the opinion of the parents/guardians is not related to the age, sex or level of schooling. **CONCLUSIONS:** Although the adolescent is considered a being in development, it is increasingly agreed that most of them have the capacity to understand the environment that surrounds them much more than what is expected. This ability to understand the information made available to them was also verified in our sample, where the minors showed a very positive understanding concerning the information given to them to obtain the assent. The

parents/guardians considered the implementation of the assent as a fundamental step to the adolescent's acceptance of the examination.

Keywords: Assent; Vulnerability; Autonomy.

CHILDREN WITH BRIEF RESOLVED UNEXPLAINED EVENT IN THEIR FIRST YEAR OF LIFE - SPECIALISED NURSING INTERVENTIONS - A INTEGRATIVE REVIEW OF LITERATURE

Joana Cardoso, Cândida Durão

Background: Since the 70's, unexplained events in infants have been alarming. Labeled with different terminologies, since SIDS (Sudden Infant Death Syndrome) in the 70's, ALTE (Apparent Life-Threatening Event). in the 80's, American Academy of Pediatrics (AAP) defined BRUE (Brief Resolved Unexplained Event) in 2016. Even so, healthcare professionals and the majority of literature are still attached to the term ALTE.

Aim: To find evidence about specialized nursing interventions practiced in infants that attend to pediatric emergency department or become admitted in an Intensive Care Unit after a BRUE.

Method: An integrative literature review of unexplained events in infants focusing on nursing interventions, carried out through the databases CINAHL Plus with Full Text and MEDLINE with Full Text and Academic Google, grey literature and other academic sources, without a limited period of time. Fifty-three articles were selected, of which six responded to the inclusion criteria, namely: full text available in Portuguese, English and Spanish languages and answer the question of the study. The results were summarized and themed.

Results: BRUE's definition is more objective and removed the life-threatening label from previous terms. According to AAP's criteria, a BRUE diagnosis implies absence of symptoms and no explanation for a qualifying event after conducting an appropriate history and physical examination, allowing to categorize infants in low and high risk and establishing management recommendations. Besides advanced technology to monitor patients, professional vigilance is vital to observe and monitor complications. Apnea stands out in these events and, if prolonged, may lead to cardiorespiratory arrest that, if not detected on time, may result on a child's death. In 2017 emerged the Sudden Unexpected Postnatal Collapse as a neonatal ALTE, imputing great importance to Kangaroo Care in preventing such events.

Conclusions: AAP policy statement on CPR recommends more disclosure of BRUE along healthcare communities, the need for more experienced healthcare professionals who advocate for caregivers and general public CPR training as a path to parental empowerment and provide a positive contribute to public health.

Keywords: newborn, infant, apnea, BRUE, nursing interventions

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PERCEÇÃO SOBRE SINTOMATOLOGIA DEPRESSIVA E COMPORTAMENTO SUICIDA EM POPULAÇÃO GERAL

Juliana Baião, Giovanna Jorgetto, João Marcolan

Enquadramento conceitual: A associação entre o quadro clínico de depressão e comportamento suicida tem sido largamente descrita na literatura, pois é considerado atualmente problema mundial de saúde pública¹. No Brasil² evidenciou-se uma prevalência ao longo da vida de 18,4% de depressão e, portanto, estudos relacionados a essa área são necessários.

Problema de investigação: Analisar a percepção dos indivíduos sobre a sintomatologia depressiva na relação com comportamento suicida e identificar fatores de risco e proteção para depressão e comportamento suicida.

Método: Estudo exploratório e descritivo, quanti- qualitativo, com referencial teórico-metodológico da Análise de Conteúdo³, realizadas via entrevistas gravadas, em cidade de médio porte do sul do estado de Minas Gerais. Quanto ao conteúdo quantitativo, foram utilizadas a escala de depressão de Beck II, de Hamilton e Montgomery&Asberg para verificar a presença e intensidade de sintomas depressivos; questões específicas foram utilizadas para identificar a presença de comportamento suicida em população geral da referida cidade. A pesquisa recebeu parecer favorável do CEP da Universidade Federal de São Paulo – Unifesp.

Resultados: Entrevistados 200 indivíduos nos bairros da zona leste, oeste, centro e sul do município em questão. Destes, 73 (36,5%) apresentaram sintomatologia depressiva após aplicação das escalas, sendo 07 graves (9,5%), 19 moderadas (26,02%) e 47 leves (64,38%). 57 eram do sexo feminino (78,08%), 70 brancos (95,89%), 21 na faixa etária de 29 a 39 anos (28,73%) e 15 de 51 a 61 anos (19,17%), 47 católicos (64,38%) e 19 evangélicos (26,02%), 39 casados (53,42%), 20 tinham ensino fundamental incompleto (27,39%) e 14 o ensino médio incompleto (19,17%), 20 eram trabalhadoras do lar (27,39%) e 34 apresentaram renda individual de até 2 salários mínimos (46,57%) e 39 renda familiar de 2 a 5 salários mínimos (53,42%). Como fatores protetores da sintomatologia depressiva a fé e como fatores de risco surgiram a Solidão, Tristeza, Pensamentos perturbadores, perdas, Dificuldades vivenciadas ao longo da vida e negativismo. Quando indagados acerca de suas percepções sobre o sofrimento psíquico relatado/detectado pelas escalas, os resultados evidenciados foram Tristeza, Piedade, Medo, Alívio e Solidão. Para a percepção sobre a sintomatologia depressiva na relação com o comportamento suicida, os resultados foram desesperança, alívio do sofrimento psíquico, negatividade, solidão, tristeza, ausência de espiritualidade, sentimento de inutilidade e ruminação de pensamentos.

Conclusão: A porcentagem de detecção de depressão na população geral em estudo foi maior que a média nacional, que se encontra segundo a OMS⁴ em 5,8%. Evidenciado a relação entre sintomatologia depressiva na relação com comportamento suicida nos participantes do estudo, evidenciado por sentimentos de desesperança, alívio do sofrimento psíquico, negatividade, solidão, tristeza, ausência de espiritualidade, sentimento de inutilidade e ruminação de pensamentos.

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PREVALÊNCIA DE ALODINIA E SINTOMAS NOTURNOS EM INDIVÍDUOS COM DOR NEUROPÁTICA POR DM2

Juliana Baião, Daniela Oggiam, Denise Kusahara, Mónica Gamba

Enquadramento conceitual: A dor neuropática causada pelo Diabetes Mellitus apresenta sintomatologia de grande risco para incapacidade física e mental para a população em geral, podendo acabar sendo negligenciados na prática clínica prejudicando o tratamento.

Problema de investigação: Identificar a prevalência de alodinia e piora dos sintomas noturnos em pessoas com DM tipo 2 (DM2) com dor neuropática, na população de em um município do interior do leste paulista Brasileiro.

Método: Estudo do tipo descritivo cuja amostra foi constituída por 194 pacientes com DM2 atendidos na rede pública municipal e que seguiam os critérios de inclusão: residentes, domiciliados e cadastrados na rede pública municipal, condições cognitivas preservadas, acima de 30 anos de idade, com diagnóstico de DM2 a partir de 5 anos e monitorização glicêmica realizada. Foram excluídas pessoas com: hérnia de disco, disfunção tireoidiana descontrolada, alcoolismo, compressão medular e nervosa, diabetes descompensada, AVC, paralisia infantil e doença arterial grave. Para o rastreamento de dor neuropática foram utilizadas os questionários de Douleur Neuropathique 4 (DN4) e Brief Pain Inventory (BPI). As variáveis avaliadas foram faixa etária, sexo, tempo de DM2, níveis de Hb1c, presença de alodinia e piora dos sintomas noturnos.

Resultados: Os dados foram analisados por meio de estatística descritiva e inferencial sendo adotado como nível de significância $p \leq 0,05$. A maioria dos indivíduos era do sexo feminino (60;60,0%), com idade acima de 60 anos (85;85,0%) e média de níveis de Hb1c de $8 \pm 0,0075\%$. Dentre os indivíduos avaliados 54,7% apresentavam DM2 a mais de 10 anos (média de 15 ± 7 anos). A pontuação de DN4 foi de 6 ± 3 e BPI 8 ± 2 , sendo 18,8% dos indivíduos apresentavam dor neuropática, sendo que 42% apresentavam alodinia e 64% relataram piora dos sintomas noturnos. Associação estatisticamente significativa foi identificada entre nível de Hb1c e alodinia ($p=0,020$) e piora dos sintomas noturnos ($p=0,0018$). Quanto maior a pontuação nos questionários maior a possibilidade de apresentar alodinia ($p=0,040$) e piora dos sintomas noturnos ($p=0,033$) e foram também associados a maior probabilidade de acordo com maiores pontuações nos questionários para dor neuropática e tempo de DM2.

Conclusão: O estudo evidenciou que a piora dos sintomas noturnos e presença de alodinia estão ligados diretamente a presença de dor neuropática, quanto maior os níveis de Hb1c e quanto maior a gravidade e intensidade da dor neuropática, ocasionando maior incapacidade física e mental destas pessoas. Com isso precisa-se de uma maior atenção a estes sintomas para o tratamento específico.

Descritores: Diabetes Mellitus, Dor, Neuropatias diabética e alodinia.

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THE BRAZILIAN PSYCHIATRIC REFORM AND THE TRAINING OF PROFESSIONAL NURSES

Juliana Baião, João Marcolan

The Brazilian Psychiatric Reform is process started with action of professionals, users and family in favor of the change model care and has caused the Brazilian State to implement public policies that modify the reality of the mental health care offered. This process contemplated recommendations to improve the training of professionals working in the area to overcome the hegemonic asylum model and to sustain the transforming practice of care. Part of the nursing courses has not yet adapted to the proposals of the Reform, in a way that maintains focus in the study of the mental disorders approaching the model of the traditional psychiatry. Based on this context, the present study aims to analyze the training of nurses from public and private institutions in the city of São Paulo, in the perspective of the Brazilian Psychiatric Reform. It is a qualitative, descriptive-exploratory research, using the methodological reference of documentary analysis and content analysis. Participants in this study were teachers responsible for the mental health disciplines of education

institutions in the city of São Paulo. The data were collected after authorization from the Research Ethics Committee of the São Paulo Federal University, under opinion No. 2,446,983, of the education institutions and the participating teachers. Done the analysis of the pedagogical projects that guide undergraduate courses in nursing. and interviewed teachers, following a script composed of questions guiding the theme. Nine nursing schools were surveyed, seven of them private and two public. Most of the teachers interviewed corresponded to the female gender, between 34 and 59 years of age, graduated in nursing between 12 and 35 years. Of the nine teachers interviewed, seven said they had specific training in mental health with postgraduate studies. About the mental health disciplines, four had a workload of 80 to 90 hours, divided between theory and practice. All the participants mentioned that the theoretical block of the subject comprised contents about the Psychiatric Reform, being contemplated with a history of mental health care, mental health policies in Brazil and its legislation, however, most schools prioritized the study of psychopathology disorders. Among the teaching and learning strategies used by the teachers were mentioned: expository dialogue classes; discussion of films, texts and scientific articles; seminars and case studies. In relation to the practical block they reported that there are insufficient numbers of alternative units available for the realization of internships. Most of the teachers reported that they seek to form the generalist nurse, with a humanized view of the person with mental disorder. It was found that it is still a challenge to learn the nurse in the perspective of the Reform, due to the reduced workload of the mental health discipline, the emphasis given to teaching by psychopathology, that the theme is not handled transversally with the other disciplines of the curricular structure, of the difficulty in carrying out traineeships in the alternative units, due to impasses with the direct administration of the city and the reduced number of these units.

AVALIAÇÃO DO RISCO DE QUEDA NO CUIDADO DE ENFERMAGEM À PESSOA EM SITUAÇÃO CRÍTICA

Juliana Pinto, Alice Mártires

The person in critical condition presents a risk of falling, related not only to his clinical situation, but also, with medication administered, frequent altered consciousness, associated neurological lesions, need for early mobilization and presence of medical devices that restrict mobility (Larrimore, Meloro, Panchisin & Scott, 2015). However, existing risk assessment tools often do not accurately identify when a critically ill person is at greater or lesser risk of falling, and often the assessment criteria do not apply with accuracy to this population (Penstone, Krouskos & Morgan, 2017). Costa-Dias e Ferreira (2014) they argue that it should be borne in mind that even the best instruments can under or overestimate the risk of falling. Taking into account that preventive nursing interventions associated with falls should be based on risk assessment, through valid instruments adapted to clinical contexts, a study was carried out, whose objective was to analyze the risk of falling in person in critical condition, through the application of two instruments: the Hendrich II Risk of Fall Model (HIIFRM) and the Morse Falls Scale (MFS), at the time of admission and discharge, relating to the following variables: age, sex, hospitalization time, clinical diagnosis, state of consciousness and sedation, presence of physical restraint or restriction of walking, working hours and the service in which the person in critical situation was hospitalized. It was a quantitative, descriptive and correlational study. The non-probabilistic sample consisted of 158 persons hospitalized in an intermediate care unit, intensive care unit, coronary intensive care unit and emergency room (observation room) of a hospital center, integrated in the Regional Health Administration of the North, between february and march, 2017. All ethical principles were considered, according to the Declaration of Helsinki, revised by the World Medical Association (2013), communicated the objectives and purposes of the study, as well as the guarantee of confidentiality and data protection, in all phases of the study, after authorization by the ethics committee. The study made it possible to verify that the risk of falling in the critically ill person does not differ significantly between the time of admission and discharge, in addition to being similar if evaluated with one or the other instrument. Of the main results, the risk factors associated with a higher risk of falling, presenting statistical

significance, evaluated through the two instruments used in the study were: age, sex ($p < 0.01$); the time of hospitalization ($Rho = 0.18$ and $p = 0.02$); the clinical diagnosis (surgical $p = 0.02$; physician $p = 0.03$); the state of consciousness ($Rho = -0.60 / -0.52$, $p < 0.01$); the presence of physical restraint ($p < 0.01$). It was also possible to verify that the risk of falling is greater in the morning shift and in the night shift. Identifying the risk of falling and implementing safety measures are fundamental and underpin the search for continuous improvement of nursing care for the person in critical condition.

CONTRIBUTION OF THE NURSING INTERVENTION TO THE WELL-BEING OF THE FAMILY CAREGIVER

Laura Viegas

The increase in the dependence due to the increase of the health needs of the elderly, obliges that usually someone naturally or not, take care of the elderly (Lage & Araújo, 2014). The Family Caregiver (FC) is defined in the literature as family, friend or neighbor, who provides daily care to those in need of care (Family Caregiver Alliance, 2006), which has a significant relationship or obligation with a morally binding meaning (Stanley, Balakrishnan & Ilangoan, 2017). This assumption of the role of the caregiver in providing care to the elderly with dependence has an impact on the life of the caregiver person described in the literature as burden with health risks of the caregiver, particularly psychological problems such as depression (Hopps et al., 2017). Nursing based on the model of Neuman (1982) helps in understanding the variables (physiological, sociocultural, spiritual and development) of the Core and the Lines that involve the client system, interacting in a constantly changing environment, due to the stressors associated with caregiving, causing imbalance in the client system formed by CF and elderly care. Psychoeducational nursing interventions seek to restore the balance translated into the reconstitution of a higher level of well-being.

Objective: to evaluate the impact of a nursing intervention centered on educational actions and support to FC in the emotional well-being of the family caregiver.

Method: quasi-experimental study. Experimental group (EG) - client system (elderly and FC) received a nursing intervention with 1 individual session for 5 weeks, at home applied by the nurse. The nursing intervention is based on the psychoeducational program of Ducharme, Trudeau, & Ward (2008). Control Group (CG) - client system (elderly and FC) received the usual care. Convenience sample: seniors enrolled ACES UCC. Participants were allocated to one of the groups according to certain criteria, followed by 8 months and evaluated: Baseline (month 0); Post intervention (month 2) and follow-up (month 8). Data collection instrument: general questionnaire with sociodemographic data and CES-D scale (evaluates the depressive symptomatology, domain most evaluated in the evaluation of the emotional well-being of the caregiver (Zarit, 2006). Data analysis: SPSS Statistics software (v22): descriptive and inferential statistics with a significance level of 10%. Favorable opinion of the Ethics Committee for Health of ARSLVT 093 / CES / INV / 2014. Ethical care assured according to Holzemer (2010).

Results: There was no statistically significant difference ($p > 0.1$) between EG and CG in the psychological variable of the client system evaluated by the depressive symptomatology of the caregiver. However, between T1 and T2 the depressive symptomatology decreased in average in the EG in relation to the CG, but between T2 and T3 increased in the EG and CG, with a more pronounced increase in the EG. Between T1 and T3, it decreases in the EG and increases in the CG.

Conclusion: The application of the nursing intervention based on the psychoeducational program revealed to have potential to minimize the emotional turbulence of the FC resulting from the caregiving, although in this study without significant statistical difference.

RELATIVES OF PATIENTS WITH HEART DISEASE KNOWLEDGE AND SKILLS ABOUT CARDIOPULMONARY RESUSCITATION AFTER AN EDUCATIONAL PROGRAM: QUASI-EXPERIMENTAL STUDY

Lilia Nogueira, Clairton Filho

Research problem: Cardiovascular diseases are responsible for high mortality rates in the world and this scenario is not different in Brazil. Cardiac patients can be affected by Cardiac Arrest (CA), often witnessed by

untrained relatives, whose survival has been positively influenced by lay persons' cardiopulmonary resuscitation (CPR) performance. Therefore, it is crucial that relatives of cardiac patients are trained on CPR.

Objective: To assess the theoretical knowledge and practical skills of relatives of patients with heart disease about cardiopulmonary resuscitation after an educational program led by a nurse.

Methods: This is a quasi-experimental study carried out in São Paulo, Brazil, between March 5 and August 30, 2018. The sample consisted of relatives who met the following inclusion criteria: age ≥ 18 years; who had a family member with heart disease, hospitalized and ready for discharge; living with the patient; and physically able to be enrolled in practice sessions. The educational program had theoretical and practical sessions in which life support skills and the use of an automatic external defibrillator (AED) were taught using simulation with a dummy. The theoretical knowledge was assessed through the application of tests and the practical skills by check lists. Data collection was carried out in two phases. First, we evaluated the theoretical knowledge and the ability of the participants to perform CPR before and immediately after the educational program. The second phase took place one month after the educational program and consisted of the application of the same assessment tools used in the first phase. Theoretical knowledge score ranged from zero to ten points according to ten tests applied. For learned skills, fifteen actions related to the care of a person in CPR were evaluated; the scores ranged from zero to fifteen. Boxplots and mixed effects model were used for data analysis.

Results: 60 relatives were enrolled (71.67% female; mean age of 36.22 years). Before the educational program, the mean score of the theoretical knowledge was 5.25 (SD=1.27). Immediately after the educational program, the mean was 9.4 (SD=0.69). Finally, 30 days after the educational program, the mean score of the theoretical knowledge was 8.1 (SD=2.17). In the comparative analysis, there was a significant difference ($p < 0.001$) in the theoretical knowledge of the participants among the three moments (before the educational program, immediately and 30 days after it). In the evaluation of practical skills, the average score of the participants before the educational program was 1.28 (SD=1.33). Immediately and 30 days after the program, the mean scores were 12.52 (SD=1.28) and 11.96 (SD=1.66), respectively. In the comparative analysis, there was a significant difference in the practical skills of the participants before and immediately after the program ($p < 0.001$), and immediately and 30 days after the program ($p = 0.033$).

Conclusion: The relatives of patients with heart disease showed improvement in theoretical knowledge and practical skills about cardiopulmonary resuscitation after an educational program led by a nurse.

DIGNITY: NURSING STUDENTS' CONCEPTION

Liliana Henriques, Rosa Melo, Isabel Pinto, Helena Silva

Conceptual framework: A human being's dignity is both absolute and relative. Absolute dignity belongs to the human being since its creation and it is infinite and impossible to waive. Relative dignity has an external and an internal dimension. The internal dimension consists in inner ethical attitudes giving each individual a conscience of dignity in him/herself and in the others. External dignity reflects dignity in action and it is socially constructed (Moen & Nâden, 2015).

Research Question: It appears that the concept of dignity, often used in nursing, is sometimes trivialized and void from meaning. As nurses and in order to realize our role in protecting and promoting dignity, we must reflect on what it is, what its different dimensions are, and its protective and threatening factors.

Methodology: A descriptive and exploratory study with qualitative and quantitative approach was carried out on a sample of 127 nursing students at a Nursing School (Escola Superior de Enfermagem) using a survey with the following open questions: "Identify five words that you, conceptually, relate to dignity?"; "What is for you, to respect dignity?"; "In your opinion, what practices may threaten a person receiving care/patient's dignity?". We used Bardin's content analysis technique (2009) to analyse data and quantitative data was analysed using Statistical Package for the Social Sciences.

Results: The sample included 61.42% of Curso de Licenciatura em Enfermagem (CLE) bachelor degree students with an average age of 19.73 years old; and 38.58% of Curso de Mestrado em Enfermagem, master's degree students with an average age of 33.71 years old. From the total sample, 27.56% were male students and 70.87% were female students. The five most referred concepts associated with dignity were: Respect

85.83%, Privacy 28.22%, Values 27.56%; Humanitude 18.90% and Rights 17.32%. Analysis of the answers to the open question "What is for you, to respect dignity?" show the following highlighted answers: Respect 39.37%; protect the human being's values/principles 31.50%; maintain autonomy and control 21.26%; and, privacy and intimacy protection 18.90%. Analysis of the answers to the open question "In your opinion, what practices may threaten a person receiving care/patient's dignity?" show the following highlighted answers: not respecting the individual 35.43%; not protecting intimacy and privacy 35.43%; not promoting autonomy 28.35%; humiliating/aggressive behaviours 17.32%; and, imposed/not consensual care 15.75%.

Findings/conclusions: Students have identified respect as a central concept for dignity. Maintaining autonomy, intimacy and privacy were considered to be decisive factors in respecting one's dignity. Practices mentioned that may threaten one's dignity were: not respecting the person, not protecting their intimacy and autonomy, caregivers' behaviours perceived as aggressive/humiliating and non-consensual practices. Therefore, it is of utmost importance to empower nursing students with relational and interpersonal skills that promote dignity.

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UNDERSTANDING PATIENT FALLS TO IMPLEMENT PREVENTIVE MEASURES

Juísa Caldas

BACKGROUND: Despite the many efforts made over the years to prevent falls from occurring in hospitals, these continue to occur, and in some cases, prevention programs do not seem to be effective. Falls and damages often signify an increase in the dependence degree and a decrease in the patients' quality of life. For health organizations falls represent the need for more examinations and treatments, an increase in hospitalization days, with high associated costs. Fall Prevention Programs in hospital units have always been led by nurses and increasingly require innovative strategies. It is important to know the patients and the falls characteristics, to directed interventions to causes, increasing their effectiveness.

OBJECTIVE: To characterize the falls occurring with hospitalized patients at the Beatriz Ângelo Hospital, in the years 2015 and 2016, who were registered in the reporting system of patient safety incidents and in the Clinical Process.

STUDY NATURE: Descriptive observational.

METHODS: A retrospective study using the Health Event and Risk Management software and the Clinical Trial was performed. All incidents in the "Patient Fall" typology registered in the system between January 1, 2015 and December 31, 2016 were selected, and falls that involved professionals, visitors, companions and patients in outpatient settings were excluded.

RESULTS: A 663 total of falls were recorded in hospitalized patients: 326 occurred in 2015 and 337 in 2016. The gender and patients age, the number of falls per injury type, the equipment involved, the factors beyond the falls, the risk assessment (using Morse Fall Scale) and the existence or non-existence of anticoagulant therapy and / or antiplatelet agent as part of the treatment, were analyzed. The research results allowed identifying the "patient profile with fall" which is:

- There is no genders difference
- Most falls occur in the age group between 70 and 79 years
- 64.3% of people are over 70 years
- The high-chairs are the main equipment involved
- Disoriented / confused patients are the main factors beyond falls
- 77.7% of patients have "high risk" of falls (Morse Fall Scale)
- Anti-coagulant and / or antiplatelet therapy is present in 70.1% of people who fall

CONCLUSIONS: The strategies to the Falls and Damages Prevention Program were defined based on the "falling patient profile", including the patients characteristics disclosure, and were included in the on-the-job training for high-chairs falls prevention. An indicator was created and included in Quality Improvement and Safety Patient Plans, to assess compliance with fall prevention and damage measures, and applied to inpatients at "high risk" of falls, in Medicine, Surgery, Infection and Post Anaesthetic Care Unit Services.

Note - the study was approved by the Research Committee and the Ethics Committee of the HBA

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EMERGENCE OF THE NURSING DISCIPLINE IN THE STUDY PLANS FROM 65 TO 87: FROM RUPTURE TO INTENTION TO CHANGE

Luísa d'Espiney, Maria Teresa Rebelo, Maria Garcia, Isabel Ferraz, Margarida Guedes

Nursing Knowledge has been structured over the last few centuries around the medical knowledge, while at the same time devalued those who came from their ancestral practices of caring for others. The construction process of the nursing discipline in Portugal is characterized by specificities that the study of nursing courses plans allows in part to uncover. The requirements for the exercise of caregiving grow and become more complex as medical science develops and health care gains social relevance. Nursing as knowledge emerges as a fundamental area of the health field to improve the supply of care. Being a knowledge rooted in action does not dispense with the dimensions of theoretical / conceptual and ethical nature that, in an articulated way, constitute the central nucleus of the habilitation for the exercise of nursing. In Portugal, in the 1940s, nursing schools and hospital administrations are no longer able to make decisions about the programs of nursing courses. In 1952, with the decree-law 38 884 (August 28), the General Nursing course was to last 3 years, and although technical and administrative autonomy was assigned to Nursing Schools, curriculum development nurses were taught the technical procedures. This situation persists until the revision of the curriculum of the General Nursing Course in 1965, in which nurses assume for the first time, the responsibility for the elaboration of the curriculum at the central level and for the coordination and teaching of nursing matters, a situation that is maintained until 1987. In 1988 the Superior Nursing Course was created, whose

curricular elaboration belongs to each school. What changes have occurred in these plans? How does nursing discipline emerge in them? We proceed to the documentary analysis of the respective plans of study and support legislation, in a historical perspective. In this communication, we ask, goals, objectives and guiding principles, in order to uncover the changes in them. What philosophy and perspective of health, teaching and nursing support? In 1965 the nursing disciplines were created devaluing the pathologies. The techniques were assumed as nursing care and the concept of health of the WHO is valued. The target of care is the patient (hospital) or the individual inserted in the different groups of belonging (Public Health). It aims at the overall training of nurses on a personal and technical level. The plan of 1977 appears with the revolution of April and with the extinction of the auxiliary of nursing. A Course is designed to respond to new health needs. The constitution of the republic assumes health as a right and designs the National Health Service. It values the educational process (areas of learning), but recovers the nursing care around the pathologies. The plan of 87 aims at the integration of nursing education in the national education system at the level of higher education. Nursing is projected as a discipline of knowledge (theoretical models of nursing, research).

