



PARALLEL SESSIONS: ORAL COMMUNICATIONS

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1. ADULT HEALTH

CHARACTERIZATION OF PATIENTS UNDERGOING NONINVASIVE VENTILATION ADMITTED IN UNIT INTERMEDIATE CARE

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Introduction: Non-invasive ventilation (NIV) is the application of a ventilatory support without resorting to invasive methods. Today it's considered a credible therapeutic option, with enough scientific evidence to support its application in various situations and clinical settings related to the treatment of acute respiratory disease, as well as chronic respiratory disease.

Objectives: Characterize patients undergoing NIV admitted in Unit Intermediate Care (ICU) in the period from October 1st 2015 to June 30th 2016.

Methods: Prospective study conducted in ICU between October 2015 and June 2016. In this study were included all patients hospitalized in this unit (ICU) and in that time period a sample of 57 participants was obtained. As data collection instruments we used a questionnaire for sociodemographic and clinical data and the Braden scale.

Results: Participants were mostly male 38 (66.7%), the average age 69.5 ± 11.3 years, ranging between 43 and 92 years. They weighed on average 76.6 kg (52 and 150), with an average body mass index of 28.5 kg/m² (20 to 58.5). With skin intact 28 (49.1%) with abnormal perfusion 12 (21.1%), with altered sensitivity 11 (19.3%) and a high risk of ulcer on the scale of Braden 37 (65%). The admission diagnosis was respiratory failure 33 (57.3%) and had different backgrounds. We used reused mask 53 (93.0%), the average time of NIV was 7.1 days (1-28), 4.8 days of hospitalization (1-18) and an average of 7.8 IPAP pressure. 11 (19.3%) of the participants developed face ulcer pressure.

Conclusions: The NIV is used in patients with advanced age, obesity, respiratory failure and high risk of face ulcer development.

Keywords: Patients. Noninvasive ventilation.

TELEPHONE SUPPORT LINE OF RHEUMATOLOGY DEPARTMENT: A 4.5 YEARS EXPERIENCE

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Introduction: In many health services in developed countries, the telephone support has been used as an innovative approach to providing care and answering questions by nurses, developing especially in specific areas such as rheumatology (Brown et al., 2006).

Objectives: To analyze the profile of users and the main reasons of patients that uses the Telephone Support Line of Day Hospital and early arthritis consultation of the CHUC Rheumatology Department, EPE.

Methods: This is a retrospective descriptive-correlational study with a convenience sample of 448 calls. For continuous variables we used the t-student test, for dichotomous variables the χ^2 test and, finally, we performed a cluster analysis by the TwoStep Cluster method through the log-likelihood distance.

Results: Users have an average age of 44.8 years being predominantly male (58%). The cluster analysis allowed to create three groups whose profile shows that the cluster 1 (n = 96/21.4%) are formed by "older" adults that need to clarify mainly doubts about the results of auxiliary examinations tests (AET)/prescriptions and side effects/complications; the cluster 2 (n = 232/51.8%) are formed by young adults that call to change appointments and mainly to clarify doubts on the results of AET/prescriptions; finally, the cluster 3 (n = 120/26.8%) are formed by "middle age" adults that want to clarify doubts about medication and disease management.

Conclusions: Incoming calls cover a wide range of ages and all kinds of rheumatic diseases. This study allows us to identify in which groups it is necessary to make a more detailed educational

Objectives: We explored the relationship between the importance attributable to values of life and socio-demographic characteristics, lifestyles, sense of internal coherence and self-esteem.

Results: We believe it is globally considered the motivation for volunteering from the recognition of the validity and importance of the project and by identifying values that were associated with it, such as "Responsibility" and "Caring for others and family". The highest scorer's life values were the "Responsibility" and "Concern to others and family", for both groups (Portugal and Cape Verde).

Conclusions: The results of this research show the added value of including in the training of peer educator's reflections about life values as a strategy for greater self-reliance, resilience and personal and social responsibility. It can also enable more meaningful reflections so that they feel more confident in interventions in the field. This research was a preparatory study, within the framework of the PEER course, to design and validate training paths more focused educators in self-reflection and life values.

Keywords: Life values. Volunteering. Peer education.

