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S1

The role of practice-based research in stimulating educational innovation in healthcare

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Background
Practice-based research is not uncommon in healthcare. In fact, the way nurses and doctors train is through extensive and intensive practice [1]. In other words, practice-based research has been used to gain new knowledge partly by means of practice and the outcomes of that practice [2]. Practice based research networks have also been gaining on importance in healthcare as ways of addressing research questions informed by practicing clinicians. They aim to gather data and improve existing practices of primary care [3], practice-based research is not only about gaining new knowledge via practice and improving existing practices.
Objective
In this presentation/paper I explain and highlight the role of practice-based research as an instrument for educational innovation in healthcare sciences.
Methods
I used interview excerpts and examples of projects related to healthcare at different universities of applied sciences in the Netherlands and Germany (also known as polytechnics in Portugal) to advance the role of practice-based research in educational innovation. This type of research is an integral part of teaching and curricular assignments in the healthcare settings in the Netherlands and Germany, and particularly at universities of applied sciences. I emphasized how practice-based research can improve and enrich the curricula, while at the same time, building necessary skills of future healthcare professionals and improving practices in already existing healthcare institutions.
Results
I show that practice-based research is in fact short term problem-oriented research which serves educational purposes by upgrading students' and teachers' skills and knowledge of the profession and dynamics in the work environment; which also has the potential to improve company products or design solutions and at the same time contribute to local and regional innovation in professions and profession related institutions [4-5]. Its role is multidimensional and dialectic insofar it serves multitude goals and is accomplished in dialogue among relevant stakeholders [6]. Practical suggestions for healthcare educators and practitioners in designing their curricula to incorporate the basic elements of this practice-based research are also offered in this presentation/paper.
Conclusions
Practice-based research is more than knowledge acquisition via practice. Its role and goals expand to enriching educational curricula with a more comprehensive engagement of external and professional stakeholders, at the same time contributing to student soft and professional skill development and solving stakeholder problems or optimizing services and products at local or regional levels.

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Keywords
Practice-based research, Short term, Problem oriented, Healthcare, Universities of applied sciences.

S2

Is sexuality a right for all? Sexual revolution in the old age

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Background
"Do not you think your grandmother has sex? What happens with old gays? Why does a kiss between two elders tenderizes us and we do not think it is erotic" (interview, Ricardo Iacub, 2018). It still impacts us, and what do we do with it? Do we let it pass? Do we encourage them?
Throughout the centuries, sex has been postulated as the impulse that gives life to people. This word, of Latin origin, has always aroused much interest in society and in all stages of life; but it must be differentiated from "sexuality", because it contemplates various aspects among which it is found; sex, identities and gender roles, eroticism, pleasure, intimacy, reproduction and sexual orientation [1-6]. Sexuality is a vital dimension that is present in all stages of life, at least since adolescence. It contributes significantly to health and quality of life and is, moreover, a right recognized by international organizations such as the World Health Organization (WHO) [4, 7-9].

Conclusions
Our results support the importance of social support in adherence to medication, on the person with COPD. The study also suggests the existence of a group of patients more at risk, in terms of lack of social support and non-adherence to medication, pointing out the need to develop nursing interventions focused on the promotion of self-management of COPD.

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Keywords
COPD, Chronic obstructive pulmonary disease, Medication adherence, Social support.

O133

The organizational commitment of health professionals (doctors, nurses and auxiliaries) in two public hospitals in Cape Verde

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Background
The organizational commitment (OC) has its origin in the "*Side bets*" theory, representing the result of the accumulation of bets, which can be lost in a situation where the interruption of an activity occurs [1] The terms are understood as the maintenance of the belonging to the organization, being something of value in which the individual invested [2]. That is, while the individual works, creates bonds, commits himself and goes investing in the organization. The three-dimensional model [3] identifies the three dimensions of OC: the affective commitment, which consists in the feeling or desire to participate in the organization; the continuance commitment, which consists in the obligation to remain in the organization; and finally, the normative commitment, which consists in the worker's need to remain in the organization.
Objective
The objective of this study is to measure the OC levels, in its several dimensions, on the health professionals (physicians, nurses and auxiliaries) in two public hospitals in Cape Verde, considering the importance of sociodemographic variables (age, gender, marital status and academic qualifications) and Working context (work income, seniority in the company, type of contract and Hierarchical position) for the CO levels revealed.
Methods
The study used a quantitative methodology to evaluate the impact of sociodemographic and professional context variables on OC levels. In order to measure OC, we used the scale of three components: affective, normative and calculative [3], adapted for the Portuguese language in 2008 [4]. The sample consisted of 224 health professionals.
Results
The scale presented good levels of internal consistency (Cronbach's alpha of 0.85), with median OC values correlating positively with age; simultaneously, low OC levels were identified in higher education levels and High values of OC were identified in lower education levels. Finally, OC levels were also significantly higher for the less qualified professionals, auxiliaries showed the highest levels while the doctors showed the lowest levels of OC.
Conclusions
It is emphasized the positive and statistically significant relationship between age and OC, implying higher OC levels in the higher age groups, as identified in previous studies [5-8]. The inverse relation between OC levels and levels of academic qualifications, as identified by other authors [2-3, 5,8-9], is also a subject of interest. As well as the fact that the lower levels of OC appear in the most qualified professions: doctors and nurses, a not treated aspect in the literature and that characterizes the health professionals of Cape Verde.

