STTI 5th Biennial European Conference - Book of Abstracts

«Nursing's innovation, influence and impact on global health: looking back and moving forward»

May 28 & 29, 2020
Virtual Conference

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Program

28/05/2020 (Thursday)	29/05/2020 (Friday)
11h30 – 12h10 – **OPENING CEREMONY** **Lurdes Lomba**, President of Phi XI Chapter **Aida da Cruz Mendes**, President of Nursing school of Coimbra **Marie-Louise Luiking**, European Regional Coordinator of Sigma	11h30 – 13h – **CONCURRENT SESSIONS** & **Presentation by the Winners of the Sigma European awards for Excellence 2020** Sigma European award for Excellence in Nursing Education 2020 Recipient: TBD *Title: "Innovating health for tomorrow: is there a role for nurses?"* Sigma European award for Excellence in Clinical Nursing Practice 2020 Recipient: TBD Title: *"The major challenges to the clinical nurses"* Sigma European award for Excellence in Nursing Research 2020 Recipient: TBD Title: *"LOOKING BACK AND MOVING FORWARD: Developing Impactful Nursing Research"*
12h15 – 12h50 – **KEYNOTE: "COVID19 Lessons learned & experiences shared, Italy"** **Walter de Caro**, PhD, President of the Italian Nurses Association **Host:** Gerardina Harnett	11h30 – 13h – **WORKSHOP 3:** **"Patient safety: 20 years of watershed"** Facilitator: **Sofia Macedo**, RN, MSc 11h30 – 13h – **WORKSHOP 4:** **"Writing for Publication: avoiding the pitfalls"** Facilitator: **Leslie Gelling**, PhD MA BSc (Hons), RN FRSA Editor: Journal of Clinical Nursing 11h30 – 13h – **WORKSHOP 6:** **"Pearls and pitfalls: Making long-distance research collaborations work"** Facilitators: **Marie Louise Luiking,** MA, RN European Regional Coordinator of Sigma **Birgit Heckemann,** MSc, BSc, RN, Research Associate, Department of Health Professions, Division of Nursing, Bern University of Applied Sciences, Bern, Switzerland **Caroline Dickson,** RN, Queen Margaret University, Edinburgh, United Kingdom
12h50 Refreshments	13h Refreshments
13h15 – 13h50 – **KEYNOTE: "Nurses in Europe: Vital resource for universal health coverage"** **Ananda Fernandes,** PhD, RN, Director of the WHO Collaborating Center for Portugal. **Host:** Jan Dewing	13h25 – 14h – **KEYNOTE: "Nursing Innovation: Necessity or opportunity?"** **Pedro Parreira,** PhD, RN, Executive coordinator of TecCare - Experimental and Applied Research in Healthcare Technologies, Health Sciences Research Unit: Nursing, Portugal **Host:** Liz Westcott
13h55 – 14h45 – **WORKSHOP 1: "Virtual Patients in Nursing Education - a tour with Body Interact"** By Body Interact™	14h05 – 14h40 – **KEYNOTE: "IMPLEMENTING TO INCREASE IMPACT: using implementation science to promote evidence-informed practices in nursing"** **Theo van Achterberg**, PhD, RN, Member of Global expert panel, Sigma GAPFON **Host:** Harshida Patel
14h45 Refreshments	14h40 Refreshments
15h10 – 16h40 – **CONCURRENT SESSIONS** 15h10 – 16h40 – **WORKSHOP 2:** **"Evidence-Based Practice"** Facilitators: **João Apóstolo**, PhD, RN, Full Professor (Nursing School of Coimbra, Portugal) **Vinciya Pandian**, PhD, MBA, MSN, RN, ACNP, BC, FAAN, FAANP (John Hopkins University, School of Nursing, USA) 15h10 – 16h40 – **WORKSHOP 5:** **"Writing for Publication: Publication Ethics"** Facilitators: **Roger Watson**, Professor of Nursing, Faculty of Health Sciences, University of Hull. Editor-in-Chief: Journal of Advanced Nursing/ Nursing Open **Parveen Ali**, Health Sciences School, Division of Nursing and Midwifery, University of Sheffield. Editor: Nursing Open	15h10 – 15h40 – **KEYNOTE: "COVID19: Lessons Learned and Experiences Shared from the US"** **Jason Farley,** FAAN, ANP-BC, AACRN Director, PhD Program / REACH Initiative Co-Director Clinical Core, Hopkins Center for AIDS Research **Host:** Lurdes Lomba 15h45 – 16h15 – **KEYNOTE: "Florence Nightingale @ 200: An icon for today?"** **Anne Marie Rafferty**, PhD, RN, President of the Royal College of Nursing, UK. **Host**: Joy Merrell
16h40 Refreshments	16h15 Refreshments
16h50 – 17h25 - **KEYNOTE: "Influencing Global Health: Reflections on the past and plans for the future"** **Richard Ricciardi,** PhD, RN, President of Sigma Theta Tau **Host:** Marie-Louise Luiking	16h25 – 17h00 - **KEYNOTE: "Call to Action for Nurses during Covid-19 and the Year of the Nurse & Midwife"** **Howard Catton,** CEO, International Council of Nurses. **Host:** Marie-Louise Luiking
17h30 – 18.00 **EUROPEAN RECOGNITION AWARDS** **Marie-Louise Luiking,** MA, RN, European Regional Coordinator of Sigma 18h00 – 18h30 - **KEYNOTE: "Sigma's contribution to global nursing"** **Elizabeth A. Madigan**, PhD, RN, Chief Executive Officer Sigma **Host:** Nicola Cornally	17h05 – 18h05 – **CLOSING SESSION** **Closing remarks** **Awards** for best ViPER poster and oral presentation Announcement of the STTI 6th **Biennial European Conference** **Marie-Louise Luiking,** MA, RN, European Regional Coordinator of Sigma

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Sigma
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A Word From Sigma European Regional Coordiantor

Welcome to the E-book from Sigma's 5th Biennial European Conference "Nursing's innovation, influence and impact on global health: looking back and moving forward." On behalf of Sigma's 5th Biennial European Conference Planning Committee International /national and the hosting chapter Phi Xi, Coimbra Nursing School, Portugal we would like to thank you for your support and keynote presentations. Also for your perseverance in tape recording your presentations in case we ran into any difficulties virtually with the technical side. We hope you enjoyed the fantastic moments of sharing and discussion about nursing in the world. This was the first time that Sigma Europe has attempted to provide a virtual conference on this scale. However, Sigma has a strong tradition of firsts, so we are following in that tradition. Despite the several time zones involved the atmosphere and being together sharing our passion and love for nursing was very much apparent. We have had to make some important decisions about our regional conference going ahead in May in person in light of the COVID19 pandemic. We felt it was important that the conference went ahead virtually so that we can all benefit from hearing about the work that members and nurses from around the world have been conducting to further nursing practice, policy, management and nursing leadership. We hope that in adding to the programme different perspectives relating to COVID-19 to be congruent with the times we are in, that you enjoyed this approach.

Congratulations to:

Márcia Santos, on being the recipient of the Sigma European Award for Excellence in Clinical Nursing Practice 2020.
Prof Peter Vermeir, on being the recipient of the Sigma European Award for Excellence in Nursing Education 2020.
Prof Jan Dewing, on being the recipient of the Sigma European Award for Excellence in Nursing Research 2020.

Congratulations to Winners of ViPER Posters:

Presented by Caroline Dickson, the work entitled «SLICC: Strengthening Leadership in Community Contexts» (Authors: Caroline Dickson).
Presented by Paulo Costa, the work entitled «InovSafeCare Model: Designing an Educational model for innovative Healthcare-associated Infections prevention and control in Nursing education» (Authors: Paulo Costa,Maria do Rosário Pinto, Cassilda Sarroeira, Amelia Patrzala, Raquel Guzmán Ordaz and Ulla Korhonen.)