LIFE QUALITY IN THE WORK CONTEXT OF NURSING TEACHERS

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Introduction: The development of new organization and work management models, with increasing use of information and communication technologies combined with comprehensive dynamics of globalization and economic restructuring, allows the dimension of work to take a leading place in the worker's quality of life related to the organization of time, obtaining economic resources and identity of personality construction as structural elements of life. To respond to the dimensions of quality of life in the workplace of nursing teachers, we outlined the following

Objectives: To evaluate the QOL (Quality of Life) and the QWL (Quality of Working Life), relate to QV with sociodemographic variables and characteristics organizational and correlating the dimensions of QOL and QWL.

Methods: Cross-sectional study, quantitative, observational, descriptive and correlational level II. Sample of 183 nursing teachers in Portugal with data collection carried out by self-report questionnaire, using Quality of life scales.

Results: In all dimensions, teachers have a positive perception of QOL (> 50). With an average value observed for the overall scale (overall QOL and general health perception) of 70.29, with a standard deviation of 15.28, the median was 75. What enables us to say the teachers.

Conclusions: Teachers perceive a positive QOL. The "stress at work" is where teachers are less satisfied with their QWL. If there is a greater perception of QWL by most teachers, larger is also their overall QOL, which means that there is a significant relationship between the quality of life related to the work on teachers and their overall quality of life in all dimensions evaluated.

Keywords: Teachers. Nursing. Work. Quality of life.

QUALITY OF LIFE OF PEOPLE WITH DIABETIC FOOT ULCERS: INTEGRATIVE LITERATURE REVIEW

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Introduction: Diabetic foot ulcer is one of the most concerning complications of the diabetes mellitus, causing severe alterations on quality of life of people with this type of wound. To improve patient care, we need to understand this impact.

Objectives: To identify alterations on quality of life domains due to the presence of the diabetic foot ulcer and to analyse the influence of clinical aspects on quality of life domains.

Methods: An integrative literature review was conducted, using a literature search in the following databases: Scopus, Web of Science, B-on, PubMed, Science Direct, SciELO and Wiley Online Library and integrated the articles published between 2006 and 2015. The article selection process was performed in the following phases: title reading; abstract reading; integral reading of the article and assessment of their quality. In each phase was applied inclusion and exclusion criteria. It was selected for our final sample, a total of 8 articles.

Results: The diabetic foot ulcer causes pain, limits mobility and the execution of activities of daily living, it has a negative impact in the psychological health, generates negative feelings, it limits social contacts and worsens the general health. A highest degree of ulcer, the presence of obesity and other co-morbidities are associated with a poorer quality of life.

Conclusions: Patients with diabetic foot ulcer assess their quality of life less poorer than people without this chronic wound. The physical domain has more evident impact. The rest of the domains are negatively affected. It was observed that the clinical aspects influences quality of life.

Keywords: Quality of life. Diabetic foot. Foot ulcer.

RESILIENCE FOR HOSPITAL QUALITY OF LIFE PROMOTION IN ONCOLOGICAL CHILDREN AND ADOLESCENTS' INFORMAL CAREGIVERS

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Introduction: A child's oncological disease brings about changes in the family structure and consequently in the caregiver, who is responsible for his/her assistance and care. The worries with his/her well-being and emotional balance emerge in second place.

Objectives: This study's goal is identify the resilience strategies the informal caregiver of children and adolescents with oncological disease look for in the quality of life in hospital context.

Methods: Quantitative and qualitative study with data triangulation consisting of the following instruments: Socio-demographic questionnaire and a semi-structured interview are used. Five caregivers were interviewed.

Results: Content analysis showed the most common strategies used to overcome the disease in a positive and constructive way and what caregivers miss more in their hospital, making it possible to assemble some of the main axels which allowed the elaboration of a paper of good practices for caregivers.

Conclusions: In order to foster this positive focus, the existence of a plan that enhances the emotional empowerment of primary caregiver through the promotion of physical, psychological and spiritual well-being and entrepreneurship activities during the period of hospitalization of their child/adolescent, is the proposal which is listed after the methodological analysis performed.

Keywords: Pediatric oncology. Family quality of life. Caregivers. Resilience. Mental health.

QUALITY OF LIFE IN NURSING

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Introduction: The concept of quality of life in nursing has a place of great importance in health organizations. The quality

of health services is also measured by the satisfaction of professionals.

Objectives: To evaluate the quality of life of nurses in three hospital units ULSNE.

Methods: The sample consisted of 124 nurses in three hospital units ULSNE. The questionnaire consists of the SF12 scale (Ferreira, 1992) and is composed of 12 items that make up eight dimensions. They are aggregated into two components, physical and mental designed by MSF and MSM. It is a descriptive, exploratory study with a quantitative approach. Sampling is not probabilistic.