PERCEPTION OF ELDERLY AUTONOMY IN HYGIENE SELF-CARE

Mafalda Inácio, Luísa d'Espiney, Rosa Melo

Background: The increase of longevity in today's society represents one of the most important challenges that health systems, families and caregivers face today. As the age advance, there is a risk of developing chronic and degenerative diseases, putting the elderly person in a fragility and dependence situation in their self-care, with more need for institutionalized care that promote autonomy and independence. The literature recognizes the importance of elderly autonomy (McCormack, 2003; National Health System, 2017) and recommends that institutions involve the person in the decision-making process (McCormack, 2003), as this is one of the basic determinants for a good quality of life (Dalsenter and Matos, 2009). However, it is verified that the institution limits the person autonomy (Sherwin and Winsby, 2010, Conde-Sala, Garre-Olmo, Turró-Garriga, Vilalta-Franch, López-Pousa, 2010; Hedman, M., Haggstrom, E., Mamhidir, A. and Poder, U. 2019), and not allows the elderly make free choices for the performance of their hygiene self-care.

Objectives: Identify the elderly perception of autonomy in hygiene self-care.

Methodology: Descriptive study with quantitative-qualitative approach. Data collection through questionnaire interview. Quantitative data were analyzed in IBM SPSS Statistics 23.0.

Results: 21 residents with hygiene self-care dependence were aged 65 years or older. Older people with cognitive impairment who were unable to make decisions about their self-care were excluded. The sample consisted mainly of 81% female residents and 19% male residents. The variability of the residents ages ranges from 72 to 92 years, with a mean age of 78.61 years, which demonstrates an aging population with high disability and dependence (95,2%). In the hygiene care, it was found that most of the time, caregivers make the decisions without consulting the individual preferences of the person (66,7%), follow rules and fixed routines (95,2%) stipulated by the organization for its efficient functioning, offering the person a poor individualized care and reduced autonomy, because it is substituted during the care (71,4%), being an passive subject (90,5%), exclusively body-object that should be washed, dressed, etc. Residents feel that care was imposed by the caregiver (81%), were unable to make decisions (76,2%), and physical and motor skills were not valued (71,4%) or maintained (76,2%).

Conclusion: It is observed, a practice deprived of particular person attention and reduced to the task's execution. This attitude places limits and a barrier to the exercise of the elderly autonomy in self-care, being necessary care within an intrinsically human perspective with authenticity and meaning for those who are cared. In this sense, MGM® has proved to be a valid response, by focusing its attention on the potential of the person cared, stimulating it to participate actively in all care, generating important gains in its autonomy and independence (Salgueiro, 2014).

Keywords: Care Methods Humanitude Gineste-Marescotti; Dependence on hygiene self-care; Frailty elderly person; Nursing

FACTORS ASSOCIATED WITH THE CONSUMPTION OF LICIT AND ILLICIT DRUGS BY ADOLESCENTS AND YOUNG ADULTS

Marcos Souza, Fernanda Ramos, Jessica Sobral, Raquel Melo, Antônio Nascimento

Introduction: In the last 20 years there has been an increase in the consumption of global drugs which brings with it the increase in the number of adversities such as violence and contamination by AIDS and hepatitis C, for example. The fight against drugs has been recognized for a long time, but in the midst of this it is necessary to identify what would be the factors that lead young people to start drug use and thus direct better methods of prevention and promotion of Health with a focus on reality and form of PE Adolescents and young adults exposed to this situation.

Objective: To describe the factors that lead to the beginning of the consumption of licit and illicit drugs in adolescents and young adults.

Method: A study conducted as an integrative review of the literature the research was guided by the following guiding question: which factors can be associated with the consumption of licit and illicit drugs among adolescents and young adults? Data collection made in the databases: SCIELO, MEDLINE, BDNF, by means of the descriptors: young adults; Teen Inequality in health; Illicit drugs, associated with the boolean operator and. 21 articles were rescued. After a selection process, 11 were collected for this study. The inclusion criteria were: articles from the Latin American region in Portuguese and English, which answer the guiding question, there were no temporal clippings. Exclusion criteria: Articles that were not available online, articles addressing drug use for more than 24 years.

Results and discourse: three main axes were used: social class and region; Family conflicts and poor maternal relationship; Influence by groups and bullying. Social class and region: The lower class, with little schooling, of peripheral regions has the highest consumption of drugs, making the population of these regions more vulnerable by several social factors. Family conflicts and poor maternal relationship: in the transition phase of adolescence to adulthood, there are situations that define the authenticity of each being. Separation of parents, examples of socializing where there is drug use, exposes young people to experimentation Substances, especially when the conflict or consumption comes from the maternal relationship. Influences by groups and bullying: Young people follow several tribes, often there is a social pressure for everyone to fit into a pattern which leads to first contact with substances. Bullying in turn can be caused by not occurring the fitting of the young man in any tribe. Assaults plus the various attempts at adaptation can lead to finding in drugs forms of relief.

Conclusions: It is noticeable that the main factors that affect adolescents and young adults are related to the means of coexistence, economic conditions, type of environment and relationship with family members. With this, the focus to prevent these cases should be directed to support the group cited, so that they find shelter to face the issues typical of the phase in the healthiest possible way, as well as guidance of relatives and community for risk factors.

THE FAMILY OF THE CHILD WITH CONGENITAL HEART DISEASE: A SCOPING REVIEW

Filomena Sousa, Vilma Fernandes

Background: In Portugal, Congenital Heart Disease is the most frequent among congenital malformations. Congenital heart disease influences the quality of life of children/young people and their entire family. The initial diagnosis is experienced by the family with great emotion. The family it is not often prepared for what comes from it. The nurse should have the necessary knowledge about this reality, in order to identify the needs of the family, to detect factors that predict a poor quality of life and to provide adequate care prioritizing his intervention. **Objectives:** To identify and analyse the experiences of the families of children with Congenital Heart Disease. **Inclusion criteria:** **Type of Participants:** Families with children and young people with Congenital Heart Disease. **Concepts:** The Scoping Review considered all studies that report the experiences of families with children with Congenital Heart Disease. **Key words:** Congenital heart disease, Child, Experiences, Families **Context:** This study took into consideration all the contexts in which the child

with congenital heart disease and the family are found, either in the hospital setting or in the community. **Types of Studies:** Quantitative, qualitative and systematic reviews of the literature were considered in this study. **Methodology:** The Scoping Review was conducted based on the Joanna Briggs Institute (Handbook 2015). As a research strategy, three databases were used, with the aim of finding studies published in English and Portuguese between 2007 and 2017. **Data extraction:** An instrument for data organization was developed, taking into account: Authors, Year, Country, Objective, Population and Sample, Methodology, Intervention and Results. **Results:** Six studies, published in English, were included in this Scoping Review. **Conclusion:** Congenital heart disease causes an emotional impact that can change the family structure forever. The family of the child with congenital heart disease experience a high level of psychological symptoms such as stress, guilt, anxiety, social isolation and even depression. Mothers are more affected by the child's illness than the fathers. The family needs care. The nurse is a source of knowledge and trust, able to provide the necessary support for a successful health-illness transition. The nurse contributes to the promotion of family awareness about the diagnosis, prognosis and treatment of congenital heart disease.

PREVALENCE OF DEPRESSION AND SUICIDARY RISK BETWEEN UNIVERSITY STUDENTS

Maria Jardim, Geraldo Junior, Maria Capelo, John Varela

Introduction: the sociocultural, ideological and family transformations of the last decades, confront young people with situations of hostility regarding the present and of uncertainty regarding the future. The scarcity of references on the subject and the conjuncture pointed out the need to broaden and deepen the theme of mental health and the individual / social balance of citizens in the youth population. It is important to reflect on this area among students, in a university context, since preliminary studies reveal, among different factors, that depression and suicide risk increase with age (Jardim, 2015). In view of the dimension of the phenomenon of global concern, the present study advocates intercultural reflection.

Objective: This study evaluates the level of depression and suicide risk among university students of the University of Fortaleza (UNIFOR), Brazil and the University of Madeira (UMa) in 2018. Method: cross-sectional, quantitative and inferential study, involving 1362 students, 763 from UNIFOR and 599 from UMa. Inclusion criteria were the attendance of undergraduate courses, being considered "normal" and without psychiatric complaints. In addition to the sociodemographic characterization, we used Zung's depression scales and Stork's suicide risk, validated for the Portuguese population. The data collection took place in the context of the classroom and at the university campus after prior approval of the Ethics Committee in Brazil and authorization of the UMa. Ethical procedures, including informed consent, anonymity and confidentiality of data, were respected.

Results: data show that 18% of UMa students and 24% of UNIFOR have high levels of depression. As for the suicide risk, there were high scores in 27% of UMa students and 39% of UNIFOR students. In general, students from Fortaleza showed higher levels of depression and suicidal risk than those from Madeira ($p < 0.001$). These results highlight the magnitude of the phenomenon that affects the future generation of active citizens. They also show that most students in Fortaleza practice sports (50.2%), live with their classmates (74.4%) and self-assess themselves as extroverted people, which is not true of students from Madeira. In these, there was an association between depression and suicidal risk and the fact that they did not consider themselves extroverts, did not practice sports and did not socialize with their colleagues ($p < 0.001$). The results showed that students who report a higher level of depression tend to show higher levels of suicidal risk, which leads to the conclusion that there is a highly significant and positive association between depression and suicide risk ($p < 0.001$). It is concluded that the results obtained corroborate the perception of the World Health Organization that shows higher levels of depression and suicide among young people in Latin America when compared to other regions of the world, as opposed to the apparent extroversion patented in everyday life. The results obtained in the research are an incentive to the scientific community for future research and a support to the development of strategic programs with specific interventions in the promotion of mental health in university students and in social and educational policies.

Keywords: depression, suicide risk, college students, youth

SPIRITUAL IMPACT ON THE EMOTIONAL PATTERN OF THE ELDERLY

Madalena Cunha, Hugo Branco

Introduction: Spirituality represents an important emotional support tool that reflects in the person physical and mental health. The spirituality experience is important and relevant for the quality of old age.

Objective: Evaluate the spiritual wellness of the elderly people.

Methods: The cross-sectional descriptive-correlational study was carried out on a sample of 161 elderly people; of these, 63 were institutionalized. They were residents in the central zone of mainland Portugal, aged between 65 and 96 years, the mean age being 77,27 years. The data collection instrument included a sociodemographic and clinical characterization questionnaire, the Spiritual Welfare Scale (FACIT-Sp-12, and Emotional Thermometers.

Results: The emotional pattern of the elderly is positive in the overall, but it is more positive in men. Women's evidence higher index of anxiety and depression. Older age was associated with a higher depression score. Spirituality Impacts Emotions and the increase in spiritual well-being is associated with a better emotional pattern of the elderly, revealing less emotional suffering, less anxiety, less depression, less revolt and less need for help.

Conclusions: Spiritual well-being is preponderant in the aging process associated with life phases. Furthermore, spiritual well-being emerges as an effective algorithm supporting the emotional pattern of the elderly. The results show that good indexes of spirituality are associated with more positive emotional experiences in old age.

Keywords: Spirituality, Emotional Pattern, Seniors.

A KANGOROO CARE: A NEUROPROTECTION INTERVENTION IN NEONATAL INTENSIVE CARE UNIT

Maria Thereza Vasconcellos, Alice Curado, Inês Cruz, Filipa Neves, Narcisa Salvador

INTRODUCTION: Kangaroo Care (KC) or skin- to-skin contact; the holding of a diaper- clad infant on the parent's bare chest. To be maintained for not less than 30 minutes in order to yield physiologic benefits for the premature infant and to give them time to adapt to position changes. KC should last as long as it's supportive to both the infant and parent - minutes or hours. KC allows newborns to share skin-to-skin contact with their parents, warmed by conductive and radiant heat transfer and in close proximity to breast milk. KC enhances the mother's birth experience and demonstrates long-term health benefits for infant and parent/care giver. It's a beneficial care, has no disadvantages, generates feelings of wellbeing and happiness. The tactile sense is the first one to be developed as the fetus requires this in order to learn about his or her world. So, the tactile sense is the "dominant mode of adjustment" for the infant. The Educational Programme gave us confidence to continue KC and the opportunity to correct/improve some practical elements, although in some instances parents did decide to use a different programme of 'positive-touch'. To understand and resolve the problems/reluctance encountered, we carried out research to; Identify parents' knowledge of KC; Analyze parents' opinions on the benefits to the infants and to themselves; Analyze any facilitating/inhibiting factors related to KC in parents' minds; Identifying the reasons which led parents to change their positive touch method during hospitalization.

METHOD: A Exploratory study with a qualitative approach, involving parents (26 parents), who had experience of KC, or other types of 'positive-touch'. Selection was based on the following variables: parent (mother or father), parents' age, Post menstrual, age of the infants, Hospitalization time. Data was collected through a semi-structured interview, and analyzed through content analysis.

RESULTS: The participation group where familiar with the KC Method, but not in all its aspects. Parent's focus being primarily on the bonding benefits. The parents' knowledge came essentially from NICU and teaching provided by staff. The consensus is that KC has benefits for the infants (baby's relaxed, calm, vital signals stable) and for parents (feeling like active participants) and in facilitate the parent/child relationship. Some parents said that it was the first time that they really felt included in the care of their child. The open structure of the NICU was identified as an inhibitor to being with, but in relation to the facilitation factors, parents emphasized the importance of the nursing support provided. The reasons which led parents

to change their positive-touch method during hospitalization were the natural growth/development of the infant, stability of body temperature and the transition from an unclad infant to that of a clothed infant.

CONCLUSIONS: Skin-to-skin contact is a nursing intervention that can mitigate the deleterious consequences of the infant/parent experience in NICU. Parents acknowledged the relationship and well-being benefits of this method to the baby, but were not aware of the other benefits. We therefore suggest that nursing education could be improved in all areas of skin-to-skin contact.

THE HUMAN ANTI-RABIC EPIDEMIOLOGICAL PROFILE IN A POLICLINIC OF THE MUNICIPALITY OF NITERÓI / RJ – BRAZIL

Maritza Sanchez, André Braga, Luana Alves, Andreia Silva, Pedro Nassar

Rabies is a disease caused by the virus of the genus *Lyssavirus*, transmitted by secretions contaminated by saliva, by biting, scratching or licking. It consists of a pathology with high mortality rates, so the understanding of the epidemiological and sociodemographic profile of the patients submitted to the anti-rabies prophylaxis scheme represents an important contribution to the construction of the knowledge on the subject in the scientific scenario and subsidies for professionals related to surveillance health, including the public health nurse, can provide a comprehensive service and quality, and generate meaningful information for creating protocols and guidelines that help to improve the care of these patients, as well as a better use of available resources. This is an epidemiological, descriptive and quantitative approach, approved by the Ethics Committee of the Fluminense Federal University - Brazil. Data collection will be carried out at the Policlínica Regional do Largo da Batalha in the city of Niterói / RJ – Brazil, during the period from March to June 2018. A total of 3,192 notifications of the human rabies prophylaxis system of the Policlínica Regional de Largo da Batalha, corresponding to the period from November 2016 to June 2018, were analyzed. The species with the highest number of records was dogs 73.3% of the cases, followed by cats 21 %, monkeys 9 %, bats (4%) and others (1%). The prophylactic approach chosen in 94.1% of the cases was the antirabies vaccine. However, when using animal observation as a preventive measure to anger, we have the decrease of excessive doses of the vaccine applied. The analysis of the results made it possible to trace the main reasons for abandonment to the prophylactic scheme, as well as the main method of prophylaxis, besides tracing the relative frequency of age, sex and species involved in the accidents. There is a direct impact on the health of the users according to the scheme and method chosen for the treatment, therefore, professionals should be trained to better serve the population, as well as educational actions to the community, in order to avoid the trivialization of the treatment and abandonment.

BEING AN ADVOCATE OF PATIENTS WITH RISK FOR COMPROMISED HUMAN DIGNITY: BARRIERS AND FACILITATORS TO NURSING STUDENTS

Paulo Cruchinho

Introduction. The risk for compromised human dignity is one of the many diagnoses of the North American Nursing Diagnosis Association that can be used by nursing students in their nursing care planning during clinical teachings. This nursing diagnosis establishes the patients' vulnerability to perceive a loss of respect and honour that may compromise their health, and which applies to patients with chronic conditions, such as multiple sclerosis, stroke, quadriplegia or amyotrophic lateral sclerosis (Doengues, Moorhouse, & Murr, 2013). This diagnosis has been used in clinical teaching of nursing students to protect the patient's rights as the purpose of developing the role of the patient advocate still during the course. This role includes the ability of safeguarding the autonomy or promoting the self-determination of patients whenever they can make their own decisions and acting in the interests of patients whenever they are not able to defend themselves (Baldwin, 2003; Bu & Jezewski, 2007). Therefore, it was raised the following research question: "Under what conditions do nursing students learn to be patient advocates in clinical teaching?"

Aim. This study aimed to describe the barriers and facilitators to learning of patient advocate role by students in the last year of the nursing undergraduate degree.

Method. A qualitative and descriptive design was used. The study included ten students who reported in their learning journals a challenging experience of protecting the rights of patients at risk for compromised human dignity. Each student's experience was narrated with the same reflective framework (Reflexive Cycle of Gibbs) and was based in the same bibliography on the patient advocacy role. All students had their clinical experiences in the same healthcare community institution. It was used the Thematic Analysis technique (Gibson & Brown, 2009) to analyse the narratives of students. Before conducting the research, the participants' consent was obtained.

Results. We identified the following barriers to learning of the patient advocate role: 1) the lack of authority of students; 2) the dehumanizing environment; 3) the lack of cultural competence of nurses; 4) the passive behaviour of nurses; 5) the lack of institutional policy; 6) the nurses' stereotypes to elderly; 7) the students' fear of retaliation and 8) the passive communication style of students. On the other hand, we identified as a facilitators: 1) the decoding of emotions ability; 2) the perceived threat of intrusion; 3) the perceived threat of unnecessary exposure of body; 4) the congruence of actions with individual beliefs; 5) the personal confidence to act; 6) the valuing the will of patients and 7) the perception of the limits of respect.

Conclusion. These findings show some barriers to learning which can be modified by nurse's faculty like the lack of authority of students; students' fear of retaliation and passive communication style of students. In addition, all of the facilitators are intrinsic to the student condition and may be promoted in clinical teachings. Although the results cannot be generalized, this study can point the attention of nurse's faculty to the learning of patient advocate role of nursing students in the clinical teaching curriculum.

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A SAÚDE MENTAL & A COMUNIDADE URBANA

Pedro Oliveira

Mental Health has been acquiring progressively more relevance in the fields of Public Health and Health Promotion. The complex network of Mental health's determinants interactions underlines the important role of the environment concerning the individual and the community by influencing, positively or negatively, their Mental Health levels. This field has been the target of innumerable Mental Health policies adopted by the Portuguese municipalities. The World Health organization, in the year 2000, elected has one of the world priorities the search for balance between the identified health needs, the social priorities and the population's expectations in order to improve the responsiveness of the health systems and public health programs across the world's countries. The present project arises from this theme. Two studies have been developed with the main goal of evaluating the suitability of the Mental Health Policies adopted by the Lisbon Municipality to the mental health expectations of Penha de França Parish's residents. The project's specific goals are related to the identification of the characteristics, according to the resident population, that are deemed essential for an urban community to become a Mental Health promoting space and the comparison of the resident population's expectations with the most recent Mental Health policies adopted by the Lisbon Municipality. The first study is defined as an observational, cross-sectional, descriptive-correlational and inductive research following a quantitative approach by using an auto-filling questionnaire. A Snowball

sampling method has been used with the following inclusion criteria: to be able to read and write, to live in Penha de França Parish and to accept to participate in the study. The data statistical analysis was treated in the SPSS software. The second study is defined as an observational, cross-sectional and descriptive-exploratory research following a qualitative approach by creating a focus group with the target community's representatives of the most different areas. The selection of the focus group's participants has been made through a convenience sampling method. Bardin's content analysis technique has been used to treat and analyze the data collected. The studies are currently being developed. According to the project's established calendar, the studies, data treatment and analysis and its conclusions will be concluded in the beginning of June, 2019.

Key-words: Mental Health, Urban Community, Health Expectations, Health Promotion, Public Health.

THE IMPACT OF THE REFUSAL OF THE TRIPLE VIRAL VACCINE: AN INTEGRATIVE REVIEW

Raquel Melo, Jessica Sobral, Ana Nascimento, Eliane Soares, Soraya El Hakim

Introduction: Vaccination is one of the most successful economic interventions known to improve health outcomes. Vaccines have saved countless lives and improved health and well-being around the world. The National Immunization Program (PNI) was created in 1973 in the Unified Health System (SUS) in Brazil and is recognized nationally and internationally as one of the most important interventions in public health, thus favoring the reduction of infant mortality. The PNI is one of the pillars of SUS, with free and egalitarian access, which organizes the entire national vaccination policy and aims to coordinate actions to immunize the population, control and even eradicate diseases. Among the vaccines provided by the SUS is measles, mumps and rubella (SCR) – also known as the triple viral vaccine. Outbreaks of diseases that are previously avoided by vaccination such as the United States, Spain and Brazil are emerging worldwide. Background: This study will contribute to the perception of nurses about the importance of their role in the public health scenario, especially in immunization.

Objective: To describe the reasons for the refusal of vaccination of the viral threefold.

Method: This is an integrative review study in which the research method enables the analysis of scientific publications in a systematic and comprehensive manner. As a guiding question was established: what has influenced the recurrence of measles, mumps and rubella diseases in view of the existing immunization for them? The inclusion criteria were: articles in Portuguese, English or Spanish and produced in the period 2013 to 2018 and as exclusion criterion studies that did not have access to the complete content. The descriptors used were child health, refusal of vaccination and vaccine coverage.

Results and discussion: After the search in the databases, 12 studies were used. The growing cases of vaccine refusal are linked to philosophical, religious, sociocultural, economic or political motives, resulting in the propagation of outbreaks to the population that would be previously avoided by vaccination. There are cases of measles linked to individuals who visit endemic countries or the growing immigration of Venezuelans to Brazil, continuing the chain of contamination. It was also found that erroneous information addressing the risk of developing autism after vaccination against the viral threefold were important to reduce the vaccination rate.

Conclusion: The study described data that enable the understanding about the significant reduction in vaccination rates in several countries of the world, associated with several factors such as fake news, housing region and reduced knowledge of the population about diseases, Collaborating to the low adherence of immunisation of the viral threefold, resulting in a cascade effect drastically affecting the population, consuming a lot of time with curative assistance rather than focusing on preventive, generating high costs to the government. Nurses have a fundamental role in the prevention of these diseases, guiding the population of the importance of vaccines and on the serious complications of non-adherence to immunization for children.

ALIMENTAÇÃO E NUTRIÇÃO DA CRIANÇA COM CARDIOPATIA CONGÉNITA CRÍTICA NO PRIMEIRO ANO DE VIDA

Rebeca Flora, Maria Cândida Durão

Background: Critical congenital heart defect (CCHD) is an anatomical and functional heart malformation that needs surgical or percutaneous cardiac intervention during the first year of the infant's life. It can cause malnutrition due to an inadequate nutrient intake, increased energy needs or an inefficient nutrient absorption, thus harming the infant clinical status, growth and development. Nursing interventions aim to promote the infant's feeding, nutrition and homeostasis.

Aim: To identify nursing interventions to promote feeding and nutrition of the infant with CCC on its first year of life.

Methodology: An integrative review of literature with the following research question: What are the nursing interventions in the feeding and nutrition of the infant with CCHD on its first year of life? The article search was conducted in grey literature and the MEDLINE, CINAHL and Cochrane databases, by combining several descriptors, such as "infant", "critical congenital heart defect", "feeding", "nutrition", and "nursing", following a three-step logic. The inclusion criteria were: infant with CCHD and a maximum age limit of 1 year; autonomous or interdependent nursing interventions in feeding or nutrition; studies in English, Portuguese or Spanish. The exclusion criterion was the set of articles published before 2014, when the article "Nutrition Guidelines for the Paediatric and Neonatal Congenital Heart Patient – what the direct care nurse needs to know" was published by The Paediatric Cardiac Intensive Care Society.

Results: 95 articles were identified and 7 were selected. The main nursing interventions identified were: monitoring of anthropometric data, Z-scores, serum levels of albumin and quantity and type of daily intake; parameter, sign and symptom monitoring and bad feeding experiences; identification of signs of readiness for oral feeding, the oral sensory motor stimulation and the identification of the risk for aspiration.

Conclusion: The infant with CCHD can be orally, enterically or parenterally fed, depending on its growth, clinical status and neurodevelopmental status. The nurse should develop knowledge and skills to master different nutrition methods, adapted to the individual experience of each infant. Protocols are consensually recognised as an effective way of meeting the nutritional needs of the infant with CCHD on its first year of life. It is important to stress that protocols can guide and standardise health interventions by following the latest scientific evidence, but they have to be adjusted in accordance with the infant's features and the nurse's reasoning and critical judgement.

Keywords: infant; critical congenital heart defect; feeding; nutrition; nursing

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EVOLUTION OF THE VICTIM WITH TRAUMATIC BRAIN INJURY IN THE EMERGENCY ROOM

Regina Sousa, Hosana Silva, Lilia Nogueira

Introduction: The frequency of traumatic brain injury (TBI) in emergency services is increasing worldwide and knowing the evolution of these victims in the first hours after injury is an important way to standardize their evaluation and achieve better treatment outcomes.

Objectives: To analyze the evolution of the victims whose main lesion was blunt TBI and to identify, among demographic variables, severity indicators and characteristics of pre and in-hospital care, as well as factors associated with length of stay in the emergency room (ER) of these victims.

Method: A prospective study, with data collected at the admission of the TBI victim at ER and 2, 4 and 6 hours after, or until transfer to definitive treatment in specific units, or death. Participants of this study presented blunt TBI as the main lesion, age ≥ 15 years and were admitted at ER for neurosurgery up to 1 hour after trauma. The evolution of the victims was described by the differences in the Rapid Emergency Medicine Score (REMS) among the assessments on admission at ER and 2, 4 and 6 hours after. Descriptive analyzes

were used to characterize the cases and describe the evolution of the victims. Statistical tests were applied to verify the association between length of stay in ER and age, sex, severity and characteristics of pre and in-hospital care. Results: The casuistry consisted of 46 victims, 84.7% were male, mean age was 34.7 years (SD=15.1), and 63% were involved in traffic accidents. On admission at ER, the mean REMS of these victims was 4.0 (SD=2.5), the mean Injury Severity Score (ISS) and New Injury Severity Score (NISS) were 11.8 (SD=7.7) and 17.2 (SD=12.7), respectively. Glasgow Coma Scale (GCS) indicated 54.4% of cases of severe TBI and the Maximum Abbreviated Injury Score/ head region (MAIS/head) showed an average of 2.7 (SD=1.1). From admission at ER until 2 hours later, unfavorable changes were observed in 35.1% of the victims and favorable changes were seen in 27%; between 2 and 4 hours, the unfavorable evolution was observed in 13.6% and favorable evolution was noted in 27.3%; between 4 and 6 hours, it was found worsening in 42.8% of the cases and improvement in 28.6%. On average, patients who experienced worsening had a difference of 2.8 (SD=2.3) in REMS from admission to 2 hours, 2 (SD=0) between 2 and 4 hours and 2.3 (SD=0.5) between 4 and 6 hours. There was a statistically significant difference in the length of stay in ER only in relation to the variable use of hemodynamic support in this service.