Congratulations Winner of Symposium:

«Sharing Learning from Practice to improve Patient Safety (SLIPPS): a multinational project», by Alison Steven; Annamaria Bagnasco; Giuseppe Aleo.

Congratulations Winners Oral Communications:

Presented by Mafalda Sérgio, the work entitled «Positivity indexes on continuous improvement of care».
Presented by Eliseth Leão, the work entitled «Pain experience's profile and management in the perspective of amazonic ethnic natives» (Authors: Daniela Reis Dal Fabbro, Elaine Barbosa de Moraes, Eliseth Ribeiro Leão).
Presented by Camila Dalcin, the work entitled «Best clinical practice of disinfection in intravenous device therapy contaminated with Klebsiella pneumoniae» (Authors: Camila Biazus Dalcin, Juliana Coelho Pina, Maria de Lurdes Lopes de Freitas Lomba, Patrícia Kuerten Rocha, Sabrina Souza, Thaís Cristine Marques Sincero).

Some final data for your consideration!

The conference counted with the participation of 278 attendees from 28 countries around the globe. Overall, 193 presentations were made, between Oral Communications,
ViPER posters and symposiums!

We registered more than 170 participants live at any one time. Moreover, through our conference APP, 1.500 sessions were open by attendees, with a total of 750+ interactions (posts, likes, comments or private messages).

On our European twitter account alone we had 2.5 million impressions, 548 different tweets and over 122 twitter-users. On our European Facebook page you can see who were the top influencers over the 2 day conference on social media. These are astounding figures to have achieved with a virtual conference in these difficult times.

Our 6th Sigma European Regional conference will be hosted by our Irish Chapter Omega Epsilon at-Large at the RCSI, Dublin, Ireland in the spring of 2022. Please look out for our Hashtag #SigmaEC2022 on twitter and visit us on our Sigma European Facebook page.

We hope you enjoy this e-book as a memento of our time together at the end of May last, your participation, engagement and time made this 5th Sigma European Conference truly amazing, sharing our passion for nursing has never been so important.

We do so hope to be able in 2022 to meet in person to share our experiences and network with each other.

With kind regards & Keep safe,

Marie-Louise Luiking
Sigma European
Regional Coordinator

A Word From the President of Chapter Phi Xi

Dear Participants of the Sigma Theta Tau International's 5th Biennial European Conference

This book contains all the abstracts for allth e oral papers, posters, symposia and workshops that are part of the scientific programme for the 5th Biennial European Conference. It represents the closing of, undoubtedly, a remarkable Conference. A Conference, which by multiple reasons will be remembered for years to come.

The 5th Biennial European Conference gatherunder the one virtual roof those that we, STTI are ought to serve, the Nurses and Midwives from all over the world. I extend my deep appreciation to the nurses that besides all challenges have chosen to participate and be with us virtually. We had nearly 300 participants from 28 countries. My warm regards to Armenia, Australia, Belgium, Brazil, Canada, China, Estonia, Finland, Ireland, Israel, Italy, Japan, Republic of Korea, Mexico, Netherlands, New Zealand, Nigeria, Portugal, Saudi Arabia, Slovenia, Spain, Sweden, Switzerland, Thailand, Turkey, United Arab of Emirates, United Kingdom and the United States of America. For the first time, Sigma Theta Tau International hosted its Biennial European Conference through a virtual platform. With all the challenges that one can foresee, this was an opportunity to enhance once more the capacity for reinvention and resilience that we as Sigma Theta Tau community strive to achieve in all we do. In this way, we become closer to nurses globally. The year 2020 is proving to be a year that will stay forever in the memory of those that are living through it and in the books for future generations to read and learn about. While the global nursing community was prepared to celebrate 2020 as the International Year of the Nurse and the Midwife, recommended and designated during the 72sd World Health Assembly in May 2019, fate has allowed us to raise nurses' visibility differently.

Nowadays, the intrinsic link of nurses to the ability of countries to address health priorities and to achieve universal health coverage has never been more evident. Investing in a healthy, educated and highly skilled nursing workforce has become a matter of national security. As the globe is facing and fighting the COVID-19 global pandemic, the value and significance of a robust and healthy nurse and midwife workforce are overwhelmingly evident. The ability for an individual to do something as simple as taking a flight or walk through a park is now directly linked to whether or not there are enough nurses, globally and within their community. Countries who continue to choose to under-invest in nurses and midwives not only endanger the health of their communities but they become more vulnerable to crises, such as the current pandemic and its corresponding devastating economic global disaster.

Furthermore, this year during the World Health Day in April, The State of the World's Nursing Report was launched by the WHO in collaboration with the International Council of Nurses. This report describes the crucial role of the nursing workforce in delivering Universal Health Coverage (UHC) and the Sustainable Development Goals (SDGs), set by the United Nations. It also highlights areas for policy development for the next three to five years in addition to technical descriptions of the nursing workforce in the Member States, including the number and types of nurses, education, regulation, practice, leadership, and gender issues. It is time for Sigma Theta Tau International and its chapters spread all over the world to seize this opportunity and lead the way in creating opportunities for more education, research, and leadership for nurses globally.

Nurses face challenging times that can trigger burnout. STTI President, Richard Ricciardi, asks us to seize these moments as opportunities to improve our experiences and work cultures by infusing joy into all we do through three main elements: Awareness, Balance & Purpose, and Co-creation. As Sigma members, we are well-positioned to infuse joy into practice in clinical, administrative, research, and policy settings. Throughout the three days of the 5th Biennial European Conference, we all take the opportunity to learn, to share, and to celebrate what nurses are: the backbone of a healthy society.

Allow me to close this note by thanking those that believed, like me, that we could still run this conference amidst a global pandemic. We strongly feel that it is our call of duty to maintain our commitment to those professionals that have invested in creating important knowledge deserved to be shared with those that sick for it.

The participants rated the 5th Biennial European Conference as an event with relevant scientific quality and efficient organization, which drives us to continue creating opportunities for scientific debate and collaboration. I, on behalf of the Organizing Committee of the STTI 5th biennial European conference, truly hope that you enjoy these book as much as we have enjoyed putting it together for you.

Lurdes Lomba, PhD, Msc, RN
President of Chapter Phi Xi
Sigma Theta Tau international

A Word From the President of Nursing School of Coimbra

It is with great honor that the Nursing School of Coimbra is hosting Sigma's 5th Biennial European Conference. This conference is an example of the perseverance and sacrifice of many colleagues from several chapters. Please forgive me but I would like to give a special thanks and recognition to Professor Lurdes Lomba, head of the Phi Xi Chapter and member of our faculty. Thank you for the work that you have been developing in leading our chapter forward and in planning this conference.

These are challenging times. Due to the COVID-19 pandemic, governments are stepping up their efforts to protect the populations and the health systems and contain its spread. Social isolation measures have been implemented to which individuals and organizations are gradually adjusting. Some of these measures have caused suffering, income loss, and difficulties in the access to healthcare by patients with other conditions. The uncertainty and the unknown causes fear and disorganization but, at the same time, it is filled with opportunities and thereby stimulating. Nurses can pose a number of interesting research questions, for example questions about the effectiveness of the measures, the safety of care, how people are adjusting to this new reality, and what are the most appropriate behaviors.

There are two types of behaviors that should be avoided during this pandemic. Paralysis, emotional disconnection, and lack of social investment caused by intense fear and inability to find a meaning for these events; or, on the contrary, the behavior of those who believe that they are invincible, so they despise the evidence and the knowledge of health experts, expose themselves and others to unnecessary risks.