Results: We found that there are statistically significant differences in MSF with regard to age, professional category and contractual arrangements. In MSM observed statistically significant differences with regard to marital status and profession.

Conclusions: The identification of these relations is very important in health organizations. Facilitates decision making and therefore the provision of better health care.

Keywords: Quality of life. nurse.

11. HEALTH AND MINORITIES

THE ACCESS TO HEALTHCARE SERVICES BY THE UKRAINIAN IMMIGRANTS - FACTORS THAT PLAY A PART

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Introduction: The constant presence of immigrants in Portugal and the coexistence of diverse cultures impose changes in the behavior of healthcare professionals in relation to access to health care services.

Objectives: Determining the factors influencing the demand for health care by Ukrainian immigrants in the metropolitan area of Porto.

Methods: Exploratory and descriptive study of both quantitative and qualitative nature. The information was gathered by questionnaires from a convenience sample of 212 Ukrainians immigrants residing in the metropolitan region of Porto and eleven interviews.

Results: There were detected difficulties in accessing healthcare arising from the language barrier and/or different interpretations along with the disarticulation between the various support services for immigrants, ineffective communication, cultural barriers, beliefs, difficulty in combining schedules, costs of treatment, lack of rights as an immigrant, illegal situation and consequent fear of discrimination. The lack of information, particularly concerning the access to healthcare for undocumented immigrants and the fear of having their condition told out to the authorities causes them to avoid attending healthcare services, resorting to other alternative services where the - lack of - documentation is not a determinant factor.

Conclusions: The necessity to train and to create awareness between all the professional that deal with immigrants, and also all healthcare professional. It is suggested to perform longitudinal studies for transcultural approaches with immigrants of different ethnic groups with different cultures and values, in order to improve the cultural competency of healthcare professionals.

Keywords: Ukrainian immigrants. Access to Healthcare care. Cultural diversity and transcultural nursing. Human Rights.

SCABIES IN A LOCAL ROMA COMMUNITY, A PROBLEM OR AN OPPORTUNITY? A CASE STUDY

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Introduction: In general, the Roma Community in Portugal is a population who is living a profound social exclusion process that results in poor housing conditions, health and sanitation, low literacy rates, marginalization at work, incidence of some diseases, stereotypes and social cultural segregation. Many communities live without water, sewages and electricity, which make personal hygiene and housing conditions inadequate leading to scabiose.

Objectives: To show how to approach a parasitic disease in a specific community: a local Roma Community.

Methods: This is a qualitative case study of research-action. Strategically it involved many institutions: the school (which signaled the problem), the local authorities, the social institutions and the health center, to resolve a parasitic problem of high spread (scabies) in a specific community, with no water at home.

Results: With this community we have negotiated wash and dry personal clothing and bedding using industrial machines at high temperatures and the realization of baths with antiparasitic application in 6 of 7 families (30 people agreed to participate) in the locker room of a local football club. One family refused to participate. Scabies ceased to exist, but the community itself requested the continuation of professional football club baths, which have maintained a weekly periodicity. The next step will be to work hygiene in house.

Conclusions: The results show that a collaborative work between the health center and the local Roma community has proved very effective in eliminating scabies. We believe that this work will enhance improvements in personal hygiene and housing. Therefore this will be an opportunity to improving the lifestyles of this kind of communities, respecting their cultural values.

Keywords: Scabies. Roma community. Personal hygiene.

APPLICABILITY OF THE TRANSCULTURAL NURSE - MODEL BY JOSEPHA CAMPINHA-BACOTE

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Introduction: Respect for cultural differences, habits and customs leads us to reflect on interculturality in nursing care, increasingly visible through migratory processes due to global contingencies. Campinha-Bacote understood this need, and developed her work in the field of cultural competence of health professionals. The Model of Cultural Competence Process is an ongoing process in which the professional tries to work effectively within the cultural context of the customer (individual, family, community) and covers five cultural constructions (ASKED): Awareness, Skill, Knowledge, Encounters, and Desire. This model allows nurses to examine their own cultural skills through self-examination questions about consciousness, the ability, and cultural knowledge: What do I know about the other? What is my interest in the interaction? Do I intend to become culturally competent? (Campinha-Bacote, 2011).

Objectives: To reflect on the practical applicability of the Model of Cultural Competence Process in nursing care.

New perspectives: To consider the direct relationship between the level of competence of care providers and the ability to provide culturally sensitive health care. Theoretical and practical implica-