Conclusion: The improvement of more than ¼ of the victims of blunt TBI occurred in all the evaluation periods, but the frequency of unfavorable cases was higher than favorable between admission and 2 hours and even higher after 4 hours in ER. The longer time in ER was related to the use of hemodynamic support in this service.

AUTOMEDICATION: IDENTIFICATION OF THE PRACTICE OF NURSING PROFESSIONALS IN A PUBLIC HOSPITAL OF THE CITY OF RECIFE, PERNAMBUCO, BRAZIL

Rêneis Silva, Emanoela Dourado, Gleycia Silva, Severina Silva, Kátia César

Introduction: It is understood as self-medication the rational use of medicines without the proper accompaniment or advice of a properly qualified health professional. Among nursing professionals, the use of nonprescription drugs is routine, even with theoretical and practical knowledge about the use of these substances, their linkages and consequences are underestimated. The reality of these professionals, involving several attributions, associated to the difficulty of working in the hospital, makes it possible to consider that they may face moments of crisis and / or difficulties, making the consumption of medicines a possibility to facilitate the conduct of their lives. Excessive workload tends to cause damage to the physical, mental and emotional health of the nursing professional and, consequently, a decrease in the quality of the service performed, as well as the quality of the professional's own life, resulting in a higher rate of separation from the work environment or even in the practice of self-medication in order to minimize perceived symptoms.

Objective: To identify the practice of self-medication among nursing professionals working in the medical clinic of a public hospital in the city of Recife / PE.

Methodology: descriptive and exploratory, cross-sectional, with quantitative approach. The research was carried out in the medical clinic of the Júlio de Melo Pavilion, at the Oswaldo Cruz University Hospital (HUOC), located in the Sanitary District I, central region of the state of Pernambuco, with 38 nursing professionals, applying a questionnaire with 16 structured questions, collected in the period from February to December 2018, after the probation of the Ethics Committee with CAAE Nº. 98205718.4.0000.5640. Results: 42% of the nursing professionals are aged between 30 and 40 years, 45% were married, 82% were nursing technicians, about 42% had professional training between 3 and 6 years, 72% had a regular training course, the weekly workload of the respondents revealed that 55% of the category worked more than 40 hours a week, 68% reported attending medical appointments on a regular basis and purchased medication prescribed only by the doctor. Among the interviewees, 55% said they use self-medication, however, 42% say they only use the practice in the last case. Headache is indicated as the main cause of self-medication for 42% of professionals. 48% of respondents say analgesics are the most widely used drugs among them. 53% of the sample declared that they did not have the habit of reading the package leaflet of the medicines they used and 92% stated that they knew all the risks of self-medication.

Conclusions: Even when it comes to health professionals, the practice of self-medication is too much used among nursing professionals, this fact is directly related to the ease of access to medications in the work

environment and the self-confidence of these professionals in believing to know their pathologies and the substances necessary to treat them.

FEELINGS OF THE FAMILY CAREGIVER WHEN CARING FOR PEDIATRIC ONCOLOGY IN A UNIVERSITY HOSPITAL NO RECIFE, PERNAMBUCO, BRAZIL

Rêneis Silva, Raíssa César, Kátia César, Fábria Lima, Deuzany Leão

Introduction: The primary caregiver has often been studied for presenting in a unique and particular relationship with his or her sick family member, the complexity of the care task provided by these caregivers who do not have specific technical-scientific management results, in most cases, in caregivers who they forget about themselves, their personal needs and their satisfaction of living. In this way, positive and negative feelings arise along this trajectory such as stress, psychological conflicts, afflictions, fears, and insecurities, which may have been considered as symptoms of overload as a consequence of continuous and intense care, that come to reflect directly in the care provided by these individuals, and yet in the health of these children.

Objective: To know the feelings of the family caregiver in pediatric oncology in a university hospital on the reef.

Methods: This was an exploratory and descriptive study, with a qualitative approach, applying a structured interview, built by the authors, and the Zarit Overload Scale which evaluates the objective and subjective overload of the caregiver, and answered the question: What motivates you to continue caring for your child with cancer? All interviews were recorded and transcribed in full and the content analysis technique was applied to the data treatment. The population consisted of 12 first-degree family caregivers who were accompanying patients in both the wards and the outpatient clinic. Data were collected from October to December 2018. The study was approved by the Ethics and Research Committee of the University of Pernambuco, under the CAAE registry: 93922218.9.0000.5192. Results: The data obtained were analyzed according to the technique of treatment the analysis of the content of Bardin, and it was possible to identify three categories that allowed a better understanding of the relationship between the daily motivations experienced by family caregivers and the perseverance of caring for their family member dependent. They are: 1) Love, motivation of strength and overcoming in care. 2) Love, motivation of hope in healing. 3) Faith in the miracle of healing.

Conclusions: The study shows how essential it is to offer comprehensive care to the care unit, family and patient, seeking to have greater sensitivity for the main family caregivers, which in most cases is composed by the mother who assumes this role and ends up developing an overload. potentiates all the suffering involved in the process of getting a chronic disease that threatens the life of your child.

Keywords: Family Caregiver, Oncology, Pediatric Oncology, Emotions. Nursing.

KNOWLEDGE OF ELDERLY PEOPLE ON HIV/AIDS IN RECIFE - PE

Rêneis Silva, Sandra Carvalho, Mikaelly Silva, Renata Siqueira, Lana Tavares

Introduction: Elderly knowledge about HIV and AIDS is still poorly studied. In Brazil, the problem of aging and AIDS is a cultural and exclusionary issue, focusing mainly on social prejudice related to sex at this age. The possibility of an elderly person being infected by HIV seems invisible in the eyes of society and also of the elderly themselves, who do not have the habit of using the condom. The nurse uses as his main work tool that is the systematization of nursing care, to address the evidenced aspects and to guarantee the emotional stability of the patient to the acceptance of the new condition, with its limitations and specificities as well as the resocialization.

Objective: To evaluate the knowledge about HIV / AIDS of the elderly of the Service of Coexistence and Strengthening of Links.

Method: Descriptive, quantitative study. The sample consisted of spontaneous demand of the members during 10 visits. A questionnaire with demographic, socioeconomic variables and questions assessing the

level of knowledge about HIV / AIDS was used for data collection. It was approved by the ethics committee with CAAE- 42736015.5.0000.5192 and Opinion - 1.610.200 Descriptive analyzes were carried out results. Results: Fifty elderly were interviewed, mean age was 68.31 ± 5.66 , with a minimum age of 61 years and a maximum of 86 years. The sample was composed in its totality by women who declared possessing at least more than four years of study. The analysis of the knowledge of the elderly showed that 75.9% of the elderly knew someone living with HIV / AIDS, 93.1% reported not using a condom and 79.3% had never tested for HIV. The domain "knowledge about HIV" indicates that 86.0% knew the etiology of AIDS and 62, 1% declare that laboratory tests can detect HIV.

Conclusion: The elderly present important knowledge about HIV and AIDS. It also presents opportunities for improving knowledge in several aspects, related to the knowledge of HIV and AIDS which can contribute to the misunderstandings related to knowledge and prevention on the transmission of HIV and AIDS. The nurse can contribute to health education activities contributing to improve this knowledge.

Keywords: Elderly. HIV/AIDS. Knowledge. Nursing.

NASAL CARRIAGE OF STAPHYLOCOCCUS AUREUS AMONG NURSING STUDENTS DURING CURRICULAR INTERNSHIP

Ricardo Magalhães, C. Pina, M.J. Coelho, M. P. Ferraz, I. Lopes Cardoso

Staphylococcus aureus is considered one of the most frequently isolated bacteria in the community and in the hospital environment and is associated with several infections. Colonization by methicillin resistant *S. aureus* (MRSA) is considered a risk factor in the infection caused by this strain, since transporting the bacteria increases the risk of infection as well as the symptoms. MRSA bacteria are typically transmitted through contact through the skin, which suggests that public spaces, such as schools or hospitals, present significant risks of transmission (Macal et al., 2014; Uhlemann et al., 2011). Due to the increasing incidence of MRSA infections from the community, it is expected to find a higher level of nasal colonization by these bacteria in community, which can result in a significant impact on health. Identifying patterns of colonization in the community may contribute to the development of new strategies in the control of infections. The aim of this study is to evaluate the prevalence of nasal colonization by *S. aureus* and MRSA in nursing students and the influence of their path. Students from the 1st, 2nd, 3rd and 4th year were involved in the study (1st year students were used as negative control and 2nd, 3rd and 4th year student samples were collected before and after their clinical rotations). Ninety samples were cultured in a biplate chromogenic medium (Mukovnikova, Yusuf, Cossey, Schuermans, & Saegeman, 2014; Wassenberg et al., 2010), to identify methicillin sensitive *S. aureus* (MSSA) and MRSA strains. It was possible to isolate sixty-eight MSSA and thirty MRSA samples. MRSA results were confirmed by PCR (Koukos et al., 2014). The current study identified 64% of the total subjects colonized by MSSA as well as 29,2% of total studied population tested positive for MRSA. Of the MSSA colonized students, 27,1%, 16,7%, 27,1% and 29,2% were distributed accordingly by the 1st, 2nd, 3rd and 4th years. In the case of the MRSA colonization the pattern was distributed by 9,1%, 36,4%, 59,1% and 27,3%. The nasal carriage of methicillin sensitive *S. aureus* among the nurse students, seems to be stable throughout the curricular year. On the other hand, the colonization of methicillin resistant *S. aureus* seems to increase as the students move from the control year (1st) to the years of contact with clinical practices. Nursing students should be educated on the risks involved in carrying *S. aureus* and the relevance of the different strains in the health of patients at their care. Safety precautions while handling patients associated with knowledge regarding the microorganisms involved, should be a major point in University curricula of Nursing students. This work was supported by FEDER funds through the Programa Operacional Factores de Competitividade – COMPETE and by Portuguese funds through FCT – Fundação para a Ciência e a Tecnologia in the framework of UID/Multi/04546/2013

SOCIODEMOGRAPHIC AND CLINICAL PROFILE OF WOMEN WITH BREAST CANCER IN PORTUGAL

Rita Silva, José Martins, Maria Isabel Fernandes

Introduction: Mortality due to breast cancer has been continuously and consistently reduced, attributing this phenomenon to the screening that allows the diagnosis of carcinomas at an earlier stage, as well as to the treatment. Information on the occurrence of cancer and its outcome may support national and regional cancer programs.

Objective: To analyze the sociodemographic and clinical profile of women with breast cancer treated at a center of high complexity in oncology in the Northern Region of Portugal.

Material and method: This is a descriptive, retrospective, quantitative study with a qualitative approach, using documentary analysis, based on data from the Oncology Registry of the Portuguese Oncology Institute - Porto. The data collection was carried out in 2018, after CES IPO no. 368/2017. The data were elaborated in the program of the Statistical Package for Social Sciences (SPSS).

Results and Discussion: Data collection included the five-year period from 2010 to 2014. A total of 6,999 women with breast cancer were enrolled in the aforementioned oncology unit. Age ranged from 24 to 91 years. - The most relevant exams for diagnosis were imaging, pathological anatomy and tumor markers. - Chemotherapy was the most common type of treatment, alone or in combination with surgery and radiotherapy. - 1,270 women (18.14%) had staging 3 and 4 at diagnosis. - Infiltrating ductal carcinoma was the most common type regardless of staging. There were 549 deaths (7.84% of cases), of which 22 (2010), 96 (2011), 137 (2012), 146 (2013) and 148 (2014) were women between 27 and 91 years.

Final Considerations: Although breast cancer has a good prognosis when detected early, it is still the leading cause of cancer death in women. It is hoped, with this study, to provide subsidies that give greater visibility to the patterns of breast cancer in Portugal.

Keywords: breast neoplasms, women's health, health profile.

VISION OF GRADUATING ABOUT PALLIATIVE CARE

Rita Silva, Moara Santos

Introduction: The approach to the human being in its entirety and the demand for interventions in response to various symptoms transformed the practice of palliative care into a team activity, involving physicians, nurses, nursing technicians, psychologists, pharmacists, physiotherapists, assistants social, nutritionists, among others. Objective: To know the vision of undergraduates about palliative care.

Methodology: Exploratory and descriptive study, with a qualitative approach, using a semi-structured questionnaire. It was carried out in an institution of higher education, located in the city of Salvador - Bahia, Brazil. The subjects of the study were undergraduate Nursing, Nutrition, Pharmacy, Physiotherapy and Psychology. Results: Of the 110 questionnaires delivered, only 42 were returned (38.18%), of which seven (6.36%) were Nursing, six (5.45%) Pharmacy, eight (7.27%), Nutrition, nine (8.18%) Physiotherapy and ten (9.09%) Psychology course. Of the students, 82.5% were female, with the predominant age group between 20 and 26 years old (75%), followed by the age group from 30 to 59 years. 33 undergraduates (82.5%) were single; 34 (85%) had no children and did not work; and the most prevalent religion was Catholicism (42.5%). Regarding the current semester, 34 (85%) were in the 7th and 8th semester, and five (12.5%) were in the 5th and 6th semester.

Discussion: It was possible to realize that, although undergraduates do not accurately refer to the formal concept of palliative care (CP), they can point out important principles of palliative care. As for the multidisciplinary work in palliative care, when asked about how they perceive their role in this context, it was noticed that a small part of them know the great importance of working and having good team communication, for a comprehensive care, the decisions of plans of care until mourning. The majority of the reports point to actions that promote the well-being of the sick person, with emphasis on comfort, pain control, psychological support, nutritional support and adequate drug regimen. When questioned about the challenges they would face in palliative care in the hospital environment, they pointed out some: difficulty in accepting the implementation of palliative care; not knowing the meaning of CP; not knowing for sure when to start it or not knowing its role; and the dynamics of health services.

Final Considerations: Graduates do not have in-depth knowledge about the subject, however they can associate care with the goal of relieving pain and suffering, and promoting comfort. It is concluded that the palliative care approach in the training of health care professionals is of paramount importance in view of the increase in the incidence of chronic not transmissible diseases with palliative indication in Brazil and in the world.

Keywords: Palliative care; Students; Health care.

OBSTETRIC VIOLENCE: PERCEPTION OF HEALTH PROFESSIONALS

Rita Silva, Najara França, Sílvia Sacramento, Sirlene Santos

Introduction: Although childbirth and birth are major events in a woman's life, they often bring back memories of a traumatic experience where she felt disrespected and violated by those who assist her¹. Obstetric violence can be divided into: physical abuse; imposition of non-consensual interventions; interventions accepted on the basis of partial or distorted information; non-confidential or private care; unwise care and verbal abuse; discrimination based on certain attributes; abandonment, neglect or refusal of assistance².

Objective: To know the perception of primary care professionals and hospital care about obstetric violence.

Methodology: Field research, exploratory and descriptive with a qualitative approach, using a semistructured questionnaire, conducted in 2018, in the city of Wagner - Bahia, Brazil. Results: Twenty health professionals participated in basic and hospital care, mostly women, with a predominant age group over 30 years of age and trained over ten years ago. Of the participants who answered the questionnaire, 14 were nursing technicians, five were nurses and one doctor. Of these, the majority worked in basic care (55%). Discussion: The findings of this study resulted in three categories: 1) Knowledge of Health Professionals about Obstetric Violence (VO); 2) Factors that Influence VO Occurrence in Health Professionals' Vision; and 3) Actions of the Health Professionals before the VO. It was noticed that the occurrence of the violence is, in a certain way, commonplace, since many of the professionals managed to describe it. 13 professionals (65%) reported having seen some kind of verbal, physical or psychological violence against parturients. Although health professionals are able to identify obstetric violence, they often do not interfere, and sometimes only acknowledge such acts when practiced by others, not when they are by themselves.

Final Considerations: It should be borne in mind that, although there is no specific legislation in Brazil that deals with obstetric, civil or criminal violence, it is still the punishment of the practice of this violence³. Within the long path to be taken to promote changes in obstetric care, the following stand out: revision of practices and clinical routines, research and production of knowledge, as well as the permanent education of different professional categories in the health area. The humanization of care, qualification and valuation of health professionals are also paramount to minimize or even eliminate situations of obstetric violence in health services.

Keywords: Obstetric Violence. Health care. Obstetric Nursing.

ELDERLY: CONCEPTION OF NURSING STUDENTS, NURSES AND OTHER PROFESSIONALS

Rosa Melo, Isabel Pinto, Helena Silva

Introduction: The elderly are an age group that is increasingly representative of our society and, thus, provoke discussions about how they are understood. The beliefs pertaining to the elderly present concepts that are somewhat ambivalent, so, there are stereotypes with positive directions, associated to the concepts of wisdom and respect, but, on the other hand, stereotypes with negative aspects related to disease and frailty (Vieira & Lima, 2015).

Research problem: What is the opinion of nursing students, nurses and other health professionals regarding the concept of the elderly?

Methodology: A descriptive, cross-sectional study with a quantitative and qualitative approach was carried out a non- probabilistic sample composed on 54 students of the 2nd year of the Nursing Degree course, to

12 nurses and 12 professionals from other areas with contact with the elderly. The data was collected through questionnaires, where they were asked to answer the following open question: "Write five words that you immediately associate with the concept of elderly." The data treatment was performed using the IBM SPSS Statistics 23.0.

Results: The sample consisted of 81,5% female students and 14,8% of the male students, and the nurses and other professionals were all female. The mean of age of the students who participated was 19 years, with a standard deviation of 2,123 years. For nurses, the mean age was 42,5 years, with a standard deviation of 13, 15 years. In the other professionals, the mean age was 41,5 years with a standard deviation of 15 years. The concept of fragility was the word most commonly used to define the elderly, both in the nursing population (11,54%), the students (10,8%) and other professionals (5,9%). In the students, emerged as negative concepts such as "illness"(4,8%) and "care" (5,6%) and for nurses "difficulty" (7,7%). On the other hand, students and nurses underlined the following words: "experience"(5,2% and 5,8%, respectively). For the other professionals the following concepts emerged: "patience" (7,8%), "caring", "experience", "respect", "care" and "vulnerability", these last with 5,9%.

Conclusion: In total, it denotes the comprehension of concepts with pejorative connotation: fragility. However, the opposite occurs when analyzing the concepts elaborated by other health professionals, who were the only group that chose as a major word a positive concept to the stereotype of the elderly: patience. Thus, it is possible to verify the diversity of conceptions of the different groups evaluated, thus demonstrating that there is no consensus in the definition of the concept, however the population of both nursing students and nurses gives it a negative perception. Thus, it seems necessary to review stereotypes and images associated with the elderly population, especially in groups where this contact is habitual.

Keywords: concept of the elderly; nursing students; nurses

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PROMOTING ADHERENCE TO OPIOID REGIMEN IN OLDER ADULTS WITH NON-CANCER CHRONIC PAIN: A CASE STUDY

Sandra Trancoso, Idalina Gomes, Madalena Martins

The ageing of the population results in a high prevalence of chronic illnesses, with a huge demand on health services. It's estimated that the prevalence of chronic pain in Portugal is around 37%, with high prevalence within the elderly¹. In Portugal, chronic pain is most associated with degenerative pathology of the spine, osteoarthritis and osteoarthritis¹. Chronic pain within the elderly has a high impact on their quality of life, resulting in low functioning, sleeping problems, depression, anxiety and changes in family and social dynamics². The efficacy of opioids to treat NCCP (non-cancer chronic pain) has been demonstrated in controlled trials and systematic literature reviews^{3,4}. The underuse of analgesics, including opioids, is higher than the overuse, resulting in under controlled pain and poor functioning of the elderly⁵.

Research problem: How to promote adherence to opioid regimen in the elder population with chronic non-cancer pain?

Method: It was developed a case study in a multidisciplinary pain centre (MPC), regarding a 72-year-old woman with myofascial pain. The data collection was performed by participant observation and semi-structured interviews, using multidimensional evaluation scales. Informed consent was given, as well as the assurance of the anonymity and confidentiality of the data collected. The caring process was developed based on the partnership care model^{6,7}, respecting its five phases: to reveal, to involve, to compromise, to enable and to ensure the care of the self.

Outcomes and conclusions: Through the validation of the regimen prescribed in the first appointment in the MPC, nurses found that Mrs. X. showed behaviours of non-adherence, namely regarding opioids, once she could not clearly understand the written therapeutic guide that was given to her. Nurses also concluded that Mrs. X. was at risk of constipation, one side-effect due to opioids that can persist with time. In the next

contacts with Mrs. X. the nurses in the MPC developed a partnership relation, through sharing of information, power and negotiation of strategies to achieve the goals established. Time and space were given to promote the potential capabilities into real capabilities, so Mrs. X. could proceed with her project of life and health. Mrs. X. has reached some goals that were established regarding: the self-evaluation of pain, adherence to the pain medication regimen (that was complex, involving titration of opioids), adoption of non-pharmacological strategies to control her pain and assiduity in diathermy treatments, and showed controlled pain. There are multiple factors influencing the complex problem of non-adherence to opioids, namely myths, fears regarding its secondary effects and stigma by society, including family and health professionals⁵. Nurses develop a central role in the education of the client, when he has been prescribed with opioids to control his pain for the first time⁸. Through the partnership model, elder people get the fundamental tools to manage and adhere to the medication regimen, resulting in controlled pain and better functioning, so they can proceed with their life and health project.

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KNOWLEDGE OF NURSING PROFESSIONALS IN THE CARE OF VASCULAR ULCERS IN A PUBLIC HOSPITAL IN THE CITY OF RECIFE/PE

Sandra Carvalho, Francisca Duarte, Bárbara Silva, Rêneis Silva, Katia Cesar

Introduction: Vascular ulcers occur due to an impediment of the passage of blood and oxygen from the lower limbs, causing severe deformities in these limbs affecting the quality of life of the individual, being a serious public health problem. Vasculogenic lesions are also called leg injuries, as a result of vascular impairment of the lower limbs. They are considered chronic wounds due to healing time, which can take weeks or years.

Objectives: To identify the knowledge of nursing professionals in the care of vascular lesions in a public hospital in the city of Recife / PE.

Methodology: A descriptive - exploratory cross - sectional study of a quantitative approach at a Public Hospital of Recife, Brazil, with 26 Nursing professionals, from November 6 to 16, 2018, using the questionnaire prepared by the researchers themselves simple descriptive statistics and factorial analysis for the interpretation of the data, and began after the approval of the CEP of Estácio Faculty of Recife, with CAAE 96499518.2.0000.5640, opinion number 3,001,142.

Results: 22 (84.6%) of the sample were female, aged 40-50 years 09 (34.6%) and above 51 years 09 (34.6%), 11 (42.4%) were married, 16 (61.5%) had between 01 to 02 children, 16 (61.5%) were tec. of nursing, 16 (64%) had work time of 3 years more and 17 (68%) received training on the subject. In the characteristics of

a UV 18 (24.6%) they responded to dark color, at the edge conditions of UV 10 (14.7%) said to be ischemic, in the treatment of UV 09 (29%) chose compressive therapy in UV guidelines 12 (24%) reported leg elevation, the characteristics of UA 15 (25.9%) indicated the presence of pain, border conditions of UA 12 (18.2%) say ischemic, treatment of UA 10 (37.1% %) chose the compressive stockings, guidelines for UA 14 (25%) indicate leg elevation, 22 (61%) say that who performs the dressing are tec. In UV 05 (17.4%), UV 03 (17.7%) was used to cover UV 04 (16.7%). (18.4%) reported a change in decubitus, in the cleaning of the UA 04 (18.2%) they spoke antiseptic, in the coverage of UA 05 (18.5%) used AGE, in the interventions of UA 02 (11, 8%) chose debridement s / ne in the preventions of UA 03 (14.2%) wrote a change of decubitus.

Conclusion: It is concluded that the importance of the etiological knowledge of vascular ulcers by the nursing team contributes directly to the treatment results. Taking into account that the team works directly in the care of the affected patient. It was observed that professionals should be in constant updating, thus avoiding mistakes when evaluating and treating injuries.

Keywords: Knowledge of Nursing, Venous Ulcer, Arterial Ulcer, Care, Treatment.

PROFILE OF WOMEN SUBMITTED TO LEGAL ABORTION IN A PUBLIC HOSPITAL OF REFERENCE IN RECIFE - PE

Sandra Carvalho, Rafaela Santos, Lenizane Cavalcante, Katia César

In Brazil, abortion is considered a public health problem, due to the increased morbidity and mortality of women at reproductive ages, as well as being a generator of debates, since some defend their approval and others maintain criminalization.

Objective: to evaluate the profile of women who underwent legal abortion at a referral hospital between 2013 and 2017, to characterize the sociodemographic profile of women and to identify the characteristics of gestational disruptions.

Method: a retrospective, descriptive-exploratory cross-sectional study with a quantitative approach in which 105 records of a Women's Support Service were verified, which is a reference for interruptions of legal abortions, located at the Agamenon Magalhães Hospital in Recife- PE. Were included women who were at reproductive ages, the data were collected in the month of March 2018, after the approval of the Committee of Ethics in Research with CAAE 83669618.0.0000.5640. Results: a predominance of young women (53%), single women (78%), catholic (37%), white women (44%), had a family income of up to five minimum wages (22%) and education until Medium (34%). All women became pregnant due to intrafamily or extrafamilial rape, they interrupted pregnancies between 9 and 14 weeks (48%) and the most common procedure was Manual Intrauterine Aspiration (MVA) (62%). When they arrived at the service, only (3%) of the women had a Bulletin of Occurrence (BO) and only (2%) had a report from the Institute of Legal Medicine (IML).

Conclusion: this study emphasized that it is necessary to invest in activities directed to the effective prevention of sexual violence, since, the estimates in the State are alarming. It is also necessary to publicize the abortion services provided for by law, because a large part of the population is unaware of this free service, which aims to reduce damage to women's health.

Keywords: Legal Abortion; Sexual Violence; Women's Health; Therapeutic abortion.

FRAGILITIES AND POTENTIALS IN ASSISTANCE IN PRIMARY HEALTH CARE

Sílvia Uehara, Angélica Martins, Karen Mekaro

Conceptual framework: The process of men's illness has been determined by their behavior in society and how they express their beliefs about masculinity. The entry of the male population into Primary Health Care (PHC) services is of fundamental importance in order to strengthen the principles of the Brazilian health system as integrality, universality and equity. It should be noted that in 2008, in Brazil, the National Policy for Integral Attention to Human Health was created, aiming to qualify the health of the male population in order to guarantee the integrality of care.

