



# Atención Primaria

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## PARALLEL SESSIONS: POSTERS

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#### 1. CHILD AND ADOLESCENT HEALTH

##### MANDATORY REPORTING OF CHILD AND ADOLESCENT ABUSE BY GENERAL PRACTITIONERS IN A STATE OF BRAZILIAN NORTHEASTERN

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**Introduction:** Violence against children and adolescents is an unequal power relationship. The Brazilian Child and Adolescent Act adopt a strategy of safety and protection of all suspected cases of abuse.

**Objectives:** The aim of this paper is to analyze the system of general practitioners (GPs) notification for child and adolescent mistreatment throughout Ceará State, Brazil.

**Methods:** A structured questionnaire was given to 227 general practitioners in 85 cities across the state. A quantitative analyze was done. The research was conducted in accordance with recognized ethical standards and national/international laws.

**Results:** The professional average age is 35.7 years (Standard Deviation = 12.2). The GPs have been working on primary healthcare less than 05 years (51.5%). The results illustrate that the majority of GP had no training on child/adolescent mistreatment notification (73.6%), but knew the Child and Adolescent Act (72.7%). GPs that trust in protection agencies of child and adolescent are the majority (70.8%) and do not feel under threat by the State (75.8%), for this reason they know how to forward the child/adolescent mistreatment cases (64.2%). Among 227 GPs participants, 53,1% affirmed that they had identified cases of child abuse in their careers (53.1%), nevertheless, just 52.6% of these occurrences of abuse had notified.

**Conclusions:** These findings show that as less training GPs are, less notification of abuse problem they do. This is under the Brazilian National Health System (SUS) expectation and an abuse notification system on the SUS must to be done, looking for changes on the GPs notification.

**Keywords:** Child abuse. Notification. Primary healthcare.

##### INVESTIGATION AND ANALYSES OF THE CAUSES OF INFANTILE DEATHS IN THE CITY OF MANAUS, AMAZONAS-BRAZIL, IN 2012

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**Introduction:** Data of the United Nations for the Childhood Fund (UNICEF) demonstrate a reduction in the infant mortality taxes in Brazil in the last two decades. However the monitoring of this indicator is necessary, because this translates the situation of health of a população.

**Objectives:** In this work, academics and tutors of the nursing and medicine courses of the University of the State of Amazonas-Brazil (UEA) accompanied the professional work of the Municipal General office of Health of Manaus/Amazonas-Brazil (SEMSA-Manaus), with the objective of living actions related to the surveillance in health in the scope of the infant mortality.

## 5. OCCUPATIONAL HEALTH

### EVALUATION OF STUDY ON THE PROMOTION OF HEALTH AND QUALITY OF LIFE AT WORK

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**Introduction:** Health promotion is currently one of the strategies of intervention in enterprises for improving individual performance, productivity and corporate image and for reducing absenteeism. Programs aiming at the quality of work life, with emphasis on health promotion, lead workers to a healthier life style. Therefore, the objective of this work was to evaluate studies of interventions on quality of life and health promotion at work and the benefits of such interventions on promoting quality of life in the workplace.

**State of the Art:** This is an integrative review study conducted in the Lilacs, Medline and PubMed database in the period 2003-2013, published in Portuguese and English, resulting in 229 papers, among which seven were selected.

**New perspectives:** Three categories of analysis were revealed after analyzing the papers: use of physical activities and guidelines for health promotion and quality of life on work, highlighting the importance of physical activity to increase mental resources and educational activities in disease control; interventional proposals for prevention and control of diseases underscoring the commitment of the institutions; and preventive intervention proposals demonstrating the importance of promotion and prevention in the workplace in order to minimize future pathologies.

**Theoretical and practical implications:** Physical activities, educational programs for health promotion, lectures, bodily practices are interventions that have been successful and should be replicated by the institutions.

**Conclusions:** Interventions on the quality and health promotion in the workplace should be encouraged because they bring benefits to the individual and to the collectivity.