Today, as in similar situations in the past, fake news, magical thinking, and unfounded conspiracy theories can have harmful effects on our health and well-being. Nurses have been at the forefront of hospital care. In the exercise of their profession, caring for others, they have put their health and the health of their families at risk. Nurses are also need to be at the forefront of health education, a role that is no less important, making sure that people understand and take appropriate protection measures, without neglecting other health responsibilities or negatively influencing their social well-being. Similarly, they should be at the forefront of research to find answers to the several questions about this pandemic.

Last but not least, they should be at the forefront of leadership. Leadership to promote better and safer care; Leadership to give a voice to the most vulnerable in society who are not always consulted about the protection measures; Leadership to demand stronger and more consistent health systems; Leadership to call for health policies at the service of the populations.

The purpose of the Sigma European Conference is to facilitate the sharing of the latest research knowledge, innovations and current developments within nursing and healthcare from local, national, and international perspectives.

More than ever, in the Year of the Nurse and the Midwife, sharing knowledge and experience will make us stronger and keep us going.

Welcome and good work!

Aidra Cruz Mendes
President of the Nursing School of Coimbra

Escola Superior de
Enfermagem de Coimbra

Oral Communications

Clinical Pratice

Title
..And certification for all.

Authors
Renee*

Introduction
Certification demonstrates the registered nurse's clinical achievement, expertise, and judgment. It affords the ability to demonstrate commitment, confidence, and credibility. This confidence, wedded with competence, as indicated by certification, may enhance the nurses' ability to provide safe and considerate patient care. Considering that certification must be maintained via continuing education (as specialized knowledge is applied to each practice) and/or examination, it behooves the registered nurse to uphold knowledge and standards thus positively impacting their personal clinical practice.

Objectives
To increase and maintain the percentage of registered nurses with relevant certification employed by our organization.

Methodology
An online survey, for nurses, was developed to identify barriers to nursing certification acquisition. Nurses cited the lack of exam preparation courses as well as exorbitant application fees. As a response, funding was provided for access to online continuing education and examination preparation. Quarterly cohort study groups guided staff through the process of meeting certification criteria, as well as the application process. The hospital then removed the financial barriers to certification, by underwriting all exam fees.

Results
It was decided, for purposes of evaluation that leadership would look at registered nursing education rates over time. For the purpose of establishing a baseline, in 2013, the hospital had a 17% certification rate for its registered nurses. Post the institution of this program, the rate rose to 35.9% (by October 2018) and our target rate for the end of 2019 is an achievable 36.5%. With regards to certification rates among the nurse leaders; in 2014 it was 44.9%. This has risen to 52%, as of October 2018, with the goal for the end of 2019 being set at 58.7%.

Conclusions
To maintain impetus towards achieving institutionally set goals for nursing certification, barriers to credential acquisition were ascertained. Access to course preparation and remuneration for exam fees were two obstacles. A hospital sponsored program was established providing on-line and class-based certification preparation courses, as well as reimbursement for examination fees

Keyword 1
Certification

Keyword 2
Barriers

Keyword 3
Nursing

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Financing entities
none

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Title

A Structural Equation Model of Attachment Among Adolescent Mothers and Their Mothers

Authors

Nucharee Sangsawang*, Nujjaree Chaimongkol**, Wannee Deoisres***

Introduction

Attachment between adolescent mothers and their mothers is important source of support for enhancing adolescent mothers´ feelings of security, protection, and comfort when faced with distress or threat. The quality of attachment can be positive or negative outcomes with adolescent mother and their family. Therefore, it is essential that integrative research to identify the predictors and mediator of this attachment could be applied to increase the benefits of attachment outcomes.

Objectives

This study aimed to develop a model to explain the factors influencing attachment among adolescent mothers and their mothers.

Methodology

A multi-stage random sampling technique was used to recruit a total of 240 adolescent mothers who aged under 19 years old and lived with their own mothers (grandmother). Data were collected between January to July 2019 at vaccination-baby clinics in health promoting hospitals, using seven self-reported questionnaires. SEM analysis was conducted to test the hypotheses that family functioning and social support would be associated with attachment among adolescent mothers and their mothers.

Results

The SEM showed that family functioning ($\beta = .51$, $p < .001$) and social support ($\beta = .17$, $p = .006$) were significantly associated with attachment among adolescent mothers and their mothers. Furthermore, family functioning directly affected social support ($\beta = .49$, $p < .001$). The SEM has satisfactorily fit with the data ($\chi2 = 51.966$, $p = .221$, $df = 45$, CMIN/df = 1.16, GFI = 0.966, AGFI = 0.941, CFI = 0.995, and RMSEA = .025). The final model accounted for 38 % of the variance in attachment.

Conclusions

The findings highlight the significance predictor and mediator of attachment among adolescent mothers and their mothers. Predictor was family functioning. Mediator was social support. Findings from this study could be useful in the design of effective intervention among adolescent mothers and grandmothers in order to enhance positive attachment outcome.

Keyword 1

Attachment

Keyword 2

Adolescent mothers

Keyword 3

Mothers of adolescent mothers

Keyword 4

Structural Equation Modeling

References 1

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Financing entities
This study was funded by the Graduate School, Burapha University, Chonburi, Thailand.

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Título
Acesso de crianças com condição crônica na atenção primária em saúde: perceções de profissionais

Autores
Ivone Evangelista Cabral*, Maryanna Gonçalves Pacheco de Oliveira**, Camille Xavier de Mattos***

Introdução
Crianças com necessidades especiais de saúde tem ou estão em maior risco para uma condição física crônica, de desenvolvimento, comportamental ou emocional que determinam fragilidade clínica e vulnerabilidade social maior que as demais crianças. Cuidados com essas necessidades diferenciadas implicam em fortalecer o acesso a atenção primária ao como disparador do vínculo, longitudinalidade e coordenação do cuidado contínuo. Há necessidade de o profissional da atenção primária à saúde perceber o acesso como coordenador nesse nível do cuidado em saúde.

Objetivos
Conhecer as perceções e analisar a perspetiva dos profissionais de saúde da rede de atenção primária à saúde da cidade do Rio de Janeiro acerca do acesso à rede e coordenação do cuidado das crianças com condição crônica na Atenção Primária à Saúde.

Metodologia
Pesquisa qualitativa descritiva implementada com entrevista semiestruturada. Participaram 14 profissionais de saúde (7 enfermeiros, 6 médicos e 1 farmacêutico) da atenção primária à saúde da cidade do Rio de Janeiro, do mestrado profissional em atenção primária. Os dados foram tratados com a técnica da análise temática.

Resultados
Percebe-se acesso como acolhimento, proximidade da população, porta de entrada e lugar de referência. O acolhimento é por demanda espontânea de comorbidades. As ações coordenadas consistem de encaminhamento de crianças à rede de atenção especializada para investigação diagnóstica e tratamento (neurologia, cardiologia, nutrição, otorrinolaringologia e ortopedia), por meio dos sistemas formais de regulação de vagas. Os casos de transtornos mentais são coordenados pela assistente social dos Núcleos de Apoio em Saúde da Família.

Conclusões
A atenção primária acolhe as demandas espontâneas da criança. Os profissionais garantem o inicio do processo de investigação da condição crônica. As demandas especializadas são encaminhados pela regulação; contudo, há deficiência nos mecanismos de acompanhamento dos desfechos, das terapêuticas clínicas e dos itinerários percorridos nas redes de atenção de saúde.