Objective: This study aimed to identify the weaknesses and potentials in the care of men in PHC.

Method: Study Design: It is a descriptive, exploratory and quantitative approach. Local and study population: The study was carried out with 29 nurses from the PHC services of the municipality of São Carlos-São Paulo.

Data Collection and analysis: Data were collected through an interview using an instrument validated by Castro and analyzed using descriptive statistics. The data were organized according to the answers issued, so the number of responses (N) was variable and did not correspond to the total number of participants (29), being informed the N in each analysis performed. Ethical aspects: In addition, data collection began after approval by the Research Ethics Committee of the Federal University of São Carlos. Results: The results show that the participants mentioned 54 fragilities in relation to the health care of the man, stand out: 26% (14) hours of operation of the units; 35.1% (19) culture of man; 9.2 (5) working hours; 13% (7) team composition in the majority of females; 7.4% (4) unprepared professionals; 3.7% (2) few professionals; 1.9% (1) disclosure in the media about the importance of care for men and 3.7% (2) decoration aimed at the maternal and child public. Regarding factors that facilitate the access of men to PHC services, nurses pointed out 58 potential agents, namely: 19% (11) linking professionals with users; 12% (7) proximity of health units to residences; 5.1% (3) disclosure of the importance of health care for the man in the media; 19% (11) fast scheduling of medical or nursing appointments; 17,2% (10) reception; 12% (7) vaccination; 3.5% (2) posters with men; 3.5% (2) professionals in the male team and 8.7 (5) complete health team.

Conclusion: The nurses' performance in the health of the man assumes a broad character, since this professional has its field of action in actions of promotion, prevention, recovery and rehabilitation of health. It can be affirmed that the weaknesses revealed by the nurses about the service to the men are configured as important barriers that hinder the access of this population to the PHC services, being able to interfere in the aggravation of the morbidity by the retardation in the attention. Thus, it becomes necessary to strengthen and qualify PHC as a way to guarantee the promotion of health and prevention of preventable diseases.

SOCIODEMOGRAPHIC AND EPIDEMIOLOGICAL ANALYSIS OF THE CASES OF DENGUE IN SÃO CARLOS - BRAZIL: SUBSIDIES FOR NURSING CARE IN PRIMARY HEALTH CARE

Sílvia Uehara, Maressa Santos

This study aimed to describe the sociodemographic and epidemiological characteristics of dengue cases in the city of. It is a field research, documentary and descriptive. Data were obtained from the in the Notification of Injury Information System and Mortality Information System of the Epidemiological Surveillance Service of the Municipal Health Department of São Carlos for the period from 2015 to 2016. Subsequently, the data were analyzed using descriptive statistics. Data were collected after approval by the Research Ethics Committee of the Federal University of São Carlos. In the period 14,276 suspected dengue cases were reported, of the two years analyzed in 2015 and 2016, respectively, 9724 and 4552 cases were reported. Among the results, 54.61% (5310) of the reported cases were female in 2015 and 20.77% (2020) were concentrated in the age group of 21 to 30 years. A similar result was found in 2016, that is, 52.99% (2412) of the cases were female, and 19.77% (900) of the notifications referred to the age group of 21 to 30 years. Regarding education, in 2015 and 2016, respectively, 14.08% (1369) and 12.37% (563) of the notifications did not fill this information. Of the laboratory-specific histopathology exams, in the year 2015, 0.01% (1) of the cases was considered compatible with the disease and 0.04% (4) incompatible. Regarding the immunohistochemical exams, 0.04% (4) of the cases were negative for dengue and 0.01% (1) were inconclusive. In 2016, for 0.13% (6) of the cases the results of the histopathological and immunohistochemical tests for diagnosis of dengue were incompatible with the disease; and, 0.02% (1) inconclusive; still, to 0.18% (8) the result was negative. Regarding hospitalization, in the years 2015 and 2016, respectively, 41.43% (4029) and 33.32% (1517) of the cases were not hospitalized. As for dengue cases with signs of worsening, in 2015, 0.12% (12) of the cases were classified in this category; and, in 2016, 0.18% (8) of the cases. The results referring to the evolution of dengue cases show that in 2015 there were 0.05% (5) deaths due to aggravation of the disease; and 68.11% (6623) of the cases evolved to cure. It should be noted that this information was not filled in 31.55% (3068) of notifications, making it impossible to know the evolution. In 2016, there was no primary cause of death due to dengue and 97.01% (4416) of the cases evolved to cure. In view of the results, it was possible to consider that dengue has a high cure rate and low incidence of evolution to the severe clinical spectrum. However, there were a significant number of underreporting, implying in the diagnosis of the impacts of dengue in the municipality. Thus, it is emphasized

the need for a joint work among inspection agencies, such as Health Surveillance and health establishments, in order to train health professionals, especially nursing, who are the professionals directly involved in the care, risk classification and direct assistance of people with dengue.

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KNOWLEDGE AND PRACTICE OF HEALTH PROMOTION OF NURSES OF FAMILY HEALTH UNITS IN SÃO CARLOS - SÃO PAULO – BRAZIL

Sílvia Uehara, Nathália Carmo

This study aimed to analyze the knowledge and practices of health promotion activities carried out by nurses of Family Health Strategies (FHS) in the city of São Carlos-São Paulo, Brazil. This is a field research with a qualitative approach. This study was developed in 18 FHS of São Carlos and the research population was 18 nurses. The data collection was performed through a semi-structured interview, using an instrument adapted and validated by Lasman. The qualitative data were analyzed through the thematic analysis. The project was approved by the Research Ethics Committee. To better interpret the results, two thematic units were constructed: the first one was: Nurses' knowledge, ideas and conceptions about health promotion; and the second thematic unit was entitled: Practices, actions and perceptions of nurses on the development of health promotion. The results presented a distance of the nurses on the theoretical context of the subject and difficulty of conceptualization. The first thematic unit highlights the understanding of some nurses about the activities of health education, considered actions with potential to raise awareness of the population, for propagating information among the popular knowledge that are more easily disseminated in their means. Also, it shows that the knowledge of the area covered by the FHS in which nurses are inserted, as well as the flexibility in the use of collectively available resources are strategies that facilitate the understanding of health promotion in practice. The role of nurses was highlighted in the maintenance of the link between the health team and the population, contributing to more comprehensive, humanized and subject-centered health promotion activities. In the second thematic unit, it was presented that the activities carried out in operative groups were shown as a very common strategy among nurses, as a way to propagate knowledge, to guide healthy habits and / or to help with specific issues. Outstanding groups of pregnant women and people who aim at weight loss and control of blood pressure, zumba and walking. Despite the multiplicity of collectively developed health promotion strategies and activities, the units also emphasized individual activities as the main health promoters, citing nursing consultations. Thus, for the success of the activities developed, it is necessary to analyze the territory, conditions and management of adverse situations. It is considered that despite the number of health promotion activities carried out through operating groups, individual and consultative actions are still predominant, reinforcing the biomedical model. Thus, the importance of the socioeconomic analysis of the FHS territory is highlighted, so that health promotion actions are better planned and according to the needs of individuals.

LAYLEDU - DEVELOPMENT OF SELF-MANAGEMENT COMPETENCES IN ADOLESCENTS WITH DIABETES TYPE1. LISTEN TO THEIR VOICES AND THEIR PARENTS

Sónia Colaço, Isabel Malheiro, Maria da Graça Vinagre, Marília Flora, Inês Figueiredo

Background- The current health guidelines aim to increase the responsibility of people with chronic conditions to self-care, emphasizing the important role of health professionals on their empowerment and promotion of self-management skills. To respond to this problem, psychoeducational strategies have been emphasized in order to facilitate the development of self-management skills related to the chronic condition. The self-management educational programs with "lay-leds", (self-management experts on the same chronic illness) as mentors on programs, created by Lorig and Holman (2003) with adults and elderly population, adapted and validated by Malheiro (2015) with adolescent's with spina bifida showed to be effective (improved adherence to therapy, functional independence, decrease of hospitalizations associated to a reduction on health costs).

Methodology - Based on the education program designed by Malheiro (2015), we propose to adapt and implement on 30 adolescents with diabetes type 1 (DM1), using lay-led as educators, and evaluate their effectiveness on quality of life related to health, adherence to therapy, HbA1c, self-management, motivation for physical activity, dietary control, self-efficacy and the self-concept. Actually we are on the 1st Stage of the project "Adaptation of Educational Program on Adolescents with DM1", with 2 studies: Study I (scoping review, to mapping the knowledge about the factors that influence the self-management development skills – already done); This Study II: Aims to identify the factors that influence the self-management development skills of adolescents with DMI. We carry out 2 focus group with young adult's experts in the self-management of DMI and their parents). The participants are recruited by APDP (Portuguese Diabetics Association), 8 young adults (1 focus) and 7 parents (1 focus). **Results:** We are in the analysis process of the focus groups achievement Study II and we intend to present the results of this study in this conference.

Keywords: Self-Management Educational Program; Adolescents; Focus Group; Lay-Leds; Diabetes type1.

REALISTIC SIMULATION IN PREHOSPITAL CARE: SCALE DESIGN

Suderlan Leandro, Marcos Gontijo, Vinicius Rodrigues, Guilherme Brasil

Conceptual framework: Realistic simulation is a method that portrays real events, allowing the student to take an active role in obtaining knowledge as well as providing opportunities for experimentation in several care situations such as pre-hospital. It should be emphasized that attendance in prehospital care involves all actions that occur before the patient's arrival in the hospital environment and that positively influence the morbidity and mortality rates due to trauma or violence. It is noted that the Simulation Design Scale is there to evaluate the student's setting and perspective.

Research problem: What is the students' understanding of the design of the simulated Prehospital Care set? The objective of this study is to understand the design of the simulated scenarios of Prehospital Care (APH) from the point of view of nursing students.

Method: This is a cross-sectional, descriptive, quantitative approach developed with 150 nursing students. After two weeks of training in the subject, students were submitted to a simulated APH scenario. After the simulation the students answered the "Simulation Design Scale" instrument divided into two subscales: the first is about the design of the simulation and the second is about the importance of the item to the participant. This study was approved by the Research Ethics Committee (CEP) of the University Center of the Federal District - UDF.

Results: The items referring to feedback/reflection and realism obtained a design agreement upper than 88.44% (n = 128). The Kaiser-Meyer-Olkin test showed 0.839 and 0.895 for evaluation showing that the factor analysis model is adequate.

Conclusions: The results of this research clearly show that the construction of the scenarios by the academic perspective was satisfactory and was offered in a clear and adequate way to achieve the proposed objective. The realistic simulation presented to be an effective method for the nursing academics helping as a tool to obtain technical and scientific knowledge in the area of APH. We emphasize that the satisfaction of the academics for the success in obtaining knowledge in an active way is remarkable since the realistic simulation allowed the students to actually experience a scenery of APH with possibilities of errors and allowing improvement of their abilities without causing real damages.

FIRST CONTACT ACCESS IN PRIMARY CARE IN THE EASTERN REGION

Suderlan Leandro, Virgílio Macedo

Introduction: the Family Health Strategy is responsible for the reorganization and strengthening of Primary Health Care, which prioritizes health promotion, protection and recovery actions in an integral and continuous way, being the initial level of care in the Single Health System, in Brazil. The attribute of first contact access, accessibility has a fundamental role in guaranteeing the quality of the health service since it involves the location of the establishment close to the population it serves, the times and days when it is open to attend the target population, the degree of tolerance for non-scheduled consultations and how

much the population realizes the convenience of these aspects of accessibility. In this sense, in order to guarantee that the attributes are being respected, it is important to carry out health evaluation frequently, as this will subsidize the identification of problems and the reorientation of actions and services developed, as well as assist in the incorporation of new sanitary practices.

Objectives: to evaluate the attribute of first contact access - accessibility of the Family Health Strategy.

Method: this is a descriptive-exploratory cross-sectional quantitative study. Performed in an Administrative Region of the Federal District - São Sebastião, which belongs to the eastern region of health. Two instruments were used for the collection, the first one being about the epidemiological profile of users (hypertensive and diabetic) and professionals (doctors and nurses) and the second instrument already validated in Brazil and the United States, known as the Primary Care Assessment Instrument, adult version and professional version. The data were tabulated in the Microsoft Excel program and analyzed through the statistical program Statistical Package for Social Sciences (SPSS version 25). Results: regarding the sociodemographic questionnaire applied, among the 27 professionals interviewed, 14 are nurses (51.85%) and 13 physicians (48.15%). Of the group of health service users who were interviewed, still in relation to sociodemographic data, 92 people are female (85.98%) and only 15 are male (14.02%). According to data presented, referring to users and professionals, the accessibility attribute was evaluated negatively with a score of 2.37 and 3.64, respectively. Among the questions raised in this attribute, there were disagreements with professionals and users, for example, 92.6% of professionals affirm that patients when patients are seen on the same day, users already disagree with this statement, with 44.9% and 14% say they will probably not be served. On the waiting list, professionals and users confirm the wait of more than 30 minutes for the consultations.

Conclusion: the data presented show that Primary Health Care is not performing its function as a gateway to health services in the Health Care Network, demonstrating weaknesses in which this study may subsidize local management to outline new coping strategies. investment in the work process of professionals.

PRACTICES ABOUT SEXUAL AND REPRODUCTIVE HEALTH OF THE TEENAGERS IN MINDELO CITY

Suely Reis, Maria de Fátima Rodrigues

Adolescence is a stage of life characterized by physical and behavioral transformations. Teenagers are a group of health vulnerability by adopting risky sexual behaviors that can lead to contamination from sexual transmitted infections and unplanned pregnancy. The research is descriptive, quantitative and transversal and aimed to identify the knowledge and attitudes about sexual and reproductive health of the teenagers registered in the family planning consultation in a health Center of S. Vicente. The instrument to collect information was the questionnaire on the evaluation of knowledge about reproduction and attitudes towards sexuality in Nelas (2010), which contain 4 scales to evaluate the knowledge about: reproduction, sexually transmitted disease, family planning and attitudes towards sexuality. The sample consisted by 51 teenagers between the ages of 14 and 19 years, registered in the Health Centre family planning consultation from January to October 2016. As ethical procedures, authorization was requested from the author of the questionnaire to the health office, the director of the health center and informed consent to the teenagers. When they were under age, authorization was requested from the parents. Anonymity and confidentiality were maintained. The results show that teenagers' attitudes and knowledge are not influenced by age, place of residence, level of schooling, sexual experience or type of religion. It was verified that 80,4% initiated the sexual life and that the age the first sexual intercourse occurred was from 7 to 18 years. The main source of information is the internet, used by 34,1%, but 12,5% do not resort to any source of information and the friends were referred as the main interlocutor about the subject. By characterized sexual and reproductive health attitudes, it was verified that 39,3% have risky sexual behavior. In relation to the knowledge about family planning 45% have moderate knowledge and 13,7% insufficient. As knowledge about sexually transmitted infections 35,2% have insufficient knowledge and 27,4% moderate. In knowledge about reproduction 33,3% have insufficient knowledge and 31,3% moderate. It was verified a discrepancy between knowledge and practice of sexual and reproductive health evidencing the needs to rethink the sexual health promotion strategies in Cape Verdeans teenagers.

Key words: teenager; sexual health; health promotion

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RESUMOS DOS POSTERS | POSTERS ABSTRACTS

THE ROLE OF NURSES WHO PERFORM PALLIATIVE CARE IN PEDIATRIC ONCOLOGY

Ana Nascimento, Marcos Souza, Maria Oliveira, Marcos Campoy, Estela Nicolau

Introduction: Palliative care in Pediatrics is defined as active care and of the whole region of the body, mind and spirit of the child and support to his/her family even at the time of mourning. From several studies of medicine and its advancement, death ceased to happen in the residences and happened in the hospital itself, so the families will not need to keep remembering that difficult and painful situation within their own home, not to mention that In the hospital will be present the whole team qualified to provide assistance, not in order to care for the disease, but rather to come across the pain and the loss of the family and be there to help her, knowing how much that this family will need to attend and support objectives: to describe the role of nursing in palliative care for children with cancer. This is an integrative bibliographic review, a method that enables the search for research in several databases, allowing a critical analysis of the available content.

Method: To guide This review, the following guiding question was established: what is the role of nursing in palliative care for oncological children? The data were extracted in the databases: Scientific Electronic Library Online, Latin American and Caribbean Literature on Health Sciences, Medical literature Analysis and Retrieval System online, databases in Nursing and collects SUS by means of Descriptors: palliative care; Child health; Nursing care, associated with the Boolean operator and. The inclusion criteria defined were: national articles, in Portuguese and to answer the guiding question, there were no temporal clippings. Exclusion criteria: Articles that were not available online and articles related to palliative care in adult patients. A reading of the title and summary of each article was carried out to investigate whether they answer the guiding question.

Results and discourse: After reading in the integration, 11 articles were totalized, identifying the themes and how many approached the subject: relieve pain and give importance to the child's desire: 11; Play use: 3; Family support: 9; Child and family orientation: 3; Involve the family in the care process: 3; Multiprofessional team Interaction: 3; The lack of approach in academic curricula: 6.

Conclusions: In the care of oncological children without therapeutic chances, nursing is not limited to physical care, but to the involvement of the family with the child, emotional support and humanization of care. It is understood that caring in this context encompasses the biopsychosocial and spiritual spheres. In relation to the professional nurse, the feeling of apprehension in dealing with death, both for reasons of qualification, and psychological was evidenced greatly.

SAFE STAFFING LEVELS IN QUALITY OF NURSING CARE: SYSTEMATIC REVIEW

Ana Poeira, Lucília Nunes, Andreia Cerqueira, Adriana Silva, Nélida Lopes

The International Council of Nurses defines staffing levels as the number and type of staff required to provide care to clients; and safe staffing levels such as the availability at any time of an appropriate number of staff with an appropriate combination of competence levels to meet customer care needs while reducing the risk to the least relative conditions. The implementation of staffing levels appropriations in nursing care has a direct impact on the effectiveness and organizational excellence, including: adequate human and financial management, client safety, occurrence and reporting of adverse effects, health promotion, rate that is to say, the establishment of high standards of quality of performance and expectations for the safety of customers and which also implies the well-being and satisfaction of professionals. Like this, the adequate allocation of nurses ensures the quality of nursing care, thus enabling the health care security for the client and the achievement of the organizational goals.

Objectives: To identify and synthesize evidence about the impact of health care rationing in quality of nursing care.

Review Methodology: A systematic review was carried out following the PICO strategy in the formulation of the research question: "To what extent does the safe contributions of nurses' influence the quality of nursing care?" and the methodology of Joanna Briggs Institute. There were five databases consulted: Medline, CINAHL, Scielo, Academic Search Complete and Web of Science. Applied inclusion criteria: studies that include nurses and / or clients, the influence of nurses' endowments on the safety and quality of care; qualitative and quantitative studies, available in full-text, in Portuguese or English and between 2007 and 2017.

Results: Six articles of a quantitative nature, with IV level of evidence, were selected that relate the effect of adequate appropriations to the safety and quality of nursing care, also having an influence on the satisfaction of nurses and clients. Although it is not always possible to evaluate the quality of care from a client's perspective (2 studies), it was evaluated from the nurses' perspective (6 studies) through questionnaires or daily registers.

Conclusion: None of the selected studies were carried out on the European continent, thus revealing that it is still essential to develop research studies addressing the phenomenon in question. Ensuring safe nursing care is paramount since it improves working conditions with an impact on productivity and performance and consequently on the results of care provided to patients.

Descriptors: Nurses; Quality of Health Care; Health Care Rationing

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JOB SATISFACTION AS A DETERMINANT OF NURSES' TURNOVER: SYSTEMATIC REVIEW

Ana Poeira, Mónica Marques, Tatiana Carneiro, Andreia Cerqueira, Edgar Canais

Nursing turnover can be internal or external. The first one refers to the changes of nurses from service to service, within the same organization. The external turnover of nurses is defined as the change of organization or even profession. According to the literature, the same is influenced by the satisfaction of work, which in turn is influenced by internal or external factors, such as the type of organization, the work environment, the remuneration, interpersonal relationship, among others. The higher the rates of turnover in nursing, the more worrying it is, since it negatively influences the quality of care provided to customers, decreases efficiency and productivity, increases costs, there is loss of knowledge and organizational health, increases the occurrence of adverse events in nursing care, has a negative impact on the cohesion of the work team, results climate of stress due to the lack of nurses and until the new professional is integrated, increases the conflicts. Thus, there is inevitably a direct relationship in the motivation and satisfaction of health professionals. Professional satisfaction / dissatisfaction is, referred to in the literature, as the main cause of turnover.

Objectives: To identify and synthesize evidence about the impact of job satisfaction in nursing turnover.

Review Methodology: A systematic review was carried out following the PICO strategy in the formulation of the research question: "To what extent does job satisfaction determine the external turnover of nurses?" and the methodology of Joanna Briggs Institute. There were six databases consulted: B-On, Cinahl, PubMed, Nursing Reference Center, Scielo Portugal and ISI Web of Knowledge. Applied inclusion criteria: studies that include nurses, the influence of nurses' job satisfaction on the external turnover of nurses; qualitative and quantitative studies, available in full-text, in Portuguese or English and between 2008 and 2018. The critical evaluation of the studies was performed by two reviewers using the critical appraisal tools of Joanna Briggs Institute: JBI Data Extraction Template for Qualitative Evidence and JBI Critical Appraisal Checklist for Analytical Cross Sectional Studies.

Results: A sample of 45 articles were identified, of which only 10 were included in this review, regarding the typology of the selected studies, 9 articles were quantitative cross-sectional studies and 1 was a qualitative study.

Conclusion: The factors most mentioned by nurses as determinants of their satisfaction were: the salary, the relationship with colleagues, the possibility of professional development, autonomy and professional appreciation, the conditions of the workplace, the load of Work and supervision/leadership. Job satisfaction determinates nurses' external turnover, so it is imperative that health organizations to develop strategies that promote professional satisfaction and increase the retention rates.

Descriptors: Nurses; Turnover; Job Satisfaction

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A ABORDAGEM DE ENFERMAGEM NA IMPLEMENTAÇÃO DA EDUCAÇÃO EM SAÚDE EM EQUIPAMENTOS SOCIAIS: COM ÊNFASE NOS DIREITOS A SAÚDE PÚBLICA DOS MORADORES EM SITUAÇÃO DE RUA E VULNERABILIDADE SOCIAL

Bárbara Olim, Giulia Blagitz

Introduction: The study of nursing approach in the implementation of health education in reception centers for homeless people, in order to understand through the questions "How is it addressed and what is the

importance of health education at SUS (Single Health System)?". The problem of lack of guidance in reception centers is detrimental to or leads to poor quality of assistance.

Objective: to identify the self-care deficit of Orem concerning homeless population.

Method: descriptive exploratory research based on the investigative observation of the population of 50 men aged between 22 and 50, during a period of 30 days in May 2018, which were located in the CTA (temporary reception center), the body responsible for the reception of homeless and socially vulnerable people. It was also used as a database collected from anamnesis, physical examination and nursing history.

Results: a significant lack of self-care in this population has been identified due to the lack of information in the areas of personal hygiene, sexual health, drug use and collective health. Conclusion: the challenge of the Single Health System (SUS) is to implement effective strategies which promote healthy habits, prevention and treatment of diseases to homeless and socially vulnerable people in the temporary reception centers, caring not only for the objective of physical but also humanitarian reception.

Keywords: self-care; social vulnerability; street situation; SUS; CTA; health; prevention; promotion.

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INVESTIGAÇÃO DO USO DO TERAPIA ASSISTIDA COM ANIMAIS PARA MELHORA NA QUALIDADE DE VIDA DE PACIENTES COM ALZHEIMER

Bárbara Olim, Giulia Blagitz

Introduction: Inquiry of uses Assisted Animals Terapy to improve the life quality in patient with Alzheimer. Objective: This study has the function to inquiry the improve of life quality in patients who has dementia, in special Alzheimer, when we use of Assisted Animals Terapy.

Methodology: The nursing students time visited 5 patients between 60 and 87 years whith differents levels of Alzheimer. They took 3 dogs to do the attendance.Tools were used to measure standard of interaction with professionals, family and environment. Our main therapy tool is also the co-therapy, been dogs responsible to recovery the capacity of to relate, through affective connection with reality, mostly in cases when dementia is already in high levels. In our visits we make activities to stimulate patient and dog interaction.Another tool is the empathy map, very common in business was adapted to nursing with success in therapy quality evaluations.The Empath map, through patient observation in his environment, analyses what he sees, fills, says and listens and her feelings.

Results: We identify that animals presence in houses of Alzheimer patients bring the return of memories and interaction of this patientes with his families, professionals and environment.We make the therapy with patient's medical and psychological monitoring.

Conclusion: The interaction of Alzheimer patient with animals is beneficial, being considered th hormonal aspect (release of oxytocin and decrease of cortisol) and patient's return to contact to real world.Alzheimer compromise the perception of time, space and memories. The animal brings back to patiente this perceptions in that interaction moment, evidencing the necessity of alternative therapies in parallel with traditional ones.

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CECILIA GRIERSON "I AM A WORKER OF THOUGHT". STUDY OF HER ACTIVIST AND INTELLECTUAL PRODUCTION REGARDING THE DEBATE OF SOCIAL-SANITARY MODERNITY IN CONTEMPORARY ARGENTINA

Beatriz Morrone

Introduction The cultural production of Cecilia Grierson (1859-1934) was studied within the debate on socio-health modernity in Argentina, centered on the initial stage of the process of professionalization of Nursing. **Material and Methods** Use of a documentary corpus constituted by a selection of pieces belonging to its profuse written production. Analytical study from sociocultural practices, biographical methodology. (Williams, 1958; 1961); Vasilachis, 1992; Pujadas Muñoz, 1992; Zarco Colón, 2015). The focus was on aspects of their contributions to Nursing: • The obligatory nature of the systematic study for Nursing and the inclusion of the study in the University • Control of the training of nurses, and professional practice. • Improvements in the living and working conditions of Nursing, and its functions and practices. • Relationship between the Magisterium and Nursing. • Creation of institutions to expand the influence of Nursing. • The associative-union militancy of the nurses. • The challenge of the Catholic Church in formation, exercise and its associations.

Objectives To examine spaces of production, circulation and re-appropriation of medical discourses and initial feminism, to account for the process of professionalization of nursing and the influence of Grierson in the debate on socio-health modernity in contemporary Argentina. Analyze the use of transdisciplinarity and writing as a tactic to make the Argentine Nursing visible Recover the part of feminist "intellectual memory" through the study of the professionalization of Nursing

Results It is an intense and broad activity. Public and political activity, as a teacher, doctor, feminist militant, pioneer in the professionalization of Nursing and the institutionalizing figure. He founded organizations for the defense of women's civil, political, social and labor rights; For the feminist, pedagogical, institutionalizing and socio-sanitary militancy in Argentina. (Lobato, 2007; Barrancos 2007; 2010; 2014; Morrone, 1999; 2011; 2014). Function as articulators for this study, the identification and interpretation of its action and influence in the fundamental stage of the Argentine Nursing; actions in defense of secularism in general and in the health professions in particular; women's organizations; and the foundation of associations of nurses, masseurs and midwives, and organizations for the social protection of these.

