

cholesterol and 98.0 % glycaemia. 7.2 % had equipment to perform International Normalized Ratio (INR) to anticoagulated patients. Of the studied sample, 103 (29.6 %) had undergone at least one CV screening to the population in the last semester. The services reported as more frequently implemented were health information campaigns (77.9 %) and health educational programs (60.6 %) in the CV area. In the last 6 months 95.4 % of the respondents taught at least to a patient how to use a measuring blood pressure device for domestic use. About 40 % of the respondent pharmacies said they do or have done Pharmaceutical Care—of these, 74.6 % in diabetic and 50.0 % in hypertensive patients. Almost all the inquired pharmacists (94.8 %) consider pharmaceutical care a valuable service for pharmacies and patients, but only 1/3 have implemented the service. Low patient's adhesion and lack of time were the main barriers identified for the implementation of pharmaceutical care practice.

Conclusions According to study results, most of community pharmacies monitor the main CV physiological and biochemical parameters, however only a few has pharmaceutical care services ongoing in this area. Portuguese Community pharmacies seem to be effectively involved in the CV risk prevention, by performing regularly screenings, monitoring and CV patients' education.

P1B11

How the “Health for All” project is contributing to achieve a fair and healthy society in S. Tome and Principe

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Background The sustainability of any country or region depends upon the health conditions of its populations. In fact, a population that is not healthy is unable to generate wealth, with direct and predictable consequences on social and economic development, and indirect consequences upon territorial management and organization. So, it is crucial that actions be taken upstream, by ensuring the provision of a package of integrated services that include not only quality local healthcare, but also programs of community rehabilitation (sanitation, improved access to drinking water, etc.), education and family support. This has been the role of “Health for All” project (since 1988) in São Tomé and Príncipe (STP).

Objective To evaluate the impact of the “Health For All” Project and its sustainability, following the introduction of the “integrated healthcare services package”, including prevention, primary healthcare, acute care, health education and environmental intervention.

Methods Several methodologies were used, namely Geographical Information System (GIS) methodologies. The development and implementation of a GIS project, included: (1) data collection, storage, management and manipulation of indicators and variables; (2) spatial analysis; (3) survey of health care services and location.

Results Barriers to health and healthcare access by the more vulnerable groups—rural population, women, children and elderly—were reduced, contributing to a change in social and territorial inequities. The improvement of health outcomes in STP was the result of a major upgrading in healthcare delivery systems: “Health for All” transformed a centralized and financially dysfunctional healthcare service into a functional and sustainable preventive and primary healthcare ‘delivery to all’ system. In financial terms, when compared to the World Bank health package set for Sub-Saharan African countries, it is 25 % more affordable, while also offering a wider package of services (including measures to combat AIDS, malaria and tuberculosis), with extremely positive utilization rates.

Conclusion The development of partnerships for the provision of primary healthcare has shown great potential with regards to: (1) the introduction of rigorous, coordinated and decentralized management standards; (2) investment in training and skills-development for the local workforce, with a reinforcement of the Ministry of Health's institutional capacity; (3) the provision of incentives for the national workforce to stem the flow of labour abroad; (4) financial sustainability through cost recovery; (5) the rationalization of the emergency service at the archipelago's only hospital by reducing demand. STP can today be considered an example for other African countries.

P1B12

Nursing emotional competence profile: exploratory study in continued care national network

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Introduction The relevance of this study—the first empirical research (to our knowledge) in Continued Care National Network (RCNN) context—emerge to understand the role of emotions in workplace behaviour (Côté, 2005; Austin, Dore & Donovan, 2008; Liu et al. 2008; Barsade, Ramarajan, Burack, 2008), but here, with terminally ill people and great physical and psychological weakness. Recent scientific literature is exposing a significantly negative correlations between Emotional Intelligence (EI) and emotional exhaustion; and significantly positive correlations between EI and occupational identity (Geng; Li; Zhou, 2011), and the development of emotional competence (EC) skills in workplace context (Veiga-Branco, 2007, 2010, 2011). Authors agree with the relationship between emotional responses, therapeutic relationship and perception of job satisfaction (Li, 2004; Hart e Walton, 2010; Karim & Weiz, 2010).

Aim The main objective of this research, is to know the capacities levels in the Emotional Competence (EC) profile in a nurses sample of RNCC, and study the five capacities as predictive variables, in the their Emotional Competence's (EC) profile.

Method A cross-sectional survey was carried out in a probabilistic sample including 154 nurses in RNCC, about 22 % male and 78 % female, and aged between 26 and 30 years old. The instrument applied was “Escala Veiga de Competência Emocional” (EVCE), developed by Veiga-Branco (2009), with 84 items, in temporal Likert scale, from Never (1) to Always (7). Data was analyzed using descriptive statistics. Factor analysis was used to identify capacities. Additionally, a multiple regression analysis was conducted to determine the relationship between capacities and EC and to establish the capacities that were the strongest predictors of EC.

Results/conclusions Five competencies were identified in this study. The ranking of the correlations was as follows: Empathy ($r = 0.783$; $p < 0.01$), Emotions Management in Group ($r = 0.724$; $p < 0.01$), Emotions Management ($r = 0.760$; $p < 0.01$), Self-motivation ($r = 0.693$; $p < 0.01$), and Self-conscience ($r = 0.678$; $p < 0.01$). The results were according the American Society of Registered Nurses (2007) that emphasizes the need of emotional skills in nursing education. The Cronbach Alpha for Internal Consistency obtained for each of the capacities was as follows: Empathy (0.854), Emotions Management in Group (0.833), Emotions Management (0.740), Self-motivation (0.705), and Self-conscience (0.622).

The estimated regression model includes Empaty, Emotion Management, Self-Motivation, Emotions Management in Group, Self-conscience, that represents 97.4 % of the variance in EC. This result, not according the theoretical model (Caruso & Salovey, 2004), presents how much important is empathy in work settings.