Palavra-chave 1
Enfermagem Pediátrica

Palavra-chave 2
Atenção Primária à Saúde

Palavra-chave 3
Lactente

Palavra-chave 4
Criança

Palavra-chave 5
Doença Crônica

Palavra-chave 6
Pessoal de Saúde

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Entidade(s) Financiadora(s)
Conselho Nacional de Desenvolvimento Científico e Tecnológico (CNPq)

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Title
Adolescent Feelings, Thoughts, and Experiences on Social Media

Authors
Sarah Kelly*

Introduction
The use of social media has become embedded into the daily routine of adolescents. They consume hours of time each day to express their emotions, maintain peer connections, and communicate with others. Within their social media experiences, adolescents perceive both rejection and support from others. These perceived experiences can directly or indirectly influence their self-concept.

Objectives
The purpose of this study is to explore relations among adolescents' feelings, experiences, thoughts, and social media use. The specific aims are to 1) describe experiences that adolescents have with social media, and 2) identify how nurses can engage with adolescents to mitigate the influence of social media.

Methodology
A secondary data analysis of the 2015 Teen Relationship survey from the PEW research center will be used to explore adolescents feelings, experiences, and thoughts on social media. The Teen Survey focuses on adolescents' use of, and interaction with, different social media platforms (such as Facebook or Snapchat). Of the questions in the survey, 10 were used to represent the three concepts under examination.

Results
There were statistically significant correlations between adolescents' thoughts, feelings, and experiences with social media. The strongest correlations focused on the following variables: people stirring up drama, people posting about things that you weren't invited to, people posting things about you that you can't change or control, being better connected to your friends' feels, and more connected to information about friends' lives. Age, gender, and ethnicity were significant predictors of certain thoughts and experiences such as "stirring up drama on social media", and "feeling support from social media during challenging times."

Conclusions
A strong, positive peer relationship during adolescence can mitigate stressful factors that are perceived or real during adolescence. Social media has become a surrogate, fostering pseudo peer relationships that have an impact on self-concept development during adolescence.

Keyword 1
Social Media

Keyword 2
Adolescent development

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Financing entities
NA

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Título
Adolescentes com Excesso de Peso: Efeito dos Estados Motivacionais na Mudança de Comportamentos

Autores
Maria de Lurdes Lopes de Freitas Lomba*, Elisabete Maria Soares da Silva**, Camila Biazus Dalcin***

Introdução
A elevada representatividade do excesso de peso em adolescentes e o forte insucesso associado à abordagem terapêutica, leva a que a Direção Geral de Saúde reconhece quão inadiável repensar estratégias de intervenção personalizada que os incentive à mudança (DGS, 2017). Acredita-se assim, que a avaliação do estádio motivacional para a mudança de comportamento dos adolescentes são a pedra angular na abordagem à obesidade.

Objetivos
Identificar estadios motivacionais para a mudança de comportamento de adolescentes com excesso de peso e verificar quais as relações entre características antropométricas e perceção da imagem corporal com esses estadios.

Metodologia
Investigação descritiva, exploratória e correlacional. Amostra de 47 adolescentes em consulta de obesidade num Hospital Português entre maio e setembro de 2018. Aplicado questionário constituído por duas escalas, validadas e traduzidas para língua portuguesa: University of Rhode Island Change Assessment (avaliação da motivação para a mudança de comportamentos), e Contour Drawing Rating Scale (instrumento de identificação da silhueta, que avalia a satisfação com imagem corporal).

Resultados
Idade média 15,51 anos; prevalência do sexo feminino. Índice Massa Corporal médio 29,05 kg/m2 traduzindo-se numa prevalência de obesidade de 51,1% e pré-obesidade de 48,9%. Na motivação para a mudança de comportamento, a dimensão “pré-contemplação” apresenta um valor médio mais elevado, inferindo-se que são os adolescentes neste estadio os mais motivados para mudar comportamentos. A idade correlaciona-se positivamente com a motivação na dimensão “pré-contemplação” e “contemplação”. Ao aumentar o número de consultas, os adolescentes no estadio “ação” evidenciam uma maior motivação. Índice Massa Corporal e Aparência atual versus Aparência ideal não se corelacionam com a motivação para mudança.

Conclusões
A avaliação dos estádios motivacionais para a mudança em adolescentes com excesso de peso é fundamental para adequar intervenções especificas a cada um desses estadios, devendo essa avaliação e respetivas intervenções ser incluídas pelos enfermeiros nas consultas de obesidade.

Palavra-chave 1
adolescentes

Palavra-chave 2
motivação

Palavra-chave 3
excesso de peso

Palavra-chave 4
consulta de enfermagem

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Title
An exploration of patients` expectations and experiences of service quality in the ophthalmology services.

Authors
Ruth Lernihan*, Eileen Savage**, Margaret Landers***

Introduction
There is a growing increase in demand for ophthalmology services in Ireland which is consistent with the rise in the older person population. Quality is a key issue for service providers and healthcare management. Service users` perspectives and feedback are recognized as essential indicators of quality. The extent of the gap between service users` expectations and experience determines service quality. This gap can be positive or negative, that is, it may exceed expectations or not meet expectations.

Objectives
To explore patients` expectations and experiences of service quality in the ophthalmology service.

Methodology
Drawing on Pragmatism, a descriptive exploratory design was adopted. A purposeful sample of 10 patients attending the ophthalmology service was used. Data were collected using broad semi-structured interviews which were audiotaped and transcribed. Thematic data analysis was employed.

Results
Four main themes and a number of subthemes emerged: Deteriorating or disrupted vision – "The gift of sight"/Dull and foggy, Impact of deteriorating sight, seeking help to improve sight, Entering the eye service – Being seen - Waiting to be served, Lining up to be seen, Being resigned to waiting, Getting vision sorted - process and procedure - Getting and seeking information, Knowing what to do, Removing the blindfold, The eye procedure – "it stings", being treated equally, Seeing again with some improvement, Relationship with healthcare staff – "Staff are great", Allaying fears. Participants' expectations were met or were exceeded.

Conclusions
Participants` expectations and experiences of the ophthalmology service is a valuable method of evaluating service quality. Participants had a positive experience in the main. Service users can inform service provision and highlight areas in need of improvement. Findings will inform future service re-design to assist in meeting service users` needs.

Keyword 1
ophthalmology service

Keyword 2
Quality care

Keyword 3
older adult

Keyword 4
service re-design

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Financing entities
N/A

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Titulo
Atitudes dos enfermeiros na importância da família nos cuidados de enfermagem

Autores
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Introdução
A doença constitui um motivo de preocupação para o indivíduo doente, mas também altera a dinâmica familiar criando instabilidade nos seus membros. O enfermeiro, enquanto profissional de saúde mais próximo da família, deverá ter comportamentos e atitudes que minimizem as repercussões que esta situação pode causar. Para facilitar este processo de transição e potenciar o bem-estar de todos os membros, a família deverá ser considerada como parte integrante dos cuidados de enfermagem.

Objetivos
Identificar as atitudes dos enfermeiros, em relação à importância da família nos cuidados de enfermagem, em meio hospitalar e verificar se as atitudes são influenciadas pelas variáveis sociodemográficas e profissionais.

Metodologia
Estudo de natureza quantitativa, transversal e descritivo-correlacional, numa amostra de 174 enfermeiros de um Centro hospitalar da Região Centro de Portugal, com idade predominante entre os 30 e os 39 anos. Para a mensuração das variáveis foi utilizado um questionário de caracterização sociodemográfica (grupo etário, sexo, estado civil e habilitações académicas) e profissional (categoria profissional, tempo de serviço, contexto de trabalho) e aplicada a Escala A Importância das Famílias nos Cuidados de Enfermagem – Atitude dos Enfermeiros (IFCE-AE).

Resultados

Dos enfermeiros inquiridos 38.5% atribui muita importância à família na prestação de cuidados, 32.2% ligeira importância e 29.3% moderada importância. As mulheres atribuem muita importância ao envolvimento da família nos cuidados.