Conclusion Its production is protected in publications, documents and iconography that becomes a travel diary, in the interlocution, in the social memory (as lived by social groups) and in the disciplinary memory (as lived by the foundational nursing) of the fin-de-siècle Argentina The space that forms the action of women became a revolutionary territory for the profession. Strategically it motorized the possibility of accessing driving positions within health and educational institutions, hospitals, schools, university schools, civil society

organizations, among others; spaces where he led paradigmatic changes complementary to his suffragist action.

Keywords: Cecilia Grierson; transdisciplinary nursing; social-health debate; initial feminism

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PEOPLE'S PARTICIPATION IN HEALTHCARE. THEORETICAL AND METHODOLOGICAL CONTRIBUTIONS TOWARDS A DISTRIBUTION OF POWER CRITICISM

Beatriz Morrone, Javier Mendizábal

Introduction: The Outpatient and Home Health Services Program (ATAMDOS) developed by the Buenos Aires Ministry of Health in Introduction: The Outpatient and Home Health Services Program (ATAMDOS) developed by the Buenos Aires Ministry of Health in 1987 became an intervention space in the health field with full community participation as a response to the Primary Health Care strategy, implemented during the Argentinian dictatorship between 1976 and 1983 (Ferrara, 1985, MSN, s/f)). This program challenged the idea of a "primitive" primary health care, that prevailed in the region (Testa, 1996). A basic doctor-centric coverage focusing on vulnerable populations. ATAMDOS burst to propose that the power -in positive terms- resided in the community and questioned the traditional medical(knowledge and decision)-patient (voiceless) relationship and established the Community Assembly as its central and sovereign instrument for social and territorial participation (Morrone and Mendizábal, 2017).

Objectives: To analyze some theoretical and methodological contributions to the Community Assemblies in ATAMDOS as a counter-hegemonic instrument in health practices, in which Nurses, Doctors, and Social Workers became the basic health care team. To inquire about the health worker's perception in relation to ATAMDOS.

Material and Methods: Qualitative retrospective analytical study (Vasilachis, 1992). Documental sources of the Program. Multimedia footage. Focal interviews with ATAMDOS professionals. Media clippings about the experience.

Discussion: Medical and Nursing practice have retreated from the community territory and became dedicated to solve loss-making life conditions and illness. This became one of the biggest defeats in medical knowledge. Counterwise, those who participated in ATAMDOS, provided a new theoretical and methodological perspective to answer from within research, political participation and the intervention of complex social problems. These methodological differences became a watershed in communities assemblies planning and participation. Critical thinking permeable to people's participation is unavoidable and must be promoted and developed in the nursing practice. The theoretical and methodological contributions made by social disciplines and, in particular, instruments such as home visits and assemblies, become a huge transdisciplinary skill in healthcare, to promote the postponed people's participation in primary health care. These are innovative tools for community health that have a critical outlook on functionalist perspectives. Nursing has a central role in its articulation.

Conclusion: ATAMDOS Interventions implied a great challenge between an individual's autonomy and welfare policy with paternalistic imperative. There is a nested vision in nursing and medical practice and education profiles that seem to be expulsive of social participation in health. To value counter-hegemonic experiences allowed to question present practice and to identify its limitations. Extinct in health professional's knowledge and practice, home visits developed by Community Nurses and Social Workers contributed with a valuable and possible to propose a health care team within people's participation scenario with territorial leverage.

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ALTERAÇÕES SENSORIOMOTORAS E DIABETES MELLITUS

Bruna Ribeiro, Giovanna Jorgetto, Juliana Jorgetto, Denise Kusahara, Monica Gamba

A neuropatia diabética (ND) é a complicação mais comum do diabetes e compreende um conjunto de síndromes clínicas que afetam o sistema nervoso periférico sensitivo, motor e autonômico, de forma isolada ou difusa, nos segmentos proximal ou distal, de instalação aguda ou crônica, de caráter reversível ou irreversível, manifestando-se silenciosamente ou com quadros sintomáticos dramáticos, devido ao alto nível de glicose no sangue. Afeta 50% das pessoas com DM com mais de 60 anos, pode estar presente antes da detecção da perda da sensibilidade protetora, resultando em maior vulnerabilidade a traumas e maior risco de desenvolver úlcera⁶⁸, e os sintomas incluem dores em queimação, pontadas, parestesia, sensações de frio e calor, hiperestesia, que tendem a uma exacerbação noturna. Os sinais incluem a redução da sensibilidade à dor, à vibração e à temperatura, hipotrofia dos pequenos músculos interósseos (dedos em garra e em martelo), anidrose e distensão das veias dorsais dos pés. A disfunção autonômica leva ao aumento dos shunts arteriovenosos, tornando o pé quente e insensível, identificado como pé em alto risco⁶⁹.

OBJETIVO: Analisar as alterações sensoriomotoras em pacientes com diabetes tipo 2.

MATERIAIS E MÉTODO: Estudo descritivo, transversal com 60 indivíduos que apresentam Neuropatia Diabética Periférica cadastrados na rede pública de atenção básica da cidade de São João da Boa Vista -SP, através da aplicação de instrumentos para avaliação do equilíbrio e tipo de calçado usado no momento da avaliação entre novembro de 2018 e fevereiro de 2019. Foi realizada anamnese para caracterização dos voluntários (idade, sexo, tempo de diagnóstico e valores de glicemia jejum e hemoglobina glicada), e inspeção/exame físico dos pés. Os critérios de inclusão foram indivíduos com NPD, cadastrados na rede pública municipal, com mais de cinco anos de diagnóstico, ambos os sexos acima dos 30 anos e que aceitaram participar da pesquisa e apresentaram condições cognitivas (indivíduos alerta, capacidade mental de cumprir os requisitos do estudo voluntariamente). A análise se deu por estatística descritiva e inferencial, de acordo com a natureza das variáveis tendo estabelecido como nível de dados e análise de variância para os grupos valor significativo será igual ou menor a 0,05 (5%). A pesquisa foi submetida para análise pelo Comitê de Ética e Pesquisa da UNIFESP indexado à Plataforma Brasil, conforme as normas da Resolução nº 466/2012, do Conselho Nacional de Saúde, e CAE Aprovado n o 2.695.704.

RESULTADOS: Dos 60 indivíduos avaliados, 43 (71,66%) eram do sexo feminino e 17 (38,33%) do sexo masculino, com faixa etária entre 36 e 95 e média de idade de 61 ($\pm 14,5$) anos. O tempo de diagnóstico variou entre 5 e 45 anos, com média de 14 (± 10) anos, glicemia média de 168 ($\pm 13,7$) mg/dl e hemoglobina glicada média de 7.0 ($\pm 6,3$) com máximo de 9.0 e mínima de 5.1. No que tange a distribuição da porcentagem de pés e tornozelos de acordo com a sensibilidade tátil testada em cada região plantar. 75% apresentou sensibilidade normal em 1 e 3 região pododactila, 68% apresentaram sensibilidade protetora diminuída na região de 3º. Pododactilo e 35% apresentaram alteração na 1ª. Cabeça do metatarso e alteração na sensibilidade à Pressão Profunda na Cabeça Metatársica das regiões 3 e 5. Quanto a distribuição da porcentagem de pés e tornozelos de acordo com a classificação funcional para cada movimento testado, apresentou problema a extensão e flexão dos dedos, flexão plantar, dorsiflexão e inversão.

CONCLUSÃO: De acordo com nosso estudo, podemos concluir que a maioria dos avaliados fez uso de calçados adequados e marcha normal. Entre os sintomas neurológicos, a dor foi a mais prevalente em 20 anos de diagnóstico de DM. Mais da metade dos pacientes apresentou sensibilidade normal no 1º e no 3º dedo, e as alterações da sensibilidade começaram a ser evidentes a partir do diagnóstico de 10 anos da doença. Para a avaliação funcional dos pés das pessoas com diabetes, não houve movimentos considerados comprometidos de acordo com a avaliação.

PRESENÇA DE DIABETES E DEPRESSÃO EM POPULAÇÃO GERAL

Bruna Ribeiro, Giovanna Jorgetto, Juliana Jorgetto, João Marcolan

Enquadramento conceitual: Diabetes Mellitus (DM) configura problema de saúde pública¹, apresenta elevada morbimortalidade², alto índice de complicações com consequências econômicas, sociais e psíquicas, diminuição da qualidade de vida³, a exemplo da depressão⁴. Problema de investigação: Detectar prevalência de depressão associada ao quadro de Diabetes Melitus, tipo 2, em população adulta de uma cidade de pequeno porte do sul de Minas Gerais.

Método: Estudo de análise documental, descritivo, retrospectivo de campo, em prontuários físicos e eletrônicos do e-sus (sistema de gestão de prontuários eletrônicos do SUS referente à atenção básica) de pacientes portadores de DM 2. Utilizou-se instrumento de coleta de dados com informações sociodemográficas e clínicas (sexo, idade, estado civil, escolaridade, atividade laboral, renda média familiar mensal, tempo e complicações da DM, uso de hipoglicemiantes orais e insulina e presença de sintomas depressivos). Os critérios de inclusão foram: prontuários completos de pacientes com DM 2 e que não usaram fármaco que apresentassem alterações de humor. Os dados foram analisados por média, desvio padrão, teste qui-quadrado ($p < 0,05$). Procedimentos éticos: Foi dispensado o envio de avaliação a Comitê de Ética, por não haver legislação no momento da coleta de dados e ao término da pesquisa sobre a exigência dessa ação por se tratar de estudo de análise documental. Este estudo recebeu aprovação institucional da Diretoria de Saúde do município de Albertina/MG para coleta de dados. Os dados foram coletados no mês de abril de 2018.

Resultados: Foram avaliados todos os prontuários de sujeitos com Diabetes tipo 2 (DM 2) do município, perfazendo 317 prontuários (10,40% da população geral). Deste total, 91 prontuários foram excluídos, devido critérios de inclusão relacionados ao uso de fármaco; restando 226 prontuários que foram analisados. Do total de prontuários válidos, 68 (30,08%) apresentaram relatos de depressão, com descrição de sintomatologia e medicação prescrita. Os sujeitos em estudo tinham entre 37 e 88 anos com média de 63 anos ($dp= 5,44$). A maior proporção foi do sexo feminino (64,66%), que se encontrava na faixa etária de 50 a 70 anos. 40,7% não completaram o ensino médio e 28,31% não completaram o ensino fundamental, 39,82% eram casados e 33,62%, separados/ divorciados. A presença de sintomas depressivos foi identificada em 30,08% dos sujeitos com DM 2. Os sintomas depressivos foram mais prevalentes nas mulheres (31,7%). A renda mensal de até dois salários mínimos apresentou relação com depressão em 61,5% dos sujeitos, segundo os testes estatísticos aplicados. A atividade laboral foi significativa em 42,03% dos aposentados e 21,68% dos trabalhadores rurais. Catarata foi a complicação clínica mais predominante, com 20,79%, seguida da dor em membros inferiores (15,92%). 79,2% faziam uso de hipoglicemiantes orais, sem uso concomitante de insulina (84,51%). Conclusão: Este estudo evidencia prevalência de DM 2 acima da média nacional em população geral⁵⁻⁸, com 30% destes apresentaram como co-morbidade quadro depressivo. Políticas públicas devem ser implementadas para diminuição de tais índices no município em estudo.

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A IMPORTÂNCIA DA GESTÃO DO CONHECIMENTO PARA O ENFERMEIRO PERIOPERATÓRIO ENQUANTO TRABALHADOR DO CONHECIMENTO

Carla Peixoto, Diana Cândido

Conceptual framework: In a hospital organization, the operating room is a complex service that is constantly changing due to the technical-scientific evolution applied to health. Given the dynamic characteristic of this service, nurses who perform functions at this service are required, multidisciplinary knowledge, skills and specialized skills and reliable and mature attitudes to act well and ensure patient safety (Ruthes and Cunha, 2009). However, the degree course in nursing does not include sufficient training time in this area, and it is essentially carried out in a work context. In this context, it is evident the density of explicit knowledge, but mainly tacit, in the perioperative nursing. As such it is considered pertinent to consider a management model addressed to this problem that is knowledge management [KM].

Objectives: The purpose of this study was to know the self-perception of the perioperative nurse as a knowledge worker, to know the importance attributed to knowledge management processes for their professional performance and how these two variables are related.

Method: This was a quantitative, descriptive and confirmatory study. The sample selected by simple random probabilistic sampling method comprised 100 nurses from the Hospital de Braga. The data were collected through a questionnaire adapted from existing questionnaires in the areas of work design and KM. The data obtained were subjected to two statistical treatments, descriptive, through the program IBM SPSS Statistics 22, and confirmatory, by the program SmartPLS 3. All the ethical, legal and confidentiality principles inherent to the investigation process were respected, having been analyzed by the Ethics Committee of the hospital.

Results: The questionnaire response rate was 99% and the sample was mostly female (77%), aged 35 years or less (64%), with a professional exercise time of 6 to 10 years (45%) and 46,46% of the sample completed postgraduate academic training. The nurses interviewed consider their self-perception as high knowledge workers ($M = 4,67$; $SD = 0,412$). All KM processes were considered to be very important for professional performance ($M = 4,44$; $SD = 0,682$), with the highest average response process being Creation knowledge ($M = 4,53$; $SD = 0,640$), and the lowest was Knowledge sharing ($M = 4,38$; $SD = 0,802$). It was verified that the self-perception of the perioperative nurse as knowledge worker influences in 39,3% all the dependent variables, with the highest value of variance ($R^2 = 0,086$) for the Organization / storage of knowledge and the lowest ($R^2 = 0,048$) for the Creation knowledge.

Conclusion: The results were clear to the consideration of the high importance of KM processes for the perioperative nurse professional performance that is perceived as a knowledge worker considering their complex and specialized work. This perception positively influences the importance attributed to KM processes, and the most influenced processes were storage / organization, use and knowledge access, while the least influenced processes were the creation, capture and knowledge sharing. This awakens to the need for nursing management and leadership skills and competencies that promote an organizational culture oriented towards the collaboration, initiative and learning of its human capital, considering nurses as knowledge workers, being that KM appears as a adjuvant tool that boost the creation of value in health.

JOB SATISFACTION OF NURSES: A SCOPING REVIEW

Cláudia Silva, Teresa Potra

Background: The nurses' professional activity can induce different levels of satisfaction; therefore its evaluation is relevant to health organizations, in particular what's related to its antecedents and their consequences. A Scoping Review was conducted which sought to answer the question "What is known in the existing literature on the nurses' job satisfaction in primary, hospital, and continuing health care?" Conceptual framework: Job satisfaction reflects the professional's feelings about work. Being a consensus that it results from a response to work, it has been defined as an emotion or set of feelings (Pina and Cunha, Campos and Cunha, Rego, Neves, & Cabral-Cardoso, 2016) or as an attitude (Spector, 2012). Job satisfaction does not depend only on the nature of the work, but also on individual expectations of working conditions (Lu, While & Louise Barriball, 2005). Objective: To explore and map the nurses' job satisfaction in the various contexts of nursing care.

Research strategy: It was used the methodology proposed by The Joanna Briggs Institute (2015) and the research was carried out in 3 stages, in the MEDLINE® and CINAHL® databases. Were included all quantitative, qualitative and mixed studies (primary and secondary), published between 2013 and 2016, in the English, Portuguese and Spanish languages, produced with nurses in the various care contexts. For the selection of articles, it was applied the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA). Data extraction was performed by 2 independent reviewers, considering the authors, year of publication, country of origin, sample size, methodology and objectives of the study.

Results: Of the 165 studies obtained, 32 were analyzed in which 48% came from the Asian continent and 93% were quantitative studies. Most were performed in hospitals ($n = 24$), followed in continuous care settings ($n = 4$), general health care ($n = 3$), and primary care ($n = 1$). It was found that the work environment, regardless of the context of care, has a preponderant influence on the nurses' job satisfaction. Satisfaction

has influence on other variables: organizational commitment, professional performance, intention to leave, turnover, stress, burnout, work-family conflict and quality of care. The factors of the work environment perceived with greater relation with the job satisfaction are the structural support and the management practices.

Conclusions: The factors of the work environment with greater relation with the job satisfaction, are the structural support and the management practices. Nursing managers have a very important role in establishing strategies that can improve the work environment and induce job satisfaction.

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PARTICULARITIES OF A HYPERTENSIVE GROUP IN A NORTHERN BRAZILIAN CITY

Denize Marroni, Sandra Nara Marroni, Marcia Marroni, Luana Silva, Jaileide Macedo

Conceptual framing: Arterial Hypertension is a big public health problem in the world and in Brazil, characterized by high levels of blood pressure, and aggravated in the presence of risk factors such as obesity, dyslipidemia, and sedentary lifestyle.

Research problem: to characterize a hypertensive group from a Family Health Unity in the municipality of Cariri do Tocantins, regarding biosocial data, treatment, habits, lifestyle, and some risks of developing cardiovascular disease.

Methods: Exploratory, descriptive, transversal, and quantitative study, done with 162 patients from August to October 2018. The research project was approved by the Ethics Committee at the Universidade de Gurupi, report number 2.832.200. Patients included were hypertensive, over 18 years old, profiled through a semi-structured interview, with the questionnaire being applied at their homes and during consultations after their authorization through the signing of a free and clarified consent term (TCLE). Data tabulation was performed in Excel 2017 table, and presented in the form of relative and absolute frequency tables.

Results: the larger contingent of subjects were female (65%) and elders – 59 or above (73%); among those, 56% were married, 43% were white and 35% were brown, with low level of education (70%). Diabetes (27%) and sedentary lifestyle (58%) were the predominant risk factors. Female population presented a higher level of abdominal obesity (48%). Monotherapy is present in the majority of medicament treatments (62%). As to habits and lifestyle, 83% deny smoking, 50% do not consider themselves stressed out, 47% do not ingest sweets and fried food regularly, and 93% are under low sodium diets.

Conclusion: the hypertensive profile of this research unit integrates a larger part of female patients, with advanced age and who exhibit some risk factors for the development of cardiovascular disease. Despite part of the information being considered adequate for hypertension control, they require individual and constant assistance due to the high prevalence of severe arterial hypertension, and most being elders. Acquired information may contribute to a better knowledge of the population by the health team, so that they can develop intervention strategies for the treatment and monitoring to control the disease and improve the quality of life of the patients.

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THE IMPORTANCE OF THE NURSE IN THE PREPARATION OF THE LAY PERSON IN THE CARE OF THE CARDIORESPIRATORY STOP

Denize Marroni, Sandra Marroni, Marcia Marroni, Fábio Silva, Soraya El Hakin

Despite being a subject of great importance not only in the health area, in view of the large number of people suffering from cardio-respiratory arrest every year, approximately 212,000 deaths per year, cardiopulmonary resuscitation (CPR) practice is still restricted to the health professional, many people still do not know what to do in a situation like this, fear and insecurity prevent the layman from helping. The objective of this work is to show the importance of the first care until the arrival of the emergency service and to change the concept of the lay person regarding the execution of first aid. It was done through a field survey, with guidelines on the practice of CPR, the approach will be quantitative where a questionnaire will be applied with closed questions, pre and post orientations. According to all the data presented in this research, it is necessary that health professionals, especially nurses, can train the lay population more for this severe health problem, which is cardiorespiratory arrest. Cardiorespiratory arrest has already become a public health problem not only in Brazil, but throughout the world. There is a need for municipalities to invest in empowering the lay population in the short term, through small workshops explaining what the Cardiorespiratory Arrest is, demonstrating how to perform the cardiopulmonary resuscitation maneuver and causing the citizen to practice on something so that he can know the correct pace and identify all the steps needed to save a life.

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COMPARAÇÃO DAS TEMPERATURAS AXILARES E CUTÂNEAS EM RECÉM-NASCIDOS PREMATUROS: CONTRIBUTOS PARA A PRÁTICA DE CUIDADOS

Ernestina Silva, Fernando Gameiro, Daniel Silva

Conceptual Framework: Premature newborns (PTNBs) have a greater difficulty in adapting physiologically and in responding to changes in the temperature of their environment in relation to the term newborn. The maintenance of body temperature within the limits of normality is to ensure its survival. In this sense, care in temperature monitoring and in the thermal stability control of PTNB is indispensable, as well as the need to reduce the number of manipulations in order to avoid stress and decrease the rate of infection.

Investigation problem: What is the difference in the values of the axillary temperature when compared to the values obtained by cutaneous sensor, in the temperature monitoring and control of the thermal stability of the PTNB? Objectives: To analyze the studies comparing the axillary temperature values with the values obtained by cutaneous sensor, in the monitoring and control of the thermal stability of the PTNB; Identify the locations and the proper way to attach the skin sensors.

Method: A systematic review of the literature was performed based on the Cochrane Handbook guidelines on studies comparing the monitoring of body temperature by the axillary route and using skin sensing in PTNB. A search was carried out in the Academic Google, MEDLINE® and CINAHL® databases, in complete articles in Portuguese, English and Spanish, published after the year 2000, which resulted in 344 articles. Independently, two reviewers analyzed the studies using relevance test I and II (Pereira, & Bachion, 2006). For the articles with prospective clinical trial quality was evaluated by the critical test of the studies as directed by FML's CEMBE (Bugalho, & Carneiro, 2004). For the randomized and controlled studies the JBI Critical Appraisal Checklist for Randomized Control/Pseudorandomized Trial (JBI, 2014) was used.

Results: Two studies fulfilled the inclusion criteria, being a case control individual and a randomized and controlled study. It was not possible to perform a meta-analysis comparing the data of the two studies since the studies did not follow procedures and homogeneous statistical analyzes. It should be noted that there are no statistically significant differences between the axillary temperature and the temperatures obtained by the abdominal cutaneous sensor; there are no statistically significant differences between the temperatures at different sites of the abdomen (upper right quadrant of the abdomen and left flank at the level of the umbilicus) when compared to the axillary temperature; the temperature of the skin surface is altered depending on how the skin sensor is attached to the abdominal skin; the use of transparent tape on abdominal skin sensor fixation results in lower temperature values (by ease of detachment) relative to the use of reflective foam adhesive pads; the temperature evaluated with the cutaneous sensor is changed if the PTNB is lying on top of the sensor.

Conclusions: Systematic monitoring and control of PTNB may include axillary and abdominal skin sensing. It is necessary to avoid the agitation and pain caused by the placement of the axillary thermometer, promoting the well-being and organization of the PTNB, the places of attachment of the abdominal cutaneous sensors

should be rotated, preserving the integrity of the skin and ensuring the reliability of the values of the temperature.

Keywords: Preterm newborn; body temperature.

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O ENSINO DA HISTÓRIA DE ENFERMAGEM PORTUGUESA: PARTILHA DE UMA EXPERIÊNCIA

Ernestina Silva, Daniel Silva, Ana Andrade

Conceptual Framework: For the development of the knowledge of nursing students about the history of Portuguese nursing in the last 45 years, we have chosen a strategy that involved interaction and dynamics between teacher and students. Work was done in groups, with the teacher choosing the themes, promoting the students' cooperation in the bibliographical research, interviews with nurses and nursing professors and visits to some places. The themes were: Role of nurses in the Portuguese colonial war; Evolution of nursing records; Pedagogical methods used in nursing teaching; History and structure of the former Hospital of Viseu; Identification and cataloging of materials and instruments used in the care provided in the ESSV; Nurses in cod fishing; The before and now in the Sátão Health Center. Research problem: What is the perspective of nursing students about the strategy used in teaching the history of Portuguese nursing in the last 45 years?

Method: Descriptive study, a non-probabilistic sample of 95 students attending the first year of the nursing course. We used the ad-hoc questionnaire built for this purpose and self-completed face-to-face. Each of the questions was scored on a Likert scale, graded from 1 to 5, where 1 is very bad and 5 is very good. The treatment of the data was carried out through the SPSS program, version 24. The ethical assumptions were taken into account, namely the informed consent and the anonymity of the participants. Obtained a favorable opinion from the Ethics Committee (No. 3/2019).

Results: The students are mostly female (79.8%) and the age ranges from 17 to 20 years (86.3%). The importance attributed to the subjects studied to appropriate the nursing history obtained a very good evaluation (Class A $M = 4.49 \pm 0.35$ and Class B $M = 4.61 \pm 0.39$). The self-evaluation of the knowledge acquired with each theme was also very good (Class A $M = 4.46 \pm 0.39$ and Class B $M = 4.55 \pm 0.42$). Regarding the valuation of the opportunities to reflect on the evolution of nursing in Portugal the average is 4.40 (± 0.41) and 4.56 (± 0.40), for students in classes A and B, respectively. The initial expectations at the proposal of this strategy were considered regular ($M = 3.86$; $M = 3.92$). Experiences with interviews and direct contact with nurses and data collection were considered very good for both groups ($M = 4.68$; $M = 4.73$), as well as the overall evaluation of the strategy used ($M = 4.25$; $M = 4.35$).

Conclusions: Being unknown to many nurses and still little studied the history of Portuguese nursing in the last 45 years, it was of all interest to search for a strategy that motivated the students, favored research, reflection and direct contact with the places and people who transmitted the history of the profession. Although the data collection carried out with the works does not constitute scientific relevance nor add

knowledge to the nursing history in Portugal, this is not the objective, it is worth highlighting the very positive evaluation of the strategy and experience lived to extend knowledge and identity with the future profession.

Keywords: history of nursing; teaching; strategies; knowledge

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NURSERY AND HEALTH EDUCATION: STUDY OF ENVIRONMENTAL DRAWINGS PRODUCED BY STUDENTS OF ELEMENTARY EDUCATION FROM BELO HORIZONTE - MINAS GERAIS

Estelina Nascimento, Rosane Nascimento, Virgínia Teixeira, Marco Sousa, Gisleule Souto

Introduction Thinking about health education in the School implies the need of nurses to reflect on the multidimensionality of the school environment and the complexity of the relationships existing in this space. Based on educational parameters and studies on reality, it is possible for nurses to consider times, spaces and curricula more appropriately, with a view to the interconnection among health education, environmental education and environmental literacy. The objective of this study is to understand, through drawings, the understanding of school children about the environment theme. The theme is of great relevance to the nurses' performance. For example, inadequate management of waste and water resources, contamination of water sources by microorganisms and toxic substances can cause health problems, causing diseases such as cholera, polio, hepatitis, among others. The nurses' work with a school child on the environment theme can help in the dismantling of this sequence of events and bring benefits that range from understanding the treatment given to the environment, reaching understanding and acting on environmental impacts and health problems, nurses to structure their practice at school with actions focused on the environment.

