

3. Ferreira C, Carvalho JM, Carvalho FLQ. Impacto da Metodologia de Simulação Realística, Enquanto Tecnologia Aplicada à Educação nos Cursos de Saúde. STAES [serial on the Internet]. 2015 [cited 2017 October 11]; 32-40. Available from: www.revistas.uneb.br/index.php/staes/article/view/1617/1099.

Keywords

Simulation training, Education, Nursing, Clinical Competence, Intubation, Gastrointestinal, Patient safety.

P8

Emotional labour in paediatric nursing: a propose model for practice guidance

Paula Diogo (pmdiogo@esel.pt)

Unidade de Investigação & Desenvolvimento em Enfermagem, Escola Superior de Enfermagem de Lisboa, 1600-190 Lisboa, Portugal

BMC Health Services Research 2018, 18(Suppl 2):P8

Health-disease processes experienced by children and youth, and their families, are often associated with intense emotionality and, simultaneously, entails a great emotional challenge for nurses in their care, requiring emotional labour of triple centrality: on the client, nurse and nurse-client relationship [1]. Nurses perform this emotional labour according to their personal resources and learning from the day-to-day experience of care [2]. Moreover, this emotional dimension of nursing care continues to be undervalued by health institutions, and by nurses themselves, so that emotional labour is not always the object of reflection and/or support in scientific evidence [3]. For this reason, conceptual models are needed to guide and strengthen nurses in their practice, especially when the context is peculiar as in paediatric care.

Diogo [1], presented an explanatory hypothesis of the process of therapeutic use of emotions in paediatric nursing, arguing that Emotional Labour in Paediatric Nursing translates into actions of positive transformation of emotional experience into interactions of care with the paediatric client, through five categories of intervention: 1) Promoting a safe and affectionate environment; 2) Nurturing care with affection; 3) To facilitate client emotional management; 4) to build stability in the relationship; 5) to regulate their own emotional disposition to care. This Emotional Labour Model in Paediatric Nursing was developed based on the nursing paradigm of transformation [4] whose central concept is Caring, supported by the Watson's Human Care theory [5], and theorizes about "personal knowing" [6]. This Model also integrates the principles of family-centred care and non-traumatic care in Paediatric Nursing, such as the holistic and humanized perspective on health. At the heart of the proposed Model is the Emotional Labour of Nursing conception [2].

References

1. Diogo P. Trabalho com as emoções em Enfermagem Pediátrica: Um processo de metamorfose da experiência emocional no ato de cuidar. 2ª ed. Loures: Lusodidacta; 2015.
2. Smith P. Emotional Labour of Nursing Revisited. Can nurses Still Care? 2ª ed. Hampshire: Palgrave Macmillan; 2012.
3. Diogo P, compilador. Investigar os Fenómenos Emocionais da Prática e da Formação em Enfermagem. Loures: Lusodidacta; 2017.
4. Kérouac S, Pepin J, Ducharme F, Duquette A, et al. El pensamiento enfermero. Barcelona: Masson; 1996.
5. Watson J. Nursing: The Philosophy and Science of Caring. Boulder: University Press of Colorado; 2008.
6. Fawcett J, Watson J, Neuman BH, Fitzpatrick JJ. On nursing theories and evidence. J Nurs Scholarsh. 2001; 33(2): 115-119.

Keywords

Emotions, Emotional Labour, Conceptual Model, Paediatric Nursing.

P9

Cardiovascular risk factors in patients with ischemic and hemorrhagic stroke

Ilda Barreira¹, Matilde Martins², Leonel Preto², Norberto Silva¹, Pedro Preto³, Maria E Mendes²

¹Serviço de Urgência, Unidade Local de Saúde do Nordeste, 5301-852 Bragança, Portugal; ²Departamento de Enfermagem, Escola Superior de Saúde, Instituto Politécnico de Bragança, 5300-146 Bragança, Portugal; ³Serviço de Ortopneumatologia, Unidade Local de Saúde do Nordeste, 5301-852 Bragança, Portugal

Correspondence: Leonel Preto (leonelpreto@ipb.pt)

BMC Health Services Research 2018, 18(Suppl 2):P9

Background

Stroke is the second worldwide most common cause of death and the main reason of functional disability [1]. Early identification and treatment of modifiable risk factors can reduce the risk of stroke. In stroke patients, the identification of cardiovascular risk factors is also important for preventing another stroke [2].

Objective

To assess the prevalence of cardiovascular risk factors in stroke patients.

Methods

Analytical and retrospective cohort study. Data were collected through electronic health records of all patients with stroke admitted to an emergency department for seven years (2010 to 2016). The research protocol has been approved by an ethics committee.

Results

Were analysed the electronic health records of 756 patients with ischemic stroke (78.6 ± 10.7 years) and 207 with intracerebral haemorrhage (76.1 ± 11.9 years). In ischemic stroke, the most common risk factors were hypertension (66.7%), hypercholesterolemia (30.7%), diabetes mellitus (26.5%), atrial fibrillation (25.4%), obesity (11.4%) and smoking (5.2%). In haemorrhagic stroke the most prevalent risk factors were hypertension (57.0%), diabetes (25.6%), dyslipidaemia (23.7%), atrial fibrillation (17.4%), obesity (15.5%) and smoking (9.2%).

Conclusions

Hypertension was more prevalent in ischemic stroke and is associated with type of stroke ($\chi^2 = 6.633$, $df = 1$, $p = 0.010$). Atrial fibrillation also prevailed in thromboembolic events with statistical significance ($p = 0.016$). Diagnosis and control of cardiovascular risk factors is a fundamental objective for primary and secondary prevention of stroke.

References

1. Donnan GA, Fisher M, Macleod M, Davis SM. Stroke. Lancet. 2008;371(9624):1612-23.
2. Arboix A. Cardiovascular risk factors for acute stroke: Risk profiles in the different subtypes of ischemic stroke. World J Clin Cases. 2015;3(5):418-29.

Keywords

Prevalence, Cardiovascular risk factors, Ischemic stroke, Hemorrhagic stroke.

P10

Topical oxygen therapy in wound healing: a systematic review

João L Simões, Dilisa A Bastos, Raquel V Grilo, Marta L Soares, Sílvia S Abreu, Juliana R Almeida, Elsa P Melo
School of Health Sciences, University of Aveiro, 3810-193 Aveiro, Portugal

Correspondence: João L Simões (jflindo@ua.pt)

BMC Health Services Research 2018, 18(Suppl 2):P10