Os enfermeiros com atitudes mais positivas são do sexo feminino, com 50 ou mais anos de idade, divorciados/separados, detentores de curso de Mestrado ou Doutoramento. Possuem como categoria profissional "Enfermeiro chefe" (funções de gestão), com tempo na carreira de enfermagem superior a 20 anos e trabalham em serviços de ambulatório.

As variáveis habilitações académicas, categoria profissional e contexto de trabalho revelaram significância estatística com as atitudes dos enfermeiros.

Conclusões
Os enfermeiros, em meio hospitalar, devem considerar as famílias como parte integrante dos cuidados, potenciando nos seus membros uma maior autonomia, com tomada de decisão mais fundamentada no processo de transição saúde/doença.

A formação e o contexto de trabalho influenciam a atitude dos enfermeiros face à importância atribuída às famílias.

Palavra-chave 1
Atitudes

Palavra-chave 2
Enfermagem

Palavra-chave 3
Família

Palavra-chave 4
Contexto hospitalar

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Entidade(s) Financiadora(s)
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Título
Avaliações económicas de tratamentos para cardiopatias congénitas em recém-nascidos, crianças e adolescentes

Autores
Gabrielle Freitas Saganski*, MÃ¡rcia Helena de Souza Freire**, Suellen da Rocha Lage Moraes***, RosÃ¡lia de Lima Barbosa****, Michelle Migoto*****

Introdução
As Anomalias Congénitas constituem em anormalidades estruturais ou funcionais durante o desdobramento embrionário no primeiro trimestre da gestação. Nos últimos 15 anos, houve elevação global considerável da prevalência das doenças cardíacas congénitas, atingindo cerca de um milhão de nascidos vivos ao ano. É necessário o desenvolvimento sistematizado da triagem neonatal, com integração relevante do enfermeiro, para: deteção oportuna; garantia da sobrevida; redução dos gastos com a assistência em saúde. Assim, contribuindo também para a qualificação do diagnóstico e do tratamento.

Objetivos
Identificar os estudos globais de avaliação económica relativos ao tratamento de cardiopatias congénitas, do período neonatal à adolescência.

Metodologia
Trata-se de um recorte feito a um protocolo de revisão sistemática. A busca foi realizada em março de 2020, em duas bases de dados: PubMed/MEDLINE e Pediatric Economic Database Evaluation. Utilizaram-se descritores e entry terms relacionados à população recém-nascidos, crianças e adolescentes até 19 anos; anomalias congênitas e cardiopatias; e, estudos de avaliação econômica como custo-efetividade, custo-benefício e custo-utilidade. A revisora central fez a seleção dos estudos, com utilização do software Mendeley para a organização dos mesmos.

Resultados
Foram identificados 239 estudos, após leitura do título e do resumo, foram selecionados 28 para a amostra. Estes, publicados entre 1986-2019, em sua maioria internacionais, predomínio da área de medicina, do tipo retrospectivo e Ensaio Clínico Randomizado. As cardiopatias congênitas mais identificadas nestas publicações científicas foram a persistência do ducto arterioso e, a doença do septo atrial e ventricular. Grande parte dos estudos compararam tratamentos cirúrgicos com os não cirúrgicos. Como principal limitações os estudos relacionam a fragilidade de protocolos clínicos estabelecidos para o tratamento destas cardiopatias congênitas e, a atuação do enfermeiro junto aos mesmos.

Conclusões
Avaliações econômicas destacam-se como evidências científicas para tomada de decisão, diagnóstico e tratamento em tempo oportuno. A assistência de enfermagem à criança com cardiopatia congênita e sua família, é essencial e relevante, para tanto é necessário preparo científico e técnico, prevendo ações efetivas, para a redução das taxas de morbimortalidade.

Palavra-chave 1
Review

Palavra-chave 2
Evidence-Based Nursing

Palavra-chave 3
Technology

Palavra-chave 4
Pediatric Nursing

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Entidade(s) Financiadora(s)
N/A

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Title

Beliefs about medicines and adherence in older people with multimorbidity: a cross-sectional study

Authors

Isa Raquel Brito Santos Pereira Félix*, Maria Helena Henriques Batata, Ana Cristina Pires Marques**, Maria Adriana Pereira Henriques***

Introduction

Medication adherence is vital to ensure optimal patient outcomes amongst multimorbid older people. However, it is essential to understand the reason of non-adherence. Patients' beliefs about medicines have been identified as an important determinant of non-adherence. This study is part of a wider research project that aims to develop a theory and an evidence-based intervention to improve medication adherence in older people, guided by the Behavior Change Wheel framework that can aid the identification of key determinants of adherence.

Objectives

This study aimed to understand beliefs about medicines in older people with multimorbidity and to investigate whether these beliefs are associated with medication non-adherence.

Methodology

A cross-sectional study was conducted in a medical ward during nine months. A non-probability sample was recruited. Inclusion criteria were taking at least four medicines, age 65 years, having three or more chronic conditions and living at home. Data collection was performed through a self-administered questionnaire. It consisted of demographic information, the Beliefs about Medicines Questionnaire Specific (BMQ) and the Scale of Measure Treatment Adherence (MTA). Statistical analysis was conducted with SPSS v25. Ethics committee approval (CHULC/CES425/2017).

Results

Three hundred and one participants undertake the inclusion criteria. The mean age was 79.5 years (SD=7.37). Older participants had a mean of 7.66 (SD=2.08) chronic diseases; a mean of 8.06 (SD=3.12) medicines prescribed. The mean level of adherence was 5.11 (SD=0.6; min. 3; max. 6). The majority of older people (71.4%) is adherent to medication, considering a cut-off point of 80% to define adherence. The mean scores of the Necessity and Concerns scales (BMQ) were 3.6 (SD=0.7) and 2.3 (SD=0.7), respectively. Specific-Necessity were positively associated with adherence ($r=0.27$; $p<0.01$).

Conclusions

This study sheds light on the medication adherence patterns of an under-research population, showing room for improvement. Beliefs about medicines emerged as an adherence determinant which will be integrated into the wider behavioral analysis. Subsequently, it will inform the development of the intervention to improve medication adherence in older people.

Keyword 1

Beliefs about medicines

Keyword 2

Medication adherence

Keyword 3

Older people

Keyword 4

Cross-sectional study

References 1
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Financing entities
Not applicable.

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Title

Best clinical practice of disinfection in intravenous device therapy contaminated with Klebsiella pneumoniae

Authors

Camila Biazus Dalcin*, Patrícia Kuerten Rocha**, Thaís Cristine Marques Sincero***, Juliana Coelho Pina****, Sabrina Souza*****, Maria de Lurdes Lopes de Freitas Lomba******

Introduction

Klebsiella pneumoniae is a Gram-negative bacteria. The treatment of infections from this bacteria in children is more challenging due to limited appropriate antibiotic use in this specific group (Akturk et al., 2016). Evidence-based research is necessary to understand best practice methods for the decontamination of needle-free devices (Kelly et al., 2017) such as network cables intravenous therapy newborn access (Polifix® - B Braun). It is necessary to verify the best method to disinfect needleless connectors, by developing evidence-based research.

Objectives

To verify the effectiveness of two different chemical disinfection methods in reducing the bacterial load of Klebsiella pneumoniae in the Polifix® for peripheral venous catheters.

Methodology

Experimental research. Polifix® were contaminated with 0.5 McFarland in the proportion 1:100CFU/ml in 0.9%NaCl. Then, two disinfection methods were adopted: 70% Isopropyl Alcohol single-use cap (Site-scrub®) and 70% Ethanol alcohol in sterile gauze. The device passed thought vortex and ultrasonic bath 40kHz, for recuperation. Then, 100 µl of the solution was put on a plate with TSA and it was incubated for 24hours at 35°C±1. The number of CFU was counted and the Kruskal-Wallis test was performed for data analysis.