**Keywords:** Quality of life. Work. Health promotion.

### HEALTH AND WORK ABILITY IN NURSES WORKING IN SHIFTS

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**Introduction:** Nurses belong to an occupational category which work processes exhausting both physically and mentally that can change the ability to work and contribute to sleep disturbances, psychological, cardiac and digestive as well as family and social changes.

**Objectives:** Assess the ability to work in nurses working in shifts; check whether nurses who reported higher prevalence of diseases had lower capacity to work, sleep disorders, chronic fatigue, personality changes, interference in social life, domestic and non-domestic activities, cardiovascular symptoms and changes in health in general.

**Methods:** This is a quantitative descriptive and explanatory cross-correlated study. We used the questionnaire "Work Ability Index" to determine the work ability, to determine the consequences of shift work used the Portuguese version of "Survey of Shiftworkers". We resorted to a non-probability convenience sample of 343 nurses to perform duties on health units in Nordeste Transmontano region.

**Results:** The sample is composed of 287 female and 56 male. The minimum age of respondents is 22 years and maximum is 61, the average age is 36.73 ± 8.54 years. Determined the work ability, we found that 84.3% of respondents have good (42.3%) or excellent capacity (42%). On average, when increasing the number of injuries/illnesses decreases the work capacity ( $p = 0.000$ ), increase: sleep disturbance ( $p = 0.038$ ); chronic fatigue ( $p = 0.000$ ); personality changes ( $p = 0.000$ ); interference in social ( $p = 0.014$ ) and domestic life ( $p = 0.011$ ); cardiovascular symptoms ( $p = 0.000$ ) and worsening general health ( $p = 0.001$ ).

**Conclusions:** The results of this study reinforce the importance to implement surveillance and health promotion programs in order to reduce or avoid the harmful consequences of shift work.

**Keywords:** Work ability. Nurses. Health. Shift work.

### THE WORK ABILITY AND THE EXECUTIVE COGNITIVE FUNCTIONS IN HEALTH PROFESSIONALS

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Executive functioning (EF) refers to the set of neurocognitive processes that facilitate novel problem solving, planning and generating strategies for complex actions. All these skills are important to purposeful and goal-directed behavior as determinants dimensions in the work ability process. So, this raise the possibility that the integrity of these cognitive abilities could have a significant impact in subject's working performance (work ability), as well as they can be a determinant factor in clinical performance, namely, in clinical making decision. In this sense, the aim of this study was to analyze the impact of the deterioration of planning and abstract reasoning's in work ability. With a sample of 93 nurses (mean age 40.3 years, 30 % male and 70% female), it was administered the Portuguese version of Work Ability Index, the Halstead Category Test (HCT) (a well-established neuropsychological measure that assess multiple domains of non-verbal abstract reasoning) and the Tower of Hanoi (TH), (a well established neuropsychological measure that assess the abilities of problem-solving and planning). Considering the analysis of the results, we found that the work ability index showed a significant negative correlation with the measure of preservation (HCT) ( $r = -0.320$ ,  $p < 0.01$ ), total number errors (HCT) ( $r = -2.75$ ,  $p < 0.01$ ) and performance timing (TH) ( $r = 0.202$ ,  $p < 0.05$ ). This way, these results may suggest that the decline of executive cognitive functions, namely the ability to planning, problem-solving and abstract reasoning exert a detrimental effect in work ability in nurses, been possible to cause errors in the preparation of clinical diagnosis, slips of action in clinical performance that could have an adverse impact on the provision of health clinical care.

**Keywords:** Work ability. Executive cognitive function.

### WORKING CONDITIONS IN THE FEMINISED PRIVATE HEALTH SECTOR

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**Introduction:** The health sector is one of the most segregated professional areas by gender across Europe.

**Objectives:** To assess the gendered conditions of work in a health organizational environment, assuming that occupational