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Keywords
Organizational commitment, Health professionals, Physicians nurses and auxiliaries, Cape verde (Africa).

O134

Sleep quality and food intake of high school students

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Background
Poor sleep quality is associated with increased food intake and poor diet quality [1]. People with lack of sleep show a positive correlation

between free time and food intake and also experience hormonal and brain changes that drive the intake of food with high calorific value [1-3]. In addition, scientific research has shown a healthy and balanced diet to positively influence the quality of sleep [1].

Objective

The present study was set out to assess the sleep quality of high school students in Bragança county, and its association with food intake.

Methods

The study used non-experimental, analytical and transversal methodology, of epidemiological character and with a quantitative approach. It was intended to carry out the study in a population of 862 high school students. However, due to consent being required from both legal guardians and students, a smaller sample of 345 students was obtained. The data was collected in May 2017 through a questionnaire that included the Pittsburgh Sleep Quality Index (PSQI), validated for the Portuguese population.

Results

Throughout the study and following PSQI analysis, it was concluded that 39.71% (n = 137) of participants showed poor quality of sleep (PSQI > 5 points). The correlation between sleep quality and food intake was assessed and a statistically significant association was found between the quality of sleep and the intake of snacks (X^2 = 17.144; p = 0.000), sugary products (X^2 = 18.603; p= 0 .000), fast-food (X^2 = 12.353; p = 0.002) and ready meals (X^2 = 14.852; p = 0.000). The risk of suffering from poor sleep quality is higher in young populations who frequently eat snacks ([OR]: 2.811; 99%), sugary products ([OR]: 1.901; 95%), fast-food ([OR]: 4.000; 99%) and ready meals ([OR]: 5.621; 95%) in comparison with young populations who rarely eat this sort of food. The sleep quality is also significantly related with the number of meals young people have in a day (X^2 = 7.580; p = 0.023). The risk of having poor quality sleep is 2.240 times higher in young people who rarely eat 4-6 meals a day.

Conclusions

A correlation between sleep quality and food intake in the sampled students was seen. The risk of having poor quality of sleep is higher in students who frequently eat a high calorie diet and also in students who rarely have 4-6 meals a day. There are several connections between sleep quality and eating habits. Sleep promotion and its connection with standard diets should be included as an essential part of community empowerment for health-promoting lifestyles [1,4,5].

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Keywords

Sleep Quality, Food intake, Balanced diet.

O135

Education matters!!! The link between childhood obesity and parents' level of education

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Background

Obesity is a public health problem in most developed countries [1,2]. In Portugal this scenario is very serious because it stands as one of the European countries with more obese children [3,4], which is associated to poor eating habits, low level of physical activity, and sedentary lifestyles [2].

Objective

The objectives of this investigation are: I) to determine the prevalence of overweight/obesity in elementary school children; II) to compare children's levels of body mass by age and gender; III) to verify correlations between children's levels of body mass and family socio-demographic characteristics.

Methods

The sample was composed by 294 children between 5-9 years old (M ± SD = 7.35 ± 1.18 years old; 147 female) of the 10 elementary schools from the "Agrupamento de Escolas de Montemor-o-Velho (AEMMV)" (Coimbra-Portugal). Data was collected from September to December 2017. Family socio-demographic characteristics data were collected using a survey questionnaire applied to parents of participating children. Weight was evaluated using a Tanita Body Composition Monitor (model BC-420 SMA). Height was calculated using a stadiometer. Body Mass Index (BMI) was calculated using the formula weight/height^2. The definition of underweight (level 1), normal weight (level 2), overweight (level 3) and obesity (level 4) was based on the tables in use by the Portuguese Directorate-General for Health [5], which correlates BMI with percentile tables. Data analysis was conducted using IBM SPSS (version 24.0, Chicago, USA) and a statistical significance of 10.0% was defined.

Results

Results of this study show that 17.7% of the evaluated children are overweight and 16.3% are obese (34.0% are overweight/obese). No significant statistical differences were observed by gender (Mann-Whitney = 10416; p = 0.529) or by age (Kruskal-Wallis test = 4.01; p = 0.405). Results of Spearman correlation test (r) also evidence not existing significant statistical relations between levels of body mass and parents' age (mother: r = -0.031; p = 0.608; father: r = 0.015; p = 0.797) or with household composition (r = -0.040; p = 0.499). However, a negative correlation exists between body mass levels and parents' education (mother: r = -0.136, p = 0.019; father: r = -0.158, p = 0.006) evidencing that the higher the level of education of the parents the lower the prevalence of high levels of body mass (overweight/obesity).

Conclusions

Despite policies to tackle obesity are being implemented, results of this study show a high prevalence of overweight/obesity children's in the AEMMV. Results also confirm that parents' education is a strong social health determinant [1]. This study suggests that public authorities need to implement more efficient programs (e.g. nutrition and physical activity) at schools and community to promote active and healthier lifestyles.

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