Results

The total of 27 in vitro experiments were performed. The experience was significant, with a $p = 0.045169$. The comparison between 70% Isopropyl Alcohol single-use cap (Site-scrub®) and 70% Ethanol alcohol in sterile gauze showed a difference, where Site-scrub® had a median of 101.00 CFU and the other had 139.50 CFU per plate.

Conclusions

The two different chemical disinfection methods were effective to reduce bacterial load in Polifix® device. Although both reduced Klebsiella pneumoniae bacteria load, Site Scrub® showed better performance to reduce the CFU per plate. It is necessary to test the disinfection methods by clinical research as a next step.

Keyword 1

Nursing Research

Keyword 2

Evidence-Based Practice

Keyword 3

Disinfection

Keyword 4

Catheter-Related Infections

Keyword 5

Pediatric Nursing

References 1

Akturk, Hacer, Sutcu, Murat, Somer, Ayper, Ayd?n, Derya, Cihan, Rukiye, Ozdemir, Asl?, Coban, Asuman, Ince, Zeynep, Citak, Agop, & Salman, Nuran. (2016). Carbapenem-resistant Klebsiella pneumoniae colonization in pediatric and neonatal intensive care units: risk factors for progression to infection. Brazilian Journal of Infectious Diseases, 20(2), 134-140. Available at: https://dx.doi.org/10.1016/j.bjid.2015.12.004

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Title
Clinicians' perspectives on providing pain relief to refugees attending an out-patients pain clinic: An Australian study

Authors
Saras Henderson*

Introduction
Australia is committed to the resettlement of refugees (Day, 2016). Studies show 80 percent of refugees have high prevalence of pain (Teodorescu et al., 2015). As health inequalities are observable in refugees, healthcare that is culturally sensitive is paramount. Issues with acculturation, language barriers, fear of being judged can prevent refugees from accessing pain services. This paper presents the perspectives of clinicians providing pain relief to refugees. Enhances and challenges including recommendations as perceived by clinicians are presented and discussed.

Objectives
The objectives of our study are to explore and describe:

1. Clinicians' perspectives of the enhances and challenges that influence the provision of pain relief to refugees.

2. Clinicians' views on using their cultural competence skills in the management of pain in refugees and their perceived need for future cultural competence training.

Methodology
Descriptive qualitative research was used in this study. A 45minute focus group interview was conducted with multidisciplinary clinicians (N=17) working in an out-patients pain clinic at a public hospital. Semi-structured open-ended questions were used for the focus group interview to explore clinicians' experiences of providing pain management for refugees. Ethics approval and written informed consent was obtained from participants for the study. The audio taped focus group interview was transcribed verbatim, coded and content analysed to identify categories and themes.

Results
The themes identified as enhances included clinician's level of cultural awareness and cultural competency skills, availability of quality interpreters, having adequate time with patients and embracing the concept of 'humanness' rather than viewing patients as refugees. The themes identified as challenges included communication issues due to English language difficulties, inadequate time between patient and clinician, incongruent expectations between clinician and patient and the need for clinicians to have cultural competence training. Clinicians recommended there needed to be better communication between them and referring agencies such as General Practitioners and Refugee Support Centres to provide them with cultural contexts of patients.

Conclusions
The findings can be used to help clinicians develop culturally appropriate guidelines to assist them to change clinical practice and improve the way they provide pain management to refugees. Such guidelines can be helpful in increasing patient satisfaction, treatment compliance, information seeking behavior and improve quality of life (Kaur, 2017).

Keyword 1
Pain management in refugees

Keyword 2
Clinicians providing pain relief

Keyword 3
Culturally appropriate pain management

Keyword 4
Clinicians cultural competence training

References 1
Day, G. (2016). Migrant and refugee health: Advance Australia Fair? Australian Health Review, 40, 1-2.

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Financing entities
The Hopkins Centre Research for Rehabilitation and Resilience provided Seed Funding to conduct this study.

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Title
Community Health Promotion Initiatives to Improve Healthy Food Choices in an Urban Population

Authors
Tracy Perron*

Introduction
The Trenton Healthy Corner Store Network is part of a statewide program implemented in New Jersey by several community partners to increase healthy, affordable food choices in local corner stores. It has been suggested that 10% of the New Jersey population lives in food deserts, lacking access to healthy food options. Lower-income urban neighborhoods with decreased access also have higher rates of childhood obesity; New Jersey currently has the second highest toddler obesity rate in the nation.

Objectives
The purpose of the Trenton Healthy Corner Store Network is to improve access to and healthy food choices among a diverse urban population.

Methodology
In early 2018, the Trenton Healthy Corner Store Network was expanded to include five urban corner stores with a commitment to promote, market, and display healthy food choices. Each corner store was provided with a small refrigerated section to display in the front of the store for produce. This initiative was expanded by The Food Trust to include the Heart Smarts Program, including nutrition lessons and Health Screenings.

Results
Success of the Trenton Healthy Corner Store Network has been measured by community interest, participation, and amount of produce and healthy food choice sales. Store owners report increased frequency in re-stocking due to selling out of produce, rather than spoilage as in the past. Increased sales of healthy food items and decreased waste has allowed pricing on healthier food options to decrease, which may encourage more healthy food choices (Afshin, et al., 2017). Corner store profits and customer requests for healthy food items increased.

Conclusions
Success of the Trenton Healthy Corner Store Network has been measured by community interest, participation, and amount of produce and healthy food choice sales. Store owners report increased frequency in re-stocking due to selling out of produce. Corner store profits and customer requests for healthy food items increased.

Keyword 1
childhood obesity

Keyword 2
healthy corner stores

Keyword 3
healthy food choices

Keyword 4
community partnerships

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Financing entities
Funding from Novo Nordisk

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Título
Conferência do tamanho de braçadeira pressórica na medição auscultatória e oscilométrica da pressão arterial: estudo com profissionais de enfermagem

Autores
Thelma Leite de Araújo*, Nila Larisse Silva de Albuquerque**

Introdução
Uso de braçadeiras pressóricas maiores que o tamanho adequado à circunferência braquial do paciente causa obtenção de valores de pressão arterial (PA) 10 a 30 mmHg inferiores aos reais. Já uso de braçadeiras menores que o tamanho adequado acarreta aumento de 3 a 12 mmHg. Entretanto, evidências apontam para incipiência no uso de braçadeira pressórica de tamanho adequado e é incerto se esse contexto apresenta-se diferente nas medições auscultatórias e oscilométricas.

Objetivos
Tem-se por objetivo analisar a conferência do tamanho de braçadeira pressórica adequado à circunferência braquial anteriormente à medição de pressão arterial pelos métodos auscultatório e oscilométrico, por profissionais de enfermagem brasileiros.

Metodologia

Estudo desenvolvido com 1.848 profissionais de enfermagem brasileiros entre agosto de 2018 e setembro de 2019. Questionário disponibilizado na plataforma SurveyMonkey® e enviado aos participantes, contendo questões sobre dados sociodemográficos e cuidados durante preparo do paciente para medição da PA nos métodos auscultatório e oscilométrico. Dados tabulados no Microsoft Excel® 2016 e analisados no programa Stata, versão 15.0, para obtenção de frequências absolutas e percentuais e aplicação de teste qui-quadrado de Pearson. O nível de significância adotado foi $\alpha<0,05$.