Method This study originated in a project that involved health actions in a public school in the city of Ibirité, Minas Gerais, when an album of figurines was elaborated as a way to discuss with the students notions of health related to several themes, among them, environmental health. From the album, the children drew what they understood about the theme. A total of 117 drawings of eight classes were analyzed, from the infancy to the third year. This is qualitative research and ethical issues have been respected. After analysis of the material and support of theoretical references, the content was understood from the acquisition of competences, arriving at the indication of traits of environmental literacy with emphasis on knowledge, action and attitude.

Results Knowledge domain: it is possible to state from the images that the children have knowledge about some of the issues that the school has worked on, such as care and waste management, indicating knowledge

and interest in environmental issues; domain of action: indicate active, children are willing to act and perform, at least in their school environment; Attitude domain: there are indicative traits of children with sensitivity to environmental issues, concern about the destruction of the environment, concern for control and moderation of expenses, recommending the good use of resources or materials useful to man. Final considerations. The environmental literacy outlined here points to the connection of the child with the environmental theme, the knowledge it possesses and by the attitude it undertakes, values and concerns related to its environment. These first traits of environmental literacy, if more worked, can give rise to a more specific outline and become a consolidated competence. Everything indicates that the school together with the nurse can make this child able to understand the relevance that the environment has for her health and family, the process of living her and the people in the society in which live.

Keywords: Health Education. Children. Childish Drawing. Environment.

PHYSICAL ACTIVITY IN THE VISION OF CHILDREN OF THE FUNDAMENTAL EDUCATION OF A MUNICIPAL SCHOOL OF THE METROPOLITAN REGION OF BELO HORIZONTE - MINAS GERAIS

Estelina Nascimento, Rosane Nascimento, Virgínia Teixeira, Marco Sousa, Luciana Barros

INTRODUCTION: The practice of physical activity on a regular basis brings many benefits to those who practice them, such as health improvement, social interaction, well-being and also a form of recreation. Physical education is usually a practice that is part of the curriculum of schools and children actively participate in the proposed classes. This study is the result of work that invested in the construction of paths in the education and health interface, at which time diagnostic and health promotion actions were carried out by nurses at a school in the metropolitan area of Belo Horizonte. One of the products was an album of figurines, with the purpose of supporting teachers of Basic Education in the work of health promotion and enabling the school community to access themes that contribute directly to health and the formation of citizens. The present study aims to understand the vision of elementary school students about physical activity.

METHODOLOGY: This study is the result of the project Health in Focus - Research in Basic Education, which involved health actions in a public school in the municipality of Ibirité, Minas Gerais, between 2013 and 2016. In this project, Class of Barreirinho, conceived, developed and illustrated by the participants of the Center for Studies and Research on Quotidian in Health, as a way to discuss with the students notions of health related to various subjects, among them physical activity. From the album, the children drew what they understood about the theme. A total of 117 drawings of eight classes were analyzed, from the infancy to the third year. It took into account ethical aspects for its accomplishment.

RESULTS: Two thematic units were listed. Understanding of schoolchildren regarding physical activity practices: It is seen from the drawings that students demonstrate awareness of the relevance of physical education classes and some state that they participate in activities outside of school, such as swimming, walking with parents, walking bicycle and participate in activities in the form of games in the schoolyard, contributing to the capacity for autonomy in achieving health and quality of life. Physical and mental development: Children understand that physical activity contributes to the physical and mental development of people and confess to having pleasure in performing physical activity, which enables nurses to develop health promotion actions.

CONCLUSIONS: School health education has been a challenge for nurses and teachers, regarding the possibility of providing students with effective and transformative competence in styles and habits of life. It is important to emphasize that in order to effectively educate in health, it is necessary to take into account several aspects related to the formation of habits and attitudes, seeking in the daily life of the school real possibilities of action and transformation of the current sets of rules, behaviors and actions existing among the referring children care and health care. Thus, nurses must pay attention to the possibilities that the schools offer for the health promotion of children and their families, building a link between teaching and health.

Keywords: Health education. Child. Design. Exercise.

THE MEANING OF PREVENTION OF ACCIDENTS FOR CHILDREN FROM A SCHOOL IN THE METROPOLITAN REGION OF BELO HORIZONTE - MINAS GERAIS

Estelina Nascimento, Virgínia Teixeira, Marco Sousa, Rosane Nascimento, Patrícia Santos

Introduction: In Brazil, accidents and violence correspond to external causes of morbidity and mortality of great relevance to public health. According to data from the Ministry of Health, external causes represent the third leading cause of death among children from zero to 9 years¹. In the context of the children's environment, the accident is related to any biological injury that occurs with the child, regardless of its extent and severity. Accidents can happen mainly during games, at school and inside and outside the home environment. The nurse, in the professional practice, finds favorable conditions for educational proposals on the prevention of accidents involving children. However, understanding about the child's perspective on accident prevention can contribute to reducing the incidence of childhood accidents and to the possibility of implementing specific child accident prevention programs. Thus, it is sought to understand the meaning of accident prevention for children from drawings made by schoolchildren.

Methods: This study is a result of the project Health in Focus - Research in Basic Education, which involved health actions in a public school in the municipality of Ibirité, Minas Gerais, between 2013 and 2016. In this project, an album of stickers was elaborated as a way of discussing with the students notions of health related to diverse topics, among them the prevention of accidents. From the album, the children drew what they understood about the theme. A total of 117 drawings of eight classes were analyzed, from the infancy to the third year. The images were grouped by similarities with the establishment of four thematic units.

Results: Accidents in everyday life. In this category, the children addressed dangers and forms of traffic prevention and respect for the crossing of the railway line. Attention to dangerous play. The children tackled everyday images filled with jokes and fun times, such as climbing trees, running, cycling, dropping kites along high voltage wires, pointing out how dangerous they might be and causing accidents. Accidents and interurrences of nature. Besides the images that indicate the lack of care for situations created directly by the man, the children pointed out in the drawings the accidents with direct or non-direct connection to nature, such as fire, water, rain, lightning, storm. Forms of prevention. The children showed in the images the understanding between right and wrong and what could lead to an accident.

Conclusions: It is important that forms of accident prevention are increasingly discussed in the context involving the child. In this question, it is important to remember that the nurse acts as educator and diffuser of knowledge of the problem of children's accidents. To this end, it should guide and advise parents and family members about accidents, during consultations, or even during prenatal visits, schedule home support groups, implement educational programs, and other activities.

Keywords: Health education. Child. Design. Accident prevention.

ADOLESCENT NURSING CARE WITH SUICIDAL IDEATION: A REVIEW

Jessica Sobral, Raquel Melo, Marcos Souza, Ana Nascimento, Caio Luisi

INTRODUCTION: Adolescence is marked by intense physical, psychological and moral transformations, which brings with it several peculiarities, so during care the health professional needs to perform interventions that allow to identify Factors that contribute both to the biological illness and the psychic, which includes the suicidal behavior, however, the difficulty in detecting such signs is acknowledged. Navarro and Martínez (2012) demonstrate that the professionals who work in the mental health area have a more favorable posture in relation to those of urgency and emergency in the face of suicidal behavior, and this is related to type of qualification, intelligence and moral issues that influence the way assistance is being provided. In View of this scenario, the preciousness of the nurse's actions in the prevention of these cases, especially in primary care, is pointed out, due to the greater contact with the population, favoring the risk diagnosis, however, studies report that the Health professionals, including nurses, when faced with patients with suicidal behavior, present unethical attitudes and not consistent with professionalism, such as lack of empathy, favoring the case of relapses and/or even Even consummation of the act.

OBJECTIVE: To Describe the role of nurses in the care of adolescents with suicidal behavior.

METHOD: This is an integrative review study, being established as a guiding question: What Nursing care to the adolescent with suicidal ideation? The following inclusion criteria Were defined: Articles in Portuguese, English or Spanish, published in the period 2010 to 2018. As exclusion Criterion was chosen: duplicity and unavailability of free access to the complete content respectively. The databases used were MEDLINE, LILACS, SCIELO and BDENF. **RESULTS:** Among The main activities that nurses must perform to act in these cases is the training for risk detection, as well as the duty to understand the motives that lead adolescents to commit such an act, with the aim of providing the greatest Safety and reasons necessary for them to accept treatment. Develop bond with the individual so that he can recognize through family history and personal conflicts risk factors. To Conduct health promotion actions in the Community to guide and sensitize teachers, relatives and the population regarding the subject, such as behavioral changes, aggressiveness, isolation, causes of mood swings, signs of sexual abuse. Talk with young people, for example, through groups and observe how they approach the theme, as well as return attention to adolescents who make use of antidepressant medications. To Be open to the "adolescent" universe, to simplify care through trust.

CONCLUSION: The nurses are in a strategy position in identifying risk factors and providing a link between the relationship with adolescents and the search for protective conditions, in addition to social support, but it is not disregarded that a training to deal with These situations would increase the empathy of these professionals, thus obtaining efficacy in reducing suicide to the group in question and better care.

PREVENTION OF ALCOHOL CONSUMPTION IN SCHOOL ADOLESCENTS

Maria Fátima Ramalho, Jorge Almeida, Andreia Costa

Introduction: The scientific evidence allows us to state that harmful alcohol consumption is a serious public health issue because it is reflected in people's health through acute and chronic disabling conditions. It is associated with changes in the overall health of the individual, in his development with a multitude of social repercussions including violence, neglect, child abuse, absenteeism, accidents at work and in the road. This investigation project was carried out regarding School Health from a Unit of Community Care. The promotion of health in schools, sustained in the practice based on evidence, is one of the main roles of the Nurse Specialist in Community Nursing. The goal of this study was: the promotion of knowledge that leads to the prevention of alcohol consumption during adolescence, in a school from the Municipality of Amadora.

Methodology: The theoretical basis was based on a bibliographic review and a systematic review of the literature from the Scoping Review type, according to the Joanna Briggs Institute protocol (JBI). The Health Planning methodology was used to evaluate needs, to plan objectives, to program community intervention and to execute and evaluate it. The data collection instrument applied was the Alcohol Knowledge Survey (AKS). The Education towards Health was the chosen strategy, based on Nola Pender's Health Promotion Model as the theoretical reference for nursing. The project had the involvement of thirty-six students, all of whom had offered their consent to participate in the study.

Results: The data analysis of AKS, before the Community Intervention, revealed a lack of knowledge on the several aspects of alcohol. With the Community Intervention this deficit in knowledge decreased.

Conclusion: After the Community Intervention and through the reapplication of the AKS, positive results were obtained, suggestive of the acquisition of knowledge about alcohol and its consumption by adolescents. These, too, evaluated "very satisfactorily" all of the Community Intervention, considering it an important means to acquire knowledge. As the project was recent it was not possible to evaluate if this acquisition of knowledge changed behaviors.

Keywords: adolescents, alcohol consumption, prevention, health promotion.

NURSES' HEALTH IN TERMS OF PROFESSION: AN INTEGRATIVE REVIEW

Fernanda Silva, Letícia Lima, Maria Silva, Thainan Castro

Introduction: The concept of stress has taken a large proportion nowadays. It is almost impossible for a person not to complain about stress, either because of work demand or tasks related to house, children,

school, etc. Since this concept has all this impact, it turned out being trivialized and society has come to believe that it is not a disease and there is no possibility of living without it. Nursing profession demands more and more professional performance in technical-scientific knowledge, besides being a demanding and repetitive work that requires availability and full attention. Many nurses seem to have elevated emotional stress because of issues they face daily, involving family, friends, relationships and stability; as a consequence, having tensions, anxiety, sadness, diseases and charges that are external to the work environment. Research question: Many reasons have been described to understand why nurses are experiencing some kinds of stress. Being a health problem for them, the question is: Can the nursing professional identify it? What would be the disease's impact on how the nurses treat their patients?

Objective: This integrative review aims to identify the causes of sickening in the hospital environment and main impacts on the process of illness of the nursing professional.

Methods: For the flow chart drafting, this study was carefully carried out in six steps: 1) Elaboration of the guiding question; 2) Criteria for Inclusion and Exclusion of Studies; 3) Definition of the information to be extracted from the studies/ Data collection; 4) Evaluation of the studies included in the Review; 5) Interpretation of results; 6) Review Submission/Data.

Results: Studies showed that, during the survey, all articles complement each other at some point while reading. Article 1 associates the importance of nurses in recognizing stressors to find ways to avoid occupational stress and the development of Burnout syndrome. Article 2 shows that the perception of intergroup conflict predisposes occupational stress to nursing professionals and article 3 illustrates the empathy of the sick nurse with his patient. But the focus is on how to identify the causes and how to solve them, so that this professional can carry out his work with safety and quality. The nurse, faced with demands and daily issues, stops being a caregiver and becomes a sick nurse. Vulnerability situations lead to the emergence of occupational syndromes and cause misconduct to the quality of services.

Conclusion: Therefore, it is necessary to recognize the factors that influence the nursing professionals' health so it can not only avoid future sickening but also provide a better treatment for the patient.

Keywords: Stress; Nurse; Occupational disease; Burnout Syndrome.

PREPARING FOR BREASTFEEDING DURING PREGNANCY

Graciete Cardoso, Maria Rodrigues

The practice of breast-feeding is an important stage in the woman life and this offer benefits for the mother and the newborn. The literature refers that the practices of early termination of exclusive breast-feeding in Capeverdean children is a public health problem, which the health professionals must revert. The objective of this study is to identify the knowledge and practices about breast-feeding in pregnant women in the second half of pregnancy, registered in a health center in Vicente. It was performed a descriptive empirical, quantitative and transversal study. The sample for convenience was constituted by fifty (50) pregnant women aged between 15 and 49 years old, with more than 20 weeks of gestation and who carried out maternal consultation in July 2016. A questionnaire was applied to evaluate the socio-demographic features, the importance of breast-feeding and the pregnant knowledge. The statistical analysis of the data was made in the version 20 of the SPSS program. It was verified that 50% were primiparous, the average age is 26 years old and they had in average 29 weeks of gestation. 56% were married or they lived in union with the partner. 74% of the fathers are favorable that the mothers suckle. As instruction 56% have the high school level and 72% foresee to breast-feeding until 4 to 6 months, however 88% consider that the breast-feeding is very important for the baby. It was verified that have no differences between the primiparous and multiparous and the more educated and the less educated in relation to the myths about the breast-feeding. There are differences between the primiparous and multiparous as for the knowledge of the duration of the suckling, the protection that the breast-feeding confers to the baby and the importance of change the foods during the breast-feeding. The knowledge about the period of exclusive breast-feeding differs in the more educated and less educated pregnant. There are no differences between the primiparous and multiparous pregnant, in relation to the value they attribute to the breast-feeding. The results of this study show that most have knowledge about the importance of the breast-feeding for the baby. But it is worth pointing out

that significant percentages do not attach importance to the benefits that breast-feeding brings to the mother. It is necessary continue to invest in educational actions in pregnant to promote the exclusive breast-feeding, since pregnancy until to introduction of the new foods, for the optimization of the breast-feeding practice.

Keywords: Pregnant, Breastfeeding, Knowledge, Benefits

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O ADOLESCENTE E A RELAÇÃO COM A SAÚDE

Jessica Sobral, Raquel Melo, Marcos Souza, Soraya El Hakim, Arthur Júnior

Introduction: For a long time the adolescents were treated as adults in society, only from the twentieth century this scenario changed globally and was constructing the understanding that adolescents are developing individuals, climbing to Adult life, bringing light the fact that biological and psychological changes impact all the scenarios of the individual's life. With this, it is understood that the knowledge about issues faced by these, contributes to the approximation with the professional, helping in the organization of specific actions.

Background: The work will help the nurse to understand how the adolescent perceives the health of the body and provide humanized care with quality. Objective: To describe the adolescent's involvement with the health issue, considering that the theme encompasses the well-being of the biopsychosocial and spiritual aspects.

Method: Integrative literature Review, carried out in the databases LILACS, MEDLINE, SCIELO, through the descriptors: adolescent health services, adolescent and social construction of identity, crossed through the operator Booleanos and and OR, With the guiding question: how does the adolescent perceive health? Inclusion criteria: Articles in Portuguese and English that addressed the proposed theme. Exclusion criteria: duplicity and unavailability of free access. We found 300 articles, after applying the inclusion and exclusion criteria, 30 articles were selected for the production of the study.

Results: Neurological development: The adolescent presents a propensity to risk behaviors and this is linked to the immaturity of cerebral development, which causes the same to process emotions differently from adults, and may explain Many of the inconsequential acts, which endanger their health, such as alcohol and drug abuse. Sociocultural aspects: The environment where the adolescent is inserted contributes to the construction of the way he takes care of health, since a low economic situation generates poor housing and food conditions, interfering in the learning index and Development, which depends on the country leads to child labor, exploitation and overload of tasks, and may lead to isolation and consequently development of mental disorders such as depression, drug use and violence. Coverage: The adolescent's involvement with the health service is still limited to curative practice, so care should be focused mainly on promotion and prevention, in which the encompassing can provide conditions for them to achieve Understand the health problems in which they are vulnerable. The easiest way to integrate them into health programs is the interment with the universe of these.

Conclusion: Talking to the adolescent, addressing issues related to their vulnerability and observing the way they approach the subject, is a daily care that health professionals, family and community can play, contributing to the prevention of Problems, however, for the development of effective activities, this connection needs to use approaches that contemplate the reality which are inserted, mainly because it is a complex phase, reflecting directly in the involvement with the Health.

THE NURSE IN HEALTH PROMOTION AND EDUCATION: AN INTEGRATIVE REVIEW

Letícia Lima, Fernanda Silva, Maria Silva

Introduction: Health education overlaps the meaning of health promotion, which within the nursing profession becomes a broad concept, encompassing the participation of the entire population not only in their life's context but also people at risk of becoming ill. Health promotion in Brazil is the capacitation process to improve the quality of life, and the nurses are participatory agents in this method. In this way, the professional uses a set of actions, in the individual and collective scope, that encompasses a welfare attention, diseases prevention, diagnoses, treatment, rehabilitation and health maintenance. Research question: Thus, it is known that health is a necessary good and this educational qualification technique is combined with the individual's health rights. Therefore, the question is: "What is the role of nurses in health promotion and education in Brazil? In what ways does this professional contribute to an assurance of the population's health rights?"

Objective: This study aims to identify, through scientific production, the nursing professional assignment in health promotion and education.

Methods: It is an integrative review with qualitative approach that was carefully carried out in six steps for the flowchart drafting: 1) Elaboration of the guiding question; 2) Criteria for Inclusion and Exclusion of Studies; 3) Definition of the information to be extracted from the studies; 4) Evaluation of the studies included in the Review; 5) Interpretation of results; 6) Review Submission. It was started by the research of scientific articles, in the Scielo, Lilacs and Google Scholar databases.

Results: According to the literature survey, nurses have the primary role in health care, acting as an educator, caregiver and manager of the nursing team. The achieved results showed that the nursing care should be universal. Therefore, the studies from articles 01 and 03 mention that in order to practice the humanization, the professional must be able to understand himself and others, taking into consideration the needs and principles, in addition to the therapeutic intervention, since it is necessary to maintain the dignity and integrity. Article 02 points out that nurses use guidance in their practices, maintaining a set of actions in the individual and collective scope. Articles 04 and 05 show that prevention is allied to health promotion because, along with good habits, risks and exposures to diseases are reduced.

Conclusion: Thus, the role played by nurses has wide relevance in the relations between the triad education, health and society. Its main attributions are sharing technical knowledge in collective and individual perspectives and developing personal skills of trust and recognition, generating motivational advancement and commitment in correspondence to the practice of education and health promotion. Therefore, it is an essential principle in the construction of the future of nursing.

Keywords: Health; Health Promotion; Health Education; Nurse.

PERSPECTIVES OF CITIZENSHIP - HEALTH AS A HUMAN RIGHT OF THE HOMELESS PERSON

Lina Cabaço

Background - The issue of citizenship and health has been analyzed based on several approaches by the social sciences and is part of the agendas of policy makers, the fields of action of professionals from various fields of health, the citizen in general and the role of the institutional relations in social structure of modern and postmodern societies (Giddens, 1994). In Portugal, the advances in terms of political and legal means that have guided the universal and inclusive welfare policies of the population, with improvement of some social and health indicators, are well-known. Institutions face social and financial barriers to access and use of health services. However, the constructions that subjects make about the meanings about health model their action and express their relationship with society. This communication presents the partial results of the doctoral work in progress, about the citizenship and health - processes and trajectories in the health of the homeless person (HP).

Research problem - The sociological and analytical interest, anchored in the perspective of social representations, starts from the questioning of the relationship between social politics, health and well-being and the perception that HP citizens themselves have about what is citizenship and what is health. What

health do they talk about? What conditions of vulnerability do these actors highlight? If the category of vulnerable groups is a constructed reality and not a reality itself (Bourdieu, 1993; Wacquant, 2007), we chose for the sociological view the identification and classification of the way HP define health and which processes and trajectories they develop to improve their health conditions, understood as a human right.

Method - We chose a qualitative methodological design, based on the participant observation of the work of social institutions street teams that provide social and health support to the HP population in the city of Lisbon and in-depth interviews with the approach to the biographical method, to the people in the condition of HP, was the main data collection techniques. The ethical-legal aspects were respected to carry out the research and the consents obtained by HP and street teams.

Results - The meanings attributed to their health experiences by the HP reveal the ways in which they represent their health condition, but also reveal the processes and strategies that actors (re)construct and perform as citizenship. **Conclusions** - The construction of citizenship in health seems to define guidelines with contradictory and unfinished configurations in the democratization of health's access.

FACTORS AFFECTING THE CARE PROVIDED TO SENIOR CITIZENS WITH DEMENTIA IN JAPAN: A LITERATURE REVIEW

Machiko Higuchi

Introduction Across Japan, the population is aging rapidly. Seniors aged over 65 years accounted for 25% of the total population in 2015. This proportion is expected to reach 30% by 2025 and nearly 40% by 2055. The current population ratio for senior citizens is 28.1% in Japan, which is the highest in the world, followed by Italy at 23.3%, Portugal at 21.9%, and Germany at 21.7%. The life expectancy at birth has increased considerably in Japan. It is currently 81.09 and 87.26 years for males and females, respectively, while the healthy life expectancy was 72.14 and 74.79 years in 2016. Further, senior citizens live with disease for 9 to 13 years at the end of their life. Most of their health problems are related to non-communicable diseases, Alzheimer's disease, and dementia. Though Japan's long-term care (LTC) insurance system was established in 2000, it did not cover the care needs of the population adequately. Family members are required to shoulder the heavy burden of caring for senior citizens. In 2017, 47% of the surveyed households were reported to have a family member aged over 65 years. Moreover, the family structure in Japan has changed drastically in the last 20 years. In 2017, only 11% of the surveyed households included the extended family, while the same was observed in 30% of the households in 1998. Results of the 2001 and 2013 Comprehensive Survey of Living revealed that the percentage of LTC insured individuals aged > 75 years and living at home because of dementia had increased from 79.9% to 89.1% of all insured individuals with dementia. Furthermore, the percentage of primary caregivers aged 70 years or older, living with them increased from 27.6% to 37.6%. Accordingly, there is an urgent need for a health policy in Japan that ensures the provision of quality end-of-life care not only for senior citizens but also for their caregivers.

Purpose The current paper aims to summarize research on nursing care for dementia in Japan, to draw insights to improve the quality of nursing care.

Methods This literature review was conducted by searching the Japan Medical Abstracts Society, PubMed, and Cumulative Index to Nursing and Allied Health Literature databases for articles. The range of publication year was limited to 2008 to 2018. Consequently, 35 documents were found and an inductive analysis was performed.

Results and conclusion Attachment and participation were determinants of positive attitudes towards dementia and thus, they affected motivation, both directly and indirectly. A cooking programme based on brain-activating rehabilitation was found effective in reducing the behavioural and psychological symptoms of dementia and in maintaining executive function. It is necessary to consider the role of the family from multiple viewpoints, including family conflicts and support from other members. Additionally, social support in the workplace may be important for reducing the risk of turnover among care workers at group homes. A dementia supporter training programme has been found to have considerable educational benefits for nurses and nursing students.

NURSING RESEARCH IN THE HEALTH MANAGEMENT: THE LOGIC WITH THE HUMANIZATION

Márcia Lima, Maritza Sánchez, Deise Souza, Maria Xavier, Maria Cunha

PROBLEM: What are the competencies that underlie the entrepreneurship in the nursing team and which of them were emphasized in their proactive potential by the expansion and entrepreneurial possibilities in this XXI century? The objective was to associate the leadership favoring a humanized work relationship in the nursing team.

METHODOLOGY: It treats of an integrative literature review, one of the resources of the evidence-based practice that summarizes the past of the empirical or theoretical literature, for providing a more comprehensive understanding of a particular phenomenon. This elaboration includes objective definition; establishment of inclusion and exclusion criteria for sample selection; definition of information to be extracted from the selected articles: analysis, and discussion of results. It was consulted through the descriptors the PubMed of the National Library of Medicine and BVS (Virtual Health Library) databases, and through a combination of descriptors and key words in the same bases. Terms described in Portuguese, English and Spanish have been used in all databases. The inclusion criteria defined were primary studies, available in its totality, published in the last 5 years, in any language that addressed the theme of the study. Chapters of books, abstracts, incomplete texts, doctoral theses, master's dissertations and technical reports were excluded from the initial search. The content analysis showed the following analytical categories: construction of necessary knowledge for the leadership practice; leader of nursing in the care environment – interventions of the subjectivity in the organization of healthy working spaces; intervening factors in the working relationships of the leader of nursing – space for implementing the National Humanization Policy.

RESULTS: they show that the nurses' view reflects the conflict between the understanding the leadership still influenced by models that are more authoritarian and the need for an humanized practice to favor a healthier environment for the nursing team's performance. Otherwise, they can act as facilitators in the humanized working relationships, provided that they can adopt strategies which foster the autonomy, the protagonism and co-responsibility of the subjects involved in the process of health production, through the construction of new spaces of meetings for the exchange and construction of knowledges and to discuss possibilities of the nursing contribution to universal coverage of health. They indicate also the need for actions coordinated and integrated of education and development of partnerships.

CONCLUSION: this article represents a call to the nursing in view of fostering the reflection and the relevance of its actuation on the way of the consolidation of the principles of the universal coverage of health as a manager in the organization, besides pointing out its actuation in care and investigative actions as a preventive strategy of problems and grievances to the public health as an inalienable right human.

THE DOUBLE HAND OF TEACHING-SERVICE PARTNERSHIP: AN ACTION OF NURSING MANAGEMENT DISCIPLINES

Márcia Lima, André Braga, Deise Souza, Érica Moraes, Zenith Silvino

The Nursing Undergraduate Program of the Federal University of Fluminense offers two subjects with theoretical and theoretical practice content (ETP) during the 6th and 7th training period, based on the competencies and skills related to the management of health units / services, described in the National Curricular Guidelines (DCNs) of the country (BRAZIL, 2001), developed in the teaching in the basic and hospital care network. From this perspective, the teachers of the Nursing Care Management discipline stimulate and guide students to identify difficulties and potentialities for the development of care management, in the perspective of inseparability between care and management. Thus, the units / services can rely on academic knowledge as an instrument to facilitate the development of health practices, as well as students should take advantage of all the possibilities learned in practice, for the construction of their know-how- dynamic action-reflection movement. Objective is to analyze the teaching-service partnership developed through the activities of the students in the ETP of nursing management developed at the University Hospital (HU).