Resultados
Predominaram participantes do sexo feminino (83,39%) e idade entre 26 a 45 anos (72,71%). Atuavam em hospitais (25,69%), na atenção primária à saúde (21,08%) e em instituições de ensino (14,12%). Ausência de experiência na medição da PA utilizando monitores automáticos relatada por 38,43%. Identificou-se que, na medição oscilométrica, 33,62% dos profissionais não conferem se a braçadeira é adequada à circunferência braquial; já 18,83% não conferem na auscultatória ($p=0.000$). Identificou-se associação entre local de atuação e conferência do tamanho adequado de braçadeira na medição auscultatória ($p=0.001$) e ausência dessa associação na medição oscilométrica ($p=0.275$).

Conclusões
Apesar da braçadeira de tamanho adequado à circunferência braquial ser necessária à obtenção de valores pressóricos precisos, profissionais de enfermagem brasileiros não seguem essa recomendação em todos os procedimentos de medição da PA. Conferência do tamanho de braçadeira é realizada predominantemente na medição auscultatória, com associação ao local de atuação.

Palavra-chave 1
Pressão Arterial

Palavra-chave 2
Esfigmomanômetros

Palavra-chave 3
Monitores de Pressão Arterial

Palavra-chave 4
Cuidados de Enfermagem

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Entidade(s) Financiadora(s)
Coordenação de Aperfeiçoamento de Pessoal de Nível Superior, Conselho Nacional de Desenvolvimento Científico e Tecnológico

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Título
Conhecimentos, atitudes e práticas dos enfermeiros do serviço de urgência perante um idoso vítima de violência

Autores
Telma Sofia dos Santos Vidinha*, António de Almeida Cardoso**, Cristina Maria Figueira Veríssimo***

Introdução
A violência contra idosos define-se como ações ou omissões que comprometem a sua integridade, sendo um problema de saúde pública (OMS, 2002). Em Portugal observou-se um aumentou de 30% entre 2013 e 2016, mas este reflete apenas parte da realidade (APAV, 2017). A notificação da violência permite dimensionar o problema e o sector da saúde tem um papel pró-ativo na sua prevenção. Contudo, persiste a subnotificação por parte dos profissionais de saúde, mas ainda não são conhecidas as causas.

Objetivos
Identificar os conhecimentos dos enfermeiros do serviço de urgência sobre a violência contra os idosos; conhecer as atitudes dos enfermeiros do serviço de urgência face à violência contra os idosos; e identificar as práticas dos enfermeiros do serviço de urgência perante um idoso vítima de violência.

Metodologia
Estudo descritivo-exploratório, transversal, com abordagem quantitativa. Selecionaram-se de forma não probabilística enfermeiros dos serviços de urgência de adultos dos hospitais do distrito de Coimbra, com um mínimo de 6 meses de experiência profissional no contexto. Aplicado questionário para avaliação dos conhecimentos, atitudes e práticas dos enfermeiros, construído pelos investigadores e submetido previamente a um pré-teste. Esteve disponível online para preenchimento durante o mês de dezembro de 2018.

Resultados
Amostra constituída por 76 enfermeiros (72,4% do género feminino), com média de idades de 38,53 anos (DP: 8,67) e 15,68 de experiência profissional. 24 apresentam pós-licenciatura, 15 mestrado e apenas 12,2% tiveram formação nesta área. As maiores lacunas no conhecimento observam-se nas áreas específicas: conceito e epidemiologia; enquadramento legal; e etiologia, sinais e sintomas da violência. A falta de formação, os recursos inadequados na comunidade e o idoso não consentir a denúncia ou negá-la foram fatores identificados pelos enfermeiros como influenciadores do ato de notificar. 27 enfermeiros já identificaram um idoso vítima, mas apenas 22 notificaram e 24 encaminharam.

Conclusões
Os enfermeiros revelam falta de conhecimento e assumem dificuldade em identificar um idoso vítima de violência. Dos que identificam, nem todos procedem à denúncia, contribuindo para a subnotificação. Urge investir na formação para que seja depois possível implementar protocolos de intervenção em articulação com os cuidados de saúde primários.

Palavra-chave 1
Maus tratos ao idoso

Palavra-chave 2
Enfermagem

Palavra-chave 3
Conhecimentos

Palavra-chave 4
Atitudes

Palavra-chave 5
Práticas

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Entidade(s) Financiadora(s)
Auto-financiado pelos investigadores.

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Title
Creating Meaning - People Living with Mental Illness in Switzerland

Authors
Peter Wolfensberger*, Sabine Hahn**, Edwin van Teijlingen***, Sarah Thomas****

Introduction
Mental illnesses have a large impact on individuals, their families and friends and communities. People living with mental illness often face discrimination and not the least within the health-care system. In this research project people living with mental illness in Switzerland share their stories. Out of these stories the Creating Meaning Theory was developed which sheds light on how the people concerned deal with their life situations.

Objectives
The aim of this research project was to explore and evaluate the personal experiences of people living with mental illness and to outline the process of adaptation within a new theory. This new understanding may help health-care providers and nurses to promote an improved quality of life and increased wellbeing.

Methodology
A constructivist and reflexive Grounded Theory approach was chosen for the study. Ten participants, people living with mental illness in Switzerland, were interviewed and additional data from various sources were included in the data analysis.

Results
Three categories form the theoretical framework of the Creating Meaning Theory, which summarises the experiences of the people interviewed for this study: Constructing explanations refers to the process of participants trying to understand what is going on in their lives. Defining self-identity points out that people living with mental illness provide themselves with an understanding of who they are. Making sense-of-life refers to the aspect, that the participants give situations meaning and take control over them. The findings support existing theories but add a new and unique understanding of people's experiences in living with mental illness.

Conclusions
The Creating Meaning Theory provides a new and unique understanding of the adaptation process to living with mental illness from a service user perspective. It is a non-linear, infinite and ongoing process. Their stories need to be heard, understood and transformed into action in real life, health-care and society.

Keyword 1
Creating Meaning

Keyword 2
Grounded Theory

Keyword 3
Mental Health and Illness

Keyword 4
Service User Perspective

Keyword 5
Adaptation to Illness

Keyword 6
Personal Recovery

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Financing entities
The research project was carried out as part of a PhD thesis and was self-financed.

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Titulo
Crianças e adolescentes que vivenciam o cancro parental: projeto de um programa de intervenção.

Autores
Ana Filipa Domingues Sousa*, Margarida Reis Santos Ferreira**, Maria de Lurdes Lopes de Freitas Lomba***

Introdução
O cancro parental apresenta impacto nas crianças/adolescentes, tornando-as vulneráveis ao sofrimento, provocando perturbações de desenvolvimento (Alexander, O´Connor, Rees & Halkett, 2019). Dependendo da idade e do sexo, correm maior risco de desenvolver problemas psicológicos e sociais (Shah et al., 2017), necessitando de informações apropriadas e apoio para adoção de estratégias de enfrentamento da doença oncológica dos pais. Pais mencionam necessidade de apoio dos profissionais de saúde, para ajudar a comunicar aos filhos o processo de doença (O´Neill et al., 2018).

Objetivos
Elaborar um programa de intervenção para doentes oncológicos e seus filhos, promotor da adaptação das crianças e adolescentes ao cancro parental.

Metodologia
Realizar-se-á revisão integrativa da literatura para identificar programas de intervenção de apoio a crianças/adolescentes que vivenciam a experiência do cancro parental. Será efetuado estudo qualitativo, avaliando as necessidades das crianças/adolescentes/pais. Construir-se-á desenho do programa de intervenção adaptado às necessidades identificadas das crianças/adolescentes/pais. Este será aplicado no Instituto Português de Oncologia de Coimbra, numa consulta multidisciplinar com objetivo de fornecer apoio a crianças/adolescentes/pais que experienciam cancro parental. As consultas decorrerão em momentos diferenciados: diagnóstico, fase de tratamentos/hospitalização, follow up e luto.