METHOD: This is an exploratory, quantitative approach. The data were collected through the Guide Instrument that served as a guide for students to prepare the final work of the course, developed in the second half of 2018.

RESULTS: Of the 46 students enrolled in the management discipline, 33 students (71.74 %) developed their activities in 11 clinical and surgical HU hospitalization units; 5 students (10.87%) trained in the Standing Committee on Medical-Hospital Materials; and 8 students (17.39%) in the Commission for Prevention and Treatment of Wounds. At the end of the ETP, the students had diagnosed 45 situations of relevance, being able to intervene in 32 (71%) situations, and to propose 13 (28.9%) actions to be developed in the medium term, in the light of the dialogue with the nurses- preceptors and teachers of the discipline, in the expectation of contributing with the management and quality of the care provided. The interventions were categorized in: patient safety; organization of the unit, educational and care.

CONCLUSION: In addition to discussing in the classroom the theoretical conceptions of the most innovative administration and its applicability in practice, the use of innovative methodologies has made possible the active participation of the students. The ETP experience of the management discipline has been shown to be an important didactic / methodological strategy for the intellectual development of the students and provides feedback on the teaching-service integration, which contributes so much to the training process of health professionals, in line with the guidelines of the System Unified Health System (SUS). A training of excellence has the purpose of launching the most qualified human potential in the labor market, capable of managing nursing care in a comprehensive way, through the development of cognitive, technical and attitudinal skills that can be measured in the ETP process of the discipline of nursing care management, from the perspective of the students themselves, nurses-preceptors and teachers.

A RIGHT TO FAMILY HEALTH IN THE STREET SITUATION

Marcos Souza, Amanda Lima, Jessica Sobral, Raquel Melo, Soraya El Hakim

Introduction: The social inequality in Brazil is ranked 8th in the ranking although the country is in 10th place with GDP (gross domestic product) as the highest in the world. A UN report (2010) indicates the main causes that form this inequality: the lack of access to quality education, low wages, lack of access to health, public transportation and basic sanitation. With the lack of these resources, the result is unemployment, malnutrition, violence, poverty and misery. The support network for low-income families is comprised of health care, social assistance and education, which aims to supply the community, enabling families to have new resources to support the general objective: to identify the main Problems the family faces in the streets.

Method: This is an integrative literature review, the question that guided the present investigation was: what are the difficulties that families face when they are on the streets? The following data bases were used: LILACS, MEDLINE, BDNF, SCIELO based on the following descriptors: poverty, low-income population, homeless population. The inclusion criteria are: publications focusing on the families residing in the streets, articles written in Portuguese, Spanish or English. Publications that do not fall within the thematic and with duplicity in the databases were excluded.

Results and discourse: After the search in the databases, 56 articles were found, after applying the inclusion and exclusion criteria, only 15 articles were used to perform the research. Three central axes were used: health in the street situation, social support and education. Health in the street: the main aggravating health is the lack of food, the great exposure to alcohol and drugs consumption, lack of hygiene and lack of information, which enable families to be exposed to a series of complications flown to Health. Social support: Families residing in the streets feel excluded from society and there is still the lack of professionals who make the inclusion of the family in the health system in order to minimize the main risks to life and reinsertion within the Community. Education: It is a great aggravating factor in the health and disease process, since many of these children residing in the streets are not inserted within the education process that is offered by the government, so these children fail to have the possibility of building a future, Different from the reality they meet, thus decreasing the chance to get off the streets.

Conclusion: In this way we understand that the homeless families remain absent from the main public policies such as: (Health, education, social assistance, income transfer programs, housing, security, culture,

sport and leisure). It is worth highlighting the need to transform the support of public services in order to make them more participative, welcoming and attractive to the user and creating bonds is fundamental for nurses to be able to reinsert of this population within society.

BARRIERS IN HUMAN HEALTH CARE

Marcos Souza, Amanda Lima, Ellen Ferreira, Ana Silva, Estela Nicolau

Introduction: The National policy for Integral attention to human health (PNAISH) was formulated for the Unified Health System (SUS) in order to develop strategies that include stimulating the self-care of the male population, contributing to the reduction of its Morbimortality through rational coping with the risks to men's health and facilitating access to health information to this public. PNAISH recognizes the greater male vulnerability to a large number of diseases, and also articles emphasize that the absence of men in health services is a reflex of stereotypes of masculinity regarded as hegemonic. This masculinity is related to exposure to risk habits associated with barriers in explaining their basic needs and their health problems, due to fear of demonstrating "weakness" and "feminization".

Objective: To identify barriers that lead men to not seek health services.

Method: Bibliographic literature review, to guide the study, the following guiding question was established: what are the barriers that prevent men from caring for their health? Data were taken from the databases: SCIELO and MEDLINE based on the following descriptors: human health and Integral health. The inclusion criteria were articles in Portuguese and English, related to human health and exclusion criteria, articles with duplicity in the databases and with the theme of health without specific focus.

Results: 70 articles were found, after applying the inclusion and exclusion criteria, only 28 articles were used to perform the research. Researches point out that due to masculinity following a pattern of opposition between genders, men reject habits seen as feminine, in order to prove their masculinity. One of the justifications for not seeking the services was the insecurity in performing the prostate examination arguing that this would affect his virility. Thus, the construction of masculinity interferes with instability for severe diseases, and consequently, premature death. Culturally man must be resilient, for them it is necessary a socially acceptable motive to seek health services. According to research, the main causes of male mortality are chronic diseases and other morbidities that could be avoided with early diagnosis and treatment. The results indicated the main risk factors for lack of care for men's health, lack of time, concern about the loss of work day, vulnerability of gender, insecurity with the realization of urological exams, ideal of feminization and Cultural aspects. It is identified that the highest male demand refers to the tertiary health service when there is already a clinical picture installed. We highlight the need for greater dissemination and creation of campaigns aimed at the integral health of men, with the aim of preventing new cases and aggravating diseases, thus reducing morbidity and mortality.

Conclusion: The results reinforce the idea that vulnerability and male culture influence this lack of demand for the health service leading to worsening of diseases and consequently to increased mortality among men.

ACTION OF STUDENT MOVEMENT IN NURSING SCHOOL 2015-2017

Maria Lelita, Thais Souza, Maritza Sanchez, Gustavo Andrade, Maria Pimentel

The Brazilian student movement dates back to the beginning of the 20th century, participating in great moments of the country's history, and played an important role in several achievements for the people. It acted on major political and educational debates in the years of political repression, at times allied to social movements, seeking the population's rights, primarily the right to education, and expanded its contribution to social transformations. Throughout the years 2015-2017 the Rio de Janeiro state suffered grave political and economic crisis that had direct consequences in the Rio de Janeiro State University (UERJ), such as the attempt to dismant its educational apparatus, which led to strike actions for proper working conditions, among them the payment of the professors. In this sense, the students participated on demonstrations for proper operating conditions of the University in accordance with constitutional rights and educational

legislation. This research is justified by its role in understanding how the nursing students participated and what was their motivation for mobilizing on behalf of the referred political context. Additionally, it was considered that the pedagogical formation based on active learning methodologies promotes an environment for the students to learn how to problematize the reality and take a stand in front of uncertain scenarios.

Objective: describe the political and economic context that unfolded the University's crisis; analyse the participation of nursing undergraduate students in demonstrations over operating conditions of the university.

Method: Qualitative research in the perspective of history. Scenario: UERJ's School of Nursing. Participants: undergraduate students and members of the Student Academic Center of Nursing Rachel Haddock Lobo, inclusion criteria being enrolled and attending the course at the time of the research and having participated in actions of the movement. Data collection: Primary and secondary written sources. It was implemented documentary and subject analysis. Approved by the research ethics committee of COEP/UERJ under the report nº 2.925.742.

Results: the following categories emerged: the political, economic and social context, and their effects in UERJ's crisis; the resistance movement of the students and the engagement in human rights activism by the nursing students.

Conclusion: the student movement mobilized a quantum of forces and were ahead of the debate for key points that concerned the University in the timeframe for the study, due to the social political context. The clashing's situations, the strategies used and the demonstrations strengthened the students, the professors, and the Academic community in their goal for quality education during times of crisis. Furthermore, the political education of the students made them aware of their rights and duties, knowing how to problematize reality putting in cosideration their own present and future demands, and of those who will be affected by their professional work.

Keywords: Nursing; Nursing history; Social engagement; Citizenship in health

ASSIGNMENT OF FEDERAL OUTPATIENT UNIT TO THE STATE UNIVERSITY OF RIO DE JANEIRO - BRAZIL

Maria Lelita, Laura Greco Gioia, Maria Pimentel, Maritza Sanchez, Miriam Chrizostimo

The redemocratization of the country and the advent of a new Constitution in the 1980s promoted sanitary reform in Brazil. The Ministry of Health took over the administration of health in the country, organizing it into a Unified Health System, which was also part of the municipal and state Health Secretariats. With the process of reorganization of these units, the assignment of Medical Assistance Station to the State University of Rio de Janeiro was negotiated and started to function as a teaching assistant for health courses. In view of the above, the problem of the study turns to the struggle and the enterprise employed by the professionals involved in the transfer/incorporation of the Polyclinic to the University, in the sense of being another strategy to support the training of professionals in a model of training-assistance which integrates teaching-service, for the field of health in the state of Rio de Janeiro. This study is justified because of the relevant strategic role of the University as a worker trainer for health.

Objective: Describe the circumstances that led to the transfer/incorporation of the Polyclinic to the university and its repercussion for nursing.

Methodology: Historical-social study. Scenario: Polyclinic Piquet Carneiro from the State University of Rio de Janeiro. Primary sources: written documents such as legislations, minutes books, news in newspapers and magazines, reports and others; secondary sources: academic articles, dissertations and books about the theme. Data collection: form for examining the documentation (location, technical analysis, content analysis, appropriated information to the guiding questions of the research and general observations). Documentary analysis: verification, organization, classification, internal and external critical analysis of the document. There was approval by the Research Ethics Committee of UERJ for opinion number 3.110.642.

Results: The documentary collection composes 31 documents, which are organized into three categories: assignment process antecedents; bureaucratic operation of the assignment/incorporation; the Polyclinic incorporation into the University and its effects on the population of Rio de Janeiro. The context of the

assignment/incorporation took place during the management transfer of federal units in the 1990s, complying with the decentralization principle of the Unified Health System. The signing of the Term of Assignment of Use in 1999 determined the administrative tasks of the co-management partners: University and the Ministry of Health. In 2008, the Nursing Division and other services were reformulated by their corresponding Academics Units. The mobilization of faculty members to enact in the unit has made it a training camp for nursing undergraduates and other courses in the health areas as well as for residency. There was a reorganization of patients' access, with agility in attending the population.

Conclusion: The Polyclinic incorporation into the university involved clashes and political struggles, brought gains for education and population, and broadened the Nursing role in the unit.

Keywords: Health centers; nursing history; documents.

BLACK WORKING STUDENTS ENROLLED IN THE SCHOOL OF NURSES RACHEL HADDOCK LOBO (1948-1961)

Maria Lelita, Natália Pereira, Maritza Consuelo Ortiz Sanchez, Joyce Tavares, Rhaiane Leal

As a result of the slave system in Brazil, the image of the afrodescendant was stigmatized as crime, poverty, prostitution, were considered ignorant and this was the image that the nursing profession didn't want to be linked. In accordance with the official model of modern nursing teaching and to achieve the standards for nurses that were conditions such as: being a white, educated, young and healthy woman. At the time, the norm was for women to not work outside the home, specially single women, that should develop home activities, be a "good family's girl", knowing how to sew, how to embroider, knew music and who didn't seek activities outside the home, since they were raised to be financially dependent of a husband or a father. Therefore, this research is justified by the knowledge of black working students enrolled in the School of Nurses that fled this pattern.

Objective: Characterize the black working students enrolled in the School between 1948 and 1961.

Method: Quantitative research, descriptive with documental support in the perspective of history. Primary sources: research database: Collective biography: Nurses of Brazil (1923-1961), Nursing, and race: Collective biography of black women and their journeys in nursing schools in Brazil (1920-1960) by written permit from the author. Secondary sources: essays, thesis, books and papers. To the data collection it was employed a form with the interest variables of the research. Excluding criteria: black, brown and mixed non-working students that enrolled after the time period of 1948-1961. The data was processed by simple and descriptive statistics, employing the spreadsheet editor Microsoft Excel and represented data through tables.

Results: It was raised 455 registers of students, where 83 were black, with 13 workers, that enrolled in the School in the following years: one in 1949, one in 1952, five in 1953, one in 1956, one in 1957, two in 1960 and two in 1961. The black working students were young women with ages between 19 to 27 years, single and without children, three with responsibility to provide for their families, in majority Catholics and originated from the Northeast region of Brazil. Their parentes didn't receive high level of education. The students originated from the Northeast came to Rio de Janeiro with a scholarship offered by the Special Service of Public Health.

Conclusion: When characterizing the black working students enrolled in the School of Nurses, it was observed that the social context of the time was twice excluding. Black women have gone through this process of gender inequality with more restrictions than white women. This work provides reflections on the profile of the health professional built throughout history, the effects of racism in Brazil appear in a subtle way, be it in the look, in the words or even in practices and rooted discourses that we need to deconstruct.

Keywords: History of nursing; women, black, nursing education, women scientists.

LEADERSHIP COACHING - A NEW MODEL OF AN INNOVATIVE NURSE MANAGER: AN INTEGRATIVE REVIEW

Maria Silva, Fernanda Silva, Girlane Almeida, Letícia Lima

Leadership Coaching is a new direction for organizations in the health sector and, as a result, innovative among Brazilian nurses. In this context, the differential of a nurse, who until then was evaluated by means of his / her technique and experience in the function, now also considers its entrepreneurial, innovative and

leadership skills, which opens doors to new development opportunities, learning through feedback and excellence in the exercise of his / her job. In this way, questions are: Do nurses know the Coaching strategy and use it as a leadership tool? Can they contribute positively to team management and provide consistent support for a full and effective patient care?

Objective: This integrative review has the objective of researching on the improvement and use of Coaching as a tool for innovation and leadership by nurses.

Methods: For the flow chart drafting, the study carefully followed six stages, being: 1) Elaboration of the guiding question; 2) Criteria for Inclusion and Exclusion of Studies; 3) Definition of the information to be extracted from the studies/Data gathering; 4) Evaluation of the studies included in the review; 5) Interpretation of Results; and 6) Presentation of the Review / Data.

Results: The results showed that the Coaching tool is key to the development of skills that favor the work environment because it enables the efficient management of technical and day-to-day issues, performs good time management, brings benefits to team work which coordinates and continuously train and values its employees, always being assertive in its decisions, aiming at ensuring continuous improvement in patient care. Thus, according to article 1, Coaching is a high-impact process for productivity increasement, commitment to results and people's reality, including willingness to cooperate. The article 2 refers to the fact that Leadership Coaching is not yet implemented as it should in nursing management. The article 3 shows Coaching as a competitive differential able to modify the administrative scenario from the organizations contributing for the improvement of managerial, technical and personal skills of these professionals and article 4 infers that leadership linked to the managerial activity of nurses enables the needs attendance of the organizations and improves the quality of the services provided.

Conclusion: In the present study it is possible to verify that Leadership Coaching is a powerful tool of individual and collective professional development, well known at the strategic levels of the institutions, but still new for the nurse manager, making it necessary to expand the studies on Coaching to clarify the applicability of the proposed model so that it becomes indispensable for management and leadership in the work environment.

Keywords: Management. Innovation. Nurse. Health. Coaching. Leadership.

FUNDAMENTAL RIGHT INTERLACED WITH HEALTH JUDICIALIZATION: INTEGRATIVE RESEARCH

Maritza Gio, Raquel Chrizostimo, Zenith Silvino, Miriam Chrizostimo, Maria Xavier

The health judicialization refers to the search of the judiciary as the latter alternative for obtaining the drug or treatment now denied by the public or private health system due to lack of stock forecast or budget forecast. The search for the fundamental right, namely, for health is a reflection of the impossibility of consolidation of the individual, family and society protection, with regard to health system. Thus, the Brazilian Unified Health System (SUS) starts to exist for changing the health care inequality, by means of the obligation of the public attendance to the entire population and forbidden the billing of any amounts for the service provided. The SUS has a structured legal framework and aims to attend the population in an equalitarian way.

Objective: to analyze the legal demands that address the health judicialization in the scope of the SUS.

Method: integrative research carried out in October 2017. Descriptors: health law; health judicialization; SUS; constitutional right. Boolean operator and. Search: Virtual Health Library Portal. Inclusion criteria: articles with subjects: consumer protection, access to health care, SUS, health law and health and right to health; Portuguese, English and Spanish idioms; period 2012 to 2017; full texts. Exclusion criteria: integrative review articles; abstract, dissertations and thesis; duplicate of articles and without clear methodology.

Result: 38 (thirty-eight) productions found, read and analyzed. Thirteen (13) were selected, which gave rise two categories, namely: the first relates to the health judicialization for obtaining the health product and the second refers to the health judicialization related to demands of management that aim at allocation of resources.

Conclusion: In the scope of the SUS, legal demands confirmed by evidences are presented in scientific productions, since there are reports whose individuals have made use of the judicial system for

obtaining the health recovery. The legal demands were the drugs, exams, inputs, lack of beds, health treatments and the management problems. The administrative restructuring is necessary to meet adequately the demands of the population. The right to health is recognized as a right original to the service provision and of fundamental character to life, by the own characteristic of subjective right, that expresses the material provision for protecting the quality of life. That said is substantiated the mandatory demand of any State that express in its basic pillars the human dignity and social justice.

Descriptors: Health Judicialization; Health Law; Constitutional Right; Unified Health System.

PERFORMING RAPID TESTS: THE USER IN FOCUS

Maritza Sanchez, Andre Braga, Thayná Cardoso, Idelzira Araújo, Deise Souza

The Department of Sexually Transmitted Diseases / AIDS and Viral Hepatitis of the Ministry of Health of Brazil, describes the realization of rapid tests increase agility in response to the user and prompt referral for treatment and / or assistance; It thus avoids the complexity of conventional laboratory tests, which requires appropriate framework and longer terms for the results, and resulting in lack of interest by the user and the loss of it by the health system. The present study aims to analyze the profile of the user who seeks the health surveillance service of the Policlínica Regional do Largo da Batalha (PRLB) to perform rapid tests, making this information serve as a subsidy for the decision making of the nurse the demands of this population. We justify this research by the flow of care in the Health Surveillance Service of the unit for this type of care, since its speed and ease of achievement, reading and results increase the population's interest in doing so. This is an observational research, a cross-sectional study, with a quantitative approach, carried out through field research, with a structured interview research instrument, approved by the Ethics Committee of the Fluminense Federal University - Brazil. The research scenario was the Policlínica Regional do Largo da Batalha, located in the city of Niterói / RJ - Brazil and the participants were the users who sought the unit to perform rapid tests for HIV, Syphilis, Hepatitis B and C, the inclusion criteria were: to be users who sought the services of health surveillance for the rapid testing of spontaneous demand. The instrument used was a structured interview. Data were collected between the months of November 2017 to June 2018. A total of 147 users participated in the survey. As a result we perceive a large number of users who have active sex life, do not use condoms, have doubts about the forms of transmission, but present mostly negative results regarding the results of rapid tests.

PERMANENT EDUCATION AS MANAGEMENT STRATEGY IN TWO COMMUNITY FAMILY CLINICS - NITERÓI

Maritza Sanchez, João Silva, Maria Xavier, Miriam Chrizostimo, Deise Souza

Permanent Education (EP) is a pedagogical concept used to express the relations between teaching, actions and services, with articulation between teaching and healthcare. EP is the personal commitment of the nurse and employers' organizations, through the training of a permanent knowledge network. The EP is also seen as a policy and strategy for changing health practices and should count on the participation of the concerned individuals: managers, trainers, healthcare workers and persons concerned with the social movements and the social control. Thus, it becomes an important strategy of the Brazilian Unified Health System (SUS) to the training and the healthcare workers' development. The present study is justified in the light of the continuous need for enlarging the knowledge field and investigation about the health management with the inclusion of the EP as a strategy of consolidation in the nurse's work process. It is still considered that the permanent education provide conditions so that this professional can ensure quality of care, which meets the needs of the attended clientele and realization of the public health policies.

Objective: To analyze the EP practice as a management strategy carried out by the nurses in two Community Family Clinics.

Methodology: Qualitative descriptive research. Scenarios: Community Family Clinics Professor Barros Terra and Ilha da Conceição. Participants: nurses who work in both clinics. Data collection: the instrument used was the semi-structured interview, which allowed the thematic analysis and made emerge the category,

which enabled inferences in light of the existing literature. The study was approved by the Research Ethics Committee of the Fluminense Federal University CAAE 64840416.3.0000.5243/2017.

Result: the EP practice carried out by the nurses as a tool and strategy for improvement, for optimizing management in the health services for the attention to the users.

Conclusion: the Permanent Education is one of the tools and one of the strategies for improvement, for optimizing management used by the nurses of the Community Family Clinics for the benefit of the attention to the users. These nurses still carry out planning, question practical experiences for solving objections and meetings with the multiprofessional team for changing information, to outline new paths in achieving the quality of customer service. Therefore, the nurse's personal commitment and the employers' organizations is present, which favors the formation of the permanent knowledge network. As well as, the policy and the strategy for changing the health practices allow the participation of the involved individuals, being necessary that the managers update their knowledge or restructure those existing, when necessary, for having new instructions.

Keywords: Nursing. Permanent education. Managerial work process.

EXPERIENCE REPORT OF A NURSE FROM THE MOBILE EMERGENCY CARE SERVICE OF SÃO PAULO

Raquel Melo, Marcos Souza, Antônio Nascimento, Jessica Sobral, Marcos Campoy

Introduction: Pre-hospital care (APH) is characterized by assistance from outside the hospital, with the objective of welcoming the requests for medical care of Citizens for acute health problems, of a clinical, psychiatric, surgical, Obstetrical and Gynecological. This service is initiated through the toll-free telephone connection by the national number 192, which is exclusive to the emergency medical regulation centers of the Mobile Emergency care Service (SAMU). In 2002, Ordinance 2,048 was created, guiding the entire emergency and emergency service in the national territory.

Objective: To report the experience of nurses in health care in pre-hospital care.

Method: It is a descriptive study, written under the gender report of experience that intends to describe the experiences of a nurse who operates in pre-hospital care services. Thus, a male nurse was selected, active in the SAMU for more than 20 years. The interview with the nurse M.A. C occurred in the premises of the Oswaldo Cruz College in São Paulo, after the school hours and had a total duration of 1 hours.

Results and discussion: Three topics were considered to guide the conversation with the participant: the experience of this nurse in the SAMU; The difficulties faced in daily life as nurses and if in their opinion the right to health is guaranteed in the PHC. Currently there is a significant increase in accidents and violence mainly in São Paulo, making the SAMU service extremely important and consequently needs qualified professionals to act in these services. The pre-hospital care service is divided into two modalities, being a basic support service and advanced support service with crucial differences between both in the administrative and operational part, the legislation predicts that the nurse should Act indirectly in the basic support, because the nursing technician will act assistentially. In the advanced support, the nurse will act together with the physician. However, in São Paulo there is a protocol that supports the nurse to act without the presence of the physician and with the support of a nursing technician, called Life support by nurses, however, the ambulance for this modality does not have all the logical resources of Advanced support ambulance, so certain practices cannot be implemented. Since the creation of SUS, all citizens have the right to health, even in pre-hospital care. This service became more organized from the creation in 2003 of the national policy of urgency and emergency, that is, there was a reorganization of a service that already existed, known as ambulance service 192, and that became a service regulated by a Medical Center, however, there are still difficulties of the right to the citizen to health in function of the articulation of the networks of health actions that require from pre-hospital care to hospital and post-hospital visits.

Conclusion: Pre-hospital care is essential in the health care scenario in Brazil, so improvements in the ease of access to health by all citizens in any region of the country and in the quality of the service offered are necessary.

ACCESSION OF THE NURSING TEAM TO ASSISTANCE PRACTICES RELATED TO THE CENTRAL VENOUS CATHETER FOR PATIENT SAFETY IN A INTENSIVE THERAPY UNIT OF A PUBLIC HOSPITAL OF RECIFE, PERNAMBUCO, BRAZIL

Rêneis Silva, Emanoela Dourado, Alessandra Ferreira, Thaís Barboza, Kátia César

Introduction: The care practices provided at the ICU are based on the physiological conditions of patients in intensive care using invasive devices that can cause complications, such as intravascular catheters, mainly venous catheters, which are widely used in the ICU. The use of central venous catheters (CVC) in hospitals means an advance to clinical practice, being an indispensable instrument in patient care, especially for those in a serious condition, despite its widespread use, in the central catheters evidence in patients the complications, such as primary bloodstream infection (HF), due to the high rates of morbidity and mortality. The nursing process is a major tool for planning and delivering care, it is a strategy used by nurses to get data, plan, plan and care for them. In the ICUs, the nursing process is an essential resource for nurses' work due to the need for rapid and critical evaluations, improving planning and quality of care, resulting in improved communication between teams, preventing errors and unnecessary repetitions. The nursing staff has full manipulation on the catheters and therefore have the skills to avoid any infection event.

Objective: to investigate the adherence of the assistance practices related to the central venous catheter by the nursing team in an ICU of a public hospital in Recife/PE.

Methodology: cross-sectional, descriptive research with quantitative approach. The sample consisted of 50 nursing professionals, the data were collected in November 2018, applying a questionnaire with 11 structured questions, in a university hospital state of Recife/PE, Brazil, after validation of the Ethics Committee on opinion 3,026,865 and CAAE: 98900818.0.3001.5192.

Results: When analyzing the results, it was observed that there was a predominance of females corresponding to 92%; 54% of respondents were married; 56% with age over 40 years and 42% with complete higher education. In the other aspects of the sample, the interviewees' behaviors were satisfactory; 56% reported that they cleaned their hands whenever necessary and at appropriate times; 64% performed catheter hub antisepsis correctly with 70% alcohol; 96% affirmed to hygienize the hands following norms established by ANVISA; 30% of respondents stated that they performed correct care to prevent infection of the bloodstream associated with the central venous catheter; 60% reported being aware that only the nurse performs the exchange of the dressing of the central catheter. However, 54% of the interviewees reported that they had not participated in any training to handle the central venous catheter, but 44% of the interviewees follow internal protocols of the institution.

Conclusion: This reinforces the need of the professionals interviewed to improve their knowledge in order to provide specialized assistance, being essential the participation of the hospital institution in the permanent education of its professionals.