Resultados
Com a elaboração deste projeto, pretende-se obter um programa de intervenção adequado às necessidades identificadas das crianças/adolescentes que vivenciam a experiência do cancro parental. A aplicação do programa visa minimizar os efeitos decorrentes do cancro parental nas crianças/adolescentes e seus pais, acompanhando-os neste processo de transição complexo.

Conclusões
Tratando-se de um estudo que se encontra em fase de desenvolvimento, não se podem aferir, de momento, conclusões.

Palavra-chave 1
crianças

Palavra-chave 2
adolescentes

Palavra-chave 3
pais

Palavra-chave 4
cancro parental

Palavra-chave 5
enfermagem

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Entidade(s) Financiadora(s)
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Title

Dementia Diagnosis among Diabetics in Elderly: Motivational Enhancement and Nurses Training to Improve Adherence to diabetes care (3D-EMENTIA) project presentation.

Authors

Eugene Merzon*, Miriam Shpigelman**, Shlomo Vinker***, Avivit Golan****

Introduction

Type 2diabetes and dementia are more common at the of age 65and over. The combination of the two leads to an additional cerebrovascular pathology, extended hospitalization, increased healthcare costs and mortality rate. Quality of care improvement has been shown due to a collaborative team led by Nurse-Practitioner. Leumit-Health-Services has been implemented a model focused on enhancement of primary care team's motivation, education and communication skills and changing in working environment for pro-active diabetes care, combined with supportive supervision of NP.

Objectives

We constructed a novel, comprehensive educational program for nurse practitioners (pointed to dementia screening and differential diagnosis (using structured and validated questioners (MoCa, PHQ9, GAD7, ASRS6 & DSST) amongst elderly diabetic patients in the primary care.

Methodology

Leumit Health Services (LHS) is a health maintenance organization (HMO) in Israel serving approximately 720,000 patients. Community dwelled diabetic patients aged over 65 years covered by LHS without previous diagnosis of dementia were identified LHS database. Trained nurse practitioners received a list of eligible patients and will invite them for pro-active dementia screening using MoCa, PHQ9, GAD7, ASRS6 & DSST questioners. NPs coordinated dementia and diabetes care and emotionally supported patients and their care givers.

Results

Over 200 diabetics were screened. The results were in the norm (MoCA over 24) in 57 patients (33.9%). There were signs of minimal cognitive impairment (MoCA from 24 to 20) was in 44% of patients. There were signs of dementia (MoCA score below 20) were in 37 patients (22.1%). In the patients with a well-balanced MoCA grade diabetes (measured by HgbA1c) was better: 8.2mg% (CI 7.6; 8.4) compared to 8.8mg% (CI 8.5; 9.1) and 9.5mg% (CI 9.1; 10.2) respectively.

Conclusions

Cognitive diagnosis on diabetics is able to give nurse practitioner a central place in organizational processes and to support nurses and multi-disciplinary team, to explore a new field related to the morbidity of adult diabetics and nursing leadership. A cognitive impairment is not routine diagnosed among adult diabetics.

Keyword 1

Diabetes

Keyword 2

Cognitive impairment

Keyword 3

Leadership

Keyword 4

Nurse Training

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Financing entities
Joint Eshel Organization, Leumit Health Care Organization, D Cure Fond, Ministry of Health Care

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Título

Developing and Testing a Brief Intervention for Feeding Difficulty in Dementia

Autores
Salma Rehman *

Introdução
Dementia refers to a chronic and progressive condition characterized by disturbance of multiple higher cortical functions such as memory, cognition, orientation, comprehension, in carrying out activities of daily living. A common problem in the later stages of dementia is difficulty at mealtimes. Research has been conducted to explore the usefulness of various interventions for mealtimes difficulties and use of re-training/educational interventions is promising. However, the utility of these methods in different populations, with different patient groups in different contexts.

Objetivos
Develop and test a brief intervention, using spaced retrieval, for the alleviation of feeding difficulty in older people with dementia

Conduct a realistic and economic evaluation of the intervention to inform development of a complex intervention for the alleviation of feeding difficulty in older people with dementia in the future.

Metodologia
We used a single case study using an ABA design. Thirty-two participants contributed to the study; 15 completed all phases of intervention. Three months post intervention observation was completed for eight participants. Data were collected using the Edinburgh Feeding Evaluation in Dementia (EdFED), Mini Nutritional Assessment (MNA), and Body Mass Index (BMI) before intervention, post intervention and following three months post intervention. Data were displayed visually for analysis using SCA in R Commander.

Resultados
Spaced retrieval is useful in reducing mealtime difficulties in patients with dementia as all participants who completed the study demonstrated improved BMI and MNA and reduced EdFED score indicating fewer difficulties.

ConclusÃµes
the results of this study are promising, further large and multi centre trials are needed to explore the effectiveness of the intervention in diverse populations. In addition, it will be useful to explore the sustainability of the intervention and economic effectiveness.

Palavra-chave 1
dementia’; ‘feeding difficulty’;

Palavra-chave 2
feeding OR mealtimes

Palavra-chave 3
OR eating

Palavra-chave 4
intake/ food and drink

Palavra-chave 5
nutrition/ difficulty

Palavra-chave 6
dementia intervention/ systematic review.

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Entidade(s) Financiadora(s)
I am a final year PhD Student. I don't have any financing entities.

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Title

Development of Delivery System for Art in Hospital through Spatial Installation Art, “Breathing House”*in Japan

Authors

Wakako Sadahiro*, Ryo Yamada**

Introduction

Although “Art in Hospital” is common in Japan, it is confined to some facilities and groups. In this study, we attempted to develop a method to create Spatial Installation Art, “Breathing House” which is expected to have a spatially caring effect and deliver it to the hospitals which wished to exhibit in Hokkaido. This study reports on Spatial Installation Art deployed in three hospitals in 2018 and the evaluation results from a viewpoint of “Theory of Design Nursing”.

Objectives

The ultimate aims of this study are to develop a system to provide “Art in Hospital” through Spatial Installation Art can be utilized in Japan and to diffuse the system.

Methodology

Action Research Design is adopted as follows.

1.“Breathing House” created by Ryo Yamada*** was deployed in one hospital wishing to exhibit in Sapporo, and the results (Sadahiro, W., & Yamada,R:2018) was sent to 377 hospitals in Hokkaido.

2.“Breathing House” was placed at 8 hospitals wishing to exhibit until July 2019.

3.A questionnaire survey was conducted for workers and patients in 3 hospitals agreeing with this study to evaluate it. The data was collected between Feb. and Jul. in 2019.

Results

Art was placed at outpatient waiting room in two hospitals and ward lounge in one. 32patients and family members (40%) and 88workers (73.3%) in 3 hospitals (two, psychiatric and one, general) responded to the questionnaire. 14.2% evaluated “Breathing House” as “very good”, 33.3% “good”, 24.2% “average”, 3.3% “not very good” and 2.5% “not good”. As spatial caring effects, they felt tranquility and a gentle breeze. Many workers stated that their perception of space in hospital has changed. Responses may vary depending on the place of art and hospital type.

Conclusions

The delivery system for “Art in Hospital” has the following advantages. 1. Artists exert their maximum creativity. 2.Almost no gap with hospital needs. The followings are required. 1.High art quality. 2.Guarantee of safety and hygiene. 3.Ease of maintenance and less cost. 4.Enough space in hospital.

Keyword 1

Art in Hospital

Keyword 2

Design Nursing

Keyword 3

Spatial installation art

Keyword 4

Spatially Caring Effect

Keyword 5

Breathing House

Keyword 6
Hospital Art

References 1
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References 2
*“Breathing House” in Japanese is “Kaze no ie”.

References 3
**“Theory of Design Nursing