KNOWLEDGE OF NURSES IN THE EARLY IDENTIFICATION OF PATIENTS WITH SEPSIS RISK IN THE EMERGENCY AND ICU OF A PUBLIC HOSPITAL IN PERNAMBUCO

Rêneis Silva, Alexsandra Silva, Marta Arruda, Emanoela Dourado, Lana Tavares

Introduction: Sepsis is life-threatening organ dysfunction due to the host's dysregulated response to infection. Septic shock is the subgroup of sepsis, where circulatory and metabolic-cellular abnormalities occur. The screening tool to identify patients at risk for sepsis is named Quick Sequential Organ failure Assessment (quickSOFA) or qSOFA. The suggested method for assessing organ dysfunction is the Sequential Organ Failure Assessment (SOFA). Premature identification of sepsis is the most important step in increasing the positive impacts of better treatment. It is necessary that the nurse has up-to-date knowledge of the signs and symptoms characteristic of sepsis, since it has acquired increasing importance, leading to death viable individuals.

Objective: to evaluate nurses' knowledge in the early identification of cases of risk of sepsis in emergency and ICUs of a public hospital in the city of Recife/PE.

Methodology: descriptive, cross section with quantitative approach. Data were collected in May and June of 2017 at the Getúlio Vargas Hospital in Recife, Brazil, with a sample of 30 nurses, using a checklist questionnaire containing 16 structured questions and analyzed with simple descriptive statistics and factor analysis, with the approval of the ethics and research committee number 2,102,588.

Results: 83.33% of the nurses were female, 43.33% were between 40 and 49 years of age, 40% had training time of 1 to 10 years and 21 to 30 years, 93.33% had specialization, 30% were urgency and emergency specialists, 46.67% had working time as a nurse in the hospital for 1 to 5 years and others for more than 5 years, 80% worked in the Emergency sector. All answered that they know what is sepsis, 53.33% erroneously reported that sepsis is a generalized infection and 86.68% that septic shock is a worsening of the initial infection with worsening of signs and symptoms. 66.67% correctly associated the concepts, clinical and laboratory criteria of sepsis. 70% mistakenly associate that SOFA was used in the emergency and qSOFA in the ICU. About the impact of antibiotic therapy, 90% pointed out that correct administration was a success in the clinical outcome. 55.56% of the nurses incorrectly answered that pain, temperature, hypotension, coagulation, balance and skin are the criteria for evaluation of the SOFA Score. All responded that the main foci of origin for sepsis would be: pulmonary, urinary, abdominal, cutaneous and neurological. 55% reported that the initial administration time of the antibiotic was 60 minutes still in the emergency room. 23.33% affirmed of the sepsis protocol opening should be performed by the doctor, and not by the nurse. 75% reported as emergency nursing care/ICUs for sepsis patients: prescribed antibiotic administration, vital signs monitoring, and level of consciousness observation.

Conclusion: the study made it possible to show that the nurses of the Emergency and ICU analyzed have an adequate but superficial notion regarding the current concept of sepsis. They are poorly prepared for the early detection of signs of sepsis, with no basis in the best scientific evidence, already published internationally and nationally, superficializing care in Nursing.

NURSING IN MECHANICAL VENTILATION: A CARE BEYOND PRACTICE

Rêneis Silva, Amanda Costa, Priscila Silva, Anna Barbosa, Sandra Carvalho

Introduction: The ICU is a specialized sector, with a unit of monitoring, reserved to receive critical patients or with dysfunction of one or more systems. Although non-invasive ventilation (NIV) is the first line of choice for respiratory disorders, it is only possible in a limited number of patients. In those with severe respiratory distress with spontaneous contraindication to NIV or its failure, invasive ventilation comes into play through orotracheal intubation or tracheostomy. For the nurse to provide adequate ventilatory support for the patient, he / she must be able to handle the various ventilators, being fully aware of the implications for the patient of the mode and level of ventilatory support.

Objectives: To evaluate the Nursing Care given to critical patients submitted to mechanical ventilation (MV), in a large hospital unit, in the city of Recife/PE, Brazil.

Methodology: Descriptive, cross-sectional study with a quantitative approach, composed of 28 nurses, 21 of the Getúlio Vargas Hospital (HGV) and 7 of the Santo Amaro Hospital (HSA) with an intentional, non-probabilistic and convenience sample in Recife / Brazil, using a questionnaire, with 14 structured questions, collected in April and May of 2017, with a simple and factorial descriptive statistics analysis. It was approved by the Ethics Committee with CAAE 66111817.7.0000.5640 and Opinion 2.044.

Results: 96% of the nurses were female, 54% were between 30 and 40 years old, 29% had up to 5 years of academic training, 47% worked in the emergency and ICU sectors, 31% had ICU specialization, 97% the respiratory balance to patients on mechanical ventilation, 86% aspired to the airway when necessary, 75% interrupted dietary administration by SNG or SNE during bathing in the bed, 54% considered it important to interrupt the diet by SNG / SNE during sanitation to avoid bronchoaspiration, 42% frequently measured Cuff pressure, 32% adjusted the value of 20 to 30cmH₂O for cuff pressure / volume, 43% checked Cuff pressure / Volume at each 12%, 96% constantly evaluated the alarms of the ventilator when activated, 71% resolved the intercurrents with the mechanical ventilator, 43% were mistakenly waiting for 72 hours for the replacement of the hydroscopic filter, 96% evaluated the good adaptation of the patient to the MV and only 18% said that a calm facial expression, normal respiratory pattern, good saturation and stable vital signs were

given for good adaptation. 61% participated in ventilatory weaning at times. 75% of the nurses did not have training in ventilatory assistance, 68% were aware of ventilatory assistance at the undergraduate level, 75% were aware of mechanical ventilation pneumonia (VAP) and 36% were aware of the precautions for preventing VAP.

Conclusion: there is an incipient knowledge of nurses regarding the care given to patients submitted to mechanical ventilation, and a training / updating of these guidelines is essential, improving and strengthening the Systematization of an individualized and integral care plan.

O IMPACTO DO MODELO DE CALGARY NA CAPACITAÇÃO FAMILIAR: PERSPECTIVA DA ENFERMAGEM DE SAÚDE FAMILIAR

Rui Monteiro, José Gomes

Family health nursing is a recent reality, under construction, worthy of deep reflection. The concept of family health refers to the ability of the family to mobilize coping resources in the face of illness of one of its members (Carter & McGoldrick, 1995; Hanson, 2005). For Hanson (2005) family health should be seen as a dynamic state of relative change in well-being that includes biological, psychological, spiritual, sociological and cultural factors of the family system. Nursing, empowering the family, is now involved in finding solutions to their problems, in the planning and execution of interventions, playing a proactive, preponderant role that can lead to the well-being of the family unit, co-developing coping strategies capable of requesting family autonomy, allowing informed decision making, attending to the needs inherent to the family life cycle (Ordem dos Enfermeiros, 2011). The greatest value that case management finds is the possibility of developing relations of mutual trust with families and clients, as well as a deep understanding and validation of their needs and resources to promote self-care, in a scenario of care negotiation and the sequence in the process (Weydt, 2001). The ongoing research aim is understanding if the implementation of a structured family nursing consultation, based on the Calgary model, authored by Wright and Leahey, influences family empowerment. The methodology used refers to a longitudinal study; almost experimental (pre-test/post-test); mixed methodology; descriptive and inferential. Population and sample - about 30 families divided into two distinct groups, enrolled in the Family Health Unit RaiaMaior, District of Portalegre, Municipality of Campo Maior. The randomness of the sampling will be assured by alphabetical and orderly selection of five in five households. Inclusion / Exclusion Criteria: Inclusion - users enrolled in the Family Health Unit RaiaMaior, belonging to the list of users of the nurse who will develop the study, adults, literate. Exclusion - users not enrolled in RaiaMaior Family Health Unit, minors, illiterates. Instruments to be used for data collection: FACES III; Graffar scale; Questionnaire, built by the research team. Regarding the foreseeable results of the current study, health gains are expected for families involved in the nursing process, which implies a nursing consultation structure based on the Calgary model. From the expected results, health gains can be inferred for the national health service, since families who are better able to cope with problems through resolution by co-constructed coping mechanisms will be healthier and have tended to use more effectively available health services, making the most of resources. It should be added that the study is authorized by the Board of Directors of ULSNA E.P.E., having obtained a favorable opinion by the ethics committee of the same entity.

ASSISTANCE PROVIDED BY THE PATIENT NURSING TEAM OSTOMIZED

Sandra Carvalho, Elizandra Santos, Rosália Ribeiro, Rêneis Silva, Emanoela Dourado

Introduction: The ostomy originates from the surgical act to maintain the physiological function of the body in operation, be it without the rectum, colon or bladder, and may be temporary or definitive. There are several causes that lead to this procedure, the main ones being trauma, congenital and inflammatory diseases. The origin of the disease is the main factor that indicates the type of ostomy. It is imperative to have the guidance and assistance of the nursing team from discovery to re-training the client so that there is an adaptation in a less traumatic way. Care for ostomized people demands particularities in different

dimensions, requiring individualized, systematized and qualified attention. Caring for people undergoing this type of procedure, which alters their gastrointestinal physiology, self-esteem, body image, habits, and other changes in their life due to the presence of ostomy, has been a challenge for the care provided by the nursing team.

Objective: To identify the assistance provided by the nursing team to ostomized patients, in a hospital in the city of Recife / PE, Brazil.

Methodology: descriptive, cross-sectional and quantitative approach, with 24 nursing professionals, 12 nurses and 12 nursing technicians, at Getúlio Vargas Hospital, collected from October to November, 2018, using a structured questionnaire with a statistical analysis descriptive, simple and factorial, whose approval was given by the Ethics Committee with CAAE: 96488218.8.0000.5640 and Opinion 2,950,209.

Results: 92% of the interviewees were female, 50% were between 41 and 59 years of age, 46% were married, 30% had between 1 and 5 years of academic training, 83% had some specialization, 33% answered only to know three of the five types of ostomy, and 30% matched all 5 types. 83% stated that ostomies are temporary and definitive, 71% responded that the exchange of the ostomy bag was according to the need, 25% reported as complications of the stoma dermatitis, edema and hemorrhage and 25% only dermatitis, 38% skin care with the stoma: keeping the skin clean and dry and 25% lime, dry and applying barrier film, 58% used barrier cream to prevent peristomy injuries, 33% applied only barrier cream and 33% did not know 79% reported that the service had material needed to perform ostomy care, and 46% of the care was performed only by the nurse.

Conclusion: the need for a specialized and up-to-date nurse, acting together with the nursing team, to adequately and individualized delivery, guaranteeing the reduction of damages and complications to health is highlighted. Nursing care should cover all areas of care, the patient has the right to follow-up and specialized care in the hospital setting.

CUIDADOS DE ENFERMAGEM NA SATISFAÇÃO DA NECESSIDADE HUMANA FUNDAMENTAL: AGIR SEGUNDO AS SUAS CRENÇAS E VALORES AO CLIENTE ONCOLÓGICO

Sara Miranda, Deolinda Luz, Florbela Bia, Sofia Andrade, Marta Palma, Rita Espadinha

Conceptual: The spiritual dimension is recognized as an internal facilitator in processes of health-illness transition, in traumatic and stressful events, in adversity or even in the face of a disease without cure. The Fundamental Human Necessity (FHN): To act according to its Beliefs and Values encompass the satisfaction of client spirituality and has become the focus of this study.

Problem: Spirituality has two dimensions: the vertical, related to the divine or transcendent and the horizontal, related to the optimism, hope or meaning attributed to life and its satisfaction, relationships with others, with oneself and with the environment. However, spirituality isn't approached daily in praxis or focused through evidence in initial assessments, in nursing registers, in the continuity of care or in planning. Urge, understand the spiritual dimension and analyze the obstacles encountered by health professionals to justify their lack of practicality, as well as their integration in the planning of nursing care for cancer patients and, even to search for instruments for the evaluation of the spiritual dimension.

Methods: Integrative literature review, through bibliographic research in the EBSCO database, official documents of the Garcia de Orta Hospital (HGO), or National Health Regulations. Definition of keywords for the collection of more recent scientific articles, total of 25 articles. Subsequently, we proceed to the reading and analysis of the same and the construction of summary tables.

Results and conclusions: It was verified that in the cancer client, the analysis and exploration of this dimension is intrinsic to the person and is relevant in the acceptance of the disease, in the improvement of the quality of life and in the creation of coping mechanisms. Different scales of spirituality were discussed, such as FACIT-SP (Functional Assessment of Chronic Illness Therapy - Spiritual Well-Being). There was a need to incorporate nursing interventions such as music therapy, meditation or active listening to the satisfaction of client / family spirituality.

Keywords: Spirituality; Nursing Care, Oncology Patient/Client; Cancer; Spiritual Care; Spiritual Well-Being; Quality of life.

APLICAÇÃO DA SAÚDE PÚBLICA EM MULHERES INDÍGENAS: UMA REVISÃO INTEGRATIVA

Soraya El Hakim, Evandro Andrade, Mayara Monteiro, Edrielle Silva

Introdução: Estima-se que hoje no mundo exista aproximadamente 5 mil povos indígenas, somando mais de 370 milhões de pessoas. No contexto histórico da saúde indígena, a questão vem enfrentando grandes transições. Em 2007 foi criada uma Coordenação específica para tratar das questões das mulheres indígenas.

Objetivo: Descrever através da literatura os cuidados de saúde da mulher indígena.

Metodologia: Trata-se de uma pesquisa do tipo revisão integrativa. A coleta de dados foi realizada entre os meses de Setembro de 2017 a Novembro de 2017. Os artigos seguem os seguintes critérios de inclusão para a revisão integrativa: Abordar o tema de os cuidados de saúde da mulher indígena e como isso pode ou não ajudar a saúde da mulher indígena, artigos publicados em língua portuguesa e espanhola, publicados nos últimos quinze anos (2002 a 2017), devem estar disponíveis de livre acesso online e de forma gratuita e completa. Serão excluídos os artigos que não responderem a questão norteadora e não atenderem os critérios de inclusão. O levantamento dos dados bibliográficos foi adotado da BVS, utilizando as bases de dados eletrônicas: SCIELO, BDEEN e LILACS. Foram utilizados os seguintes descritores: Saúde Indígena; Saúde da Mulher; Mulher Indígena e Cuidados com a saúde da mulher indígena. Foram selecionados 50 artigos, após uma leitura minuciosa restaram apenas 8 artigos, sendo 7 em português e 1 em espanhol.

Resultados e Discussão: Quando se pesquisa sobre um tema que é sempre abordado, porém nunca se consegue realmente tratar e cuidar desse povo, devido a sua cultura e crença é um desafio e tanto. O povo indígena sempre irá preferir tratar das patologias adquiridas por meio de ervas, rituais ou outros tipos de crendices.

Conclusão: As mulheres e povo indígena ao todo precisam de mais atenção preventiva, ou seja, precisam que as equipes de saúde vão até eles com mais frequência para realizar os cuidados preventivos que cada gênero necessita.

LEADERSHIP OF THE NURSE IN THE ASSISTANCE TO CARDIORESPIRATORY ARREST IN A HOSPITAL UNIT

Soraya El Hakim, Carlos Nascimento, Denize Marroni, Suelen Monteiro, Jessica Sobral

Introduction: cardiorespiratory arrest (CRP) is an unexpected complication in several moments, constituting a serious threat to people's lives, is defined as the interruption of the effective respiratory and circulatory activities. The intervention provides for the application of a set of emergency procedures to restore the return of spontaneous circulation. For Quality care in a hospital unit it will be necessary that the nurse professional be duly qualified and trained for effective care in the PCR, with this we must understand that the leadership aspect is indispensable for Cardiopulmonary resuscitation (CPR).

Objective: To Verify the way nurses work in a hospital unit on the north coast of São Paulo, with regard to leadership aspects in the care of PCR.

Method: Quantitative transversal descriptive. Data collection was performed with 31 nurses in a small hospital located on the north coast of São Paulo, of which 61% had completed specialties after graduation and 39% did not have a specialization certification, of these, 87% of Professionals were female, against 13% of the male gender. Based on a questionnaire structured in seven (7) closed questions, multiple choice, focusing on the aspects of Nursing leadership and its assistance through emergency conducts in cardiorespiratory arrest.

Results: 1-Knowledge about the shockable rhythms in PCR: 52% of the interviewees had specific knowledge about the shockable rhythms and 48% did not demonstrate the rhythms. 2-Nursing Conduct by eviding a PCR: 55% of respondents are knowledgeable about the conduct to be taken in the PCR evidence to reestablish the RCE, and 32% also demonstrate knowing, but they did not attempt to conduct first, the other 12% did not know how to conduct PCR for RCE (return of spontaneous circulation). 3-Knowledge about the professional skills of a leading nurse: 51% of the interviewees knew how to understand the main ability of the leading nurse, already 25% only limited in guiding and delegating the functions. 4-Knowledge about the leadership in closed circuit regarding multidisciplinary information: Clear Messages consist of concise verbal

communication with sharp speech in controlled tone of voice. 84% of respondents clearly understand how to conduct closed-circuit communication and 16% know how to drive, but do not understand that for this type of communication it will be necessary to encourage team members. 5-Knowledge about the conduct in a non-pulse Ventricular Tachycardia: 48% of the interviewed professionals show that in addition to knowing a shockable rhythm they also know what conduct to be taken. What becomes worrying is that 29% shows that they do not understand what they discern between cardioversion and defibrillation, while 21% do not understand that by eviding a rhythm and that in this case it is shockable should have the defibrillation conduct and not CPR 30/2.

Conclusion: It Was possible to measure that the specialized nurses knew how to answer and correlate the questions about knowledge of leadership and assistance to PCR. Thus, the leadership aspects 70% obtained higher assertiveness results, in relation to CRP and its specificities that showed 57% of errors.

PUERPERAL PSYCHOSIS: A REALITY PERCEIVED BY THE WOMAN

Soraya El Hakim, Tainara Santos, Suelen Machado

The subject of the present study is puerperal psychosis. The objective is to describe the first symptoms of psychological alteration presented in puerperal psychosis reported by the woman, to identify the reasons for the occurrence of puerperal psychosis and to understand the social phenomenon of a woman who developed puerperal psychosis. Factors that have motivated us to this subject is that postpartum psychosis is little mentioned by the means that mothers and their family have access to, and it does not emphasize the importance of the psychological state of this puerpera and the importance of identification and early treatment. We started this project based on a bibliographical research, focusing on books, articles and monographs where we approached the concept of postpartum psychosis and its incidence over the years, presenting the concepts and their importance in the early diagnosis. Regarding the research approach, we used the exploratory descriptive, as it seeks to identify and describe the factors of the problem questioned. The exploratory study allows an explanation, a better understanding of the subject and emphasizes that exploratory research makes it easier to delimit the subject, contributing to a better hypothesis. The objectives of the study were reached because in the woman's testimony was made a connection between signs, symptoms, motives, causes, social and family life. Our search was satisfactorily answered, because we were able to understand the real process of puerperal psychosis by the case study. The nurse must be aware of how the health user expresses himself, because when we not only listen but we listen carefully, our perception of the situation of the human being goes beyond, fully comprehending.

Keywords: Psychosis, postpartum, puerperium, Hallucinations, Delusions, Cry, Humanization.

PROMOTION OF SEXUAL AND REPRODUCTIVE HEALTH OF THE TEENAGERS: COMMUNITY INTERVENTION PROJECT IN MINDELO

Suely Reis, Maria Rodrigues

Promoting teenagers sexual and reproductive health is an important strategy to improve teenagers' health indicators. We described a community project that occurred from October 2015 to March 2016, with the target population were teenagers registered in a health center in Mindelo, S.Vicente. The objective of the project was to promote the capacity of teenagers to adopt healthy sexual and reproductive behaviors. The methodology used was the health planning process (Imperatori & Giraldes, 1993). In the diagnostic stage of the situation, to characterize the population, we first obtain information from key-informants. 15 semi-structured interviews were conducted with teenagers who were registered in a health center in Mindelo, S.Vicente, in the months of June and July 2015. As ethical procedures, authorization was requested to the health office, the director of the health center and informed consent to the teenagers. When they were under age authorization was requested from the parents. Anonymity and confidentiality were maintained. The content analysis of interviews was conducted with the methodology of Bardin (2011) emerged a list of 8 health problems. To prioritize the problems it was used the Linear Measurement Scale Imperatori & Giraldes

(1993) and 4 nursing diagnosis were selected as priority: Knowledge decreased about sexual and reproductive health Compromised health beliefs Risks of unplanned pregnancy Lack of health resources due to no-existence of a preconceptional nursing consultation for teenagers. In the project we use the health promotion model of Pender, Murdaugh & Parsons (2011) and the following intervention strategies were selected in teenagers attending schools in the area of influence of the health center: health education; training of community peers and to plan and implement a nursing consultation focused on the teenagers needs. With the intervention developed we contributed to enable teenagers to adopt sexual and reproductive healthy behaviors and response to the need to implement a nursing consultation, aimed to the teenagers in a health center of Mindelo.

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FROM CLINICAL PRACTICE TO EVIDENCE IN A BURNING UNIT: THE ROLE OF AN ALGINOGEL ENZYME IN SECOND DEGREE BURNS

Susana Mendonça, Patrícia Ribeiro

Burning patients continue to be a source of concern and anguish for nurses working in this area, but it is also considered a problem with a huge impact on public health and society itself. Lesions that cause a burn can have dramatic repercussions at individual, family and social level. In fact, in some cases, they have a tragic influence on people's lives, causing suffering, loss of functional capacity, alteration of the person's image and self-esteem and an increase in health expenses. Burns are a lesion of organic tissues with destruction of the epithelial lining, from an external agent capable of triggering a large number of systemic responses. In order to proceed the treatment it is necessary to use a suitable product that promotes the formation of granulation tissue and the adequate healing process. This product ideally should create conditions for healing according to the temporal parameters and that biology conditions, it also should decrease pain in the patient and ensure the coating with features as close to normal (appearance and sensitivity). At the same time, the focus should be on the topical treatment of the burn using products with debriding action that favor moisture in the wound bed, a protective effect on the healthy skin and antibacterial action, preventing the infections, since they continue to be the main cause of death of the burned patients. Thus, the product's selection is critical to improving the healing process, promoting benefits of patient's well-being and better quality in care delivery.

Objective: To present results of the clinical practice of the application of a healing agent in the treatment of 2nd degree burns.

Method: Quasi-experimental study using 2 patient samples (8 patients with alginogel enzyme and 8 patients another treatment). Samples: Non-random. The data collection took place from May to December 2018 and the instruments of data collection were the clinical registers, photographic record, evaluation and clinical evolution of the burn.

Results: I) Burn debridement with an average of 9 days; II) 7 patients not undergoing surgical intervention, reducing the risk of infection; III) Absence of donor and grafted region; IV) Evolution in the cicatrization process, decreasing the area to be operated (the only case of surgical intervention; V) Healed skin with characteristics close to uninjured skin (aspect and sensitivity); VI) Reduced pain of the patient; lower level of sedo-analgesia; fewer days of fasting.

Conclusions: This product diminished the pain and the risk of infection, promoting greater autonomy and early mobility of the patient. Its effectiveness reduced the days of hospitalization in the Unit.

INCLUSIVE CARE FOR THE DEAF WOMEN: CHALLENGES TO MIDWIFERY INTERVENTION

Verónica Sousa, Madalena Oliveira

The United Nations Disabled People Convention (2009) states that its members should develop all the necessary measures to grant disabled people the access to the same scale of quality and type of healthcare programs and services, including the area of sexual and reproductive health available to the general population. It also requires healthcare professionals to apply healthcare procedures to disabled people with the same quality and dignity in a consented and informed way. Therefore, the inclusion of disabled people is assumed as one of the great priorities of governmental action. The National Program of Low Risk Pregnancy Surveillance (2016), indicates that healthcare procedures should be widened in a way that makes them incorporative to the people with special needs. Studies related with inclusive healthcare to deaf women, as well as healthcare procedures rendered by midwifery nurses, are meager. Evidence shows that there is a big worldwide gap on the access to healthcare information and education, as well as procedures, for the deaf population. Midwifery nurses have a wide area of action concerning women / families intervention throughout the reproductive cycle, So it is important to know what are the challenges demanded to midwifery's intervention, in order to promote inclusive care to deaf women in delivery rooms. Through an evidence-based practice, a review of the literature was used and experts in the area were consulted, in particular through contacts established with the Portuguese Deaf Association and the Portuguese Federation of Deaf Associations, and ethical principles were taken into account. There are few studies related to nursing care and Midwifery, aimed at deaf women, but available evidence points to a large global gap in access to information and health education and care directed to the deaf community. These women report feeling neglected during pregnancy and during labor, a factor that they associate with communication difficulties. It is crucial to continue to challenge nurses to ensure the rights of these women, with a focus on education training (mainly on midwifery), research and care management, including through creative and inclusive care in many contexts of the area, so that a healthy sexual and reproductive health can be promoted and risks minimized. It was proven necessary to create conditions and strategies for precise communication, such as the use of a language adapted to deaf people, highlighting the importance of including language learning in the academic training of health professionals.

Keywords: Pregnant; Deafness; Midwife; Inclusive care

COMPARISON OF AN ORAL FACTOR Xa INHIBITOR VS LOW MOLECULAR WEIGHT HEPARIN IN PATIENTS WITH CANCER-ASSOCIATED VENOUS THROMBOSIS: A SYSTEMATIC REVIEW AND META-ANALYSIS

Yiling Chen

Background: Cancer-Associated Thrombosis is a common complication in patients with malignant disease. Although low molecular weight heparin (LMWH) is the guideline-endorsed treatment in cancer-associated venous thromboembolism (CA-VTE), in clinical practice many patients couldn't receive this treatment. Purpose: In order to evaluate outcomes of CA-VTE management with Oral Factor Xa Inhibitor (DOACs) VS. Low Molecular Weight Heparin (LMWHs), this study reviews the literature systematically and determines whether DOAC would offer an alternative treatment in CA-VTE.

Methods: A systematic review and meta-analysis were performed to evaluate the incidence of recurrent, major bleeding, clinically relevant non-major bleeding (CRNMB) and mortality in DOACs group compare with LMWHs group for the treatment of CA-VTE. Literature search of PubMed, MEDLINE, and EMBASE was conducted through February 2019. Poole analysis was conducted in RevMan 5.3.

Results: A total of 4 studies and 1807 patients were included in the analysis. Pooled analysis showed that the incidence of recurrence was significantly lower in the DOAC group as compare to LWMH group [risk ratio (RR)=0.63, 95% confidence interval (95%CI): 0.43-0.96, I=0%], the incidence of mortality was significantly lower in the DOAC group (RR=0.78, 95%CI: 0.62-0.99, I=21%). There was no significant deference of the incidence of CRNMB (RR=1.43, 95%CI: 0.67-3.04, I=84%) and major bleeding (RR=0.77, 95%CI: 0.34-1.74, I=64%) between two groups.

Conclusions: Our results suggest that DOACs might reduce the incidence of recurrence and mortality in CA-VTE. DOACs may offer a safe and effective alternative to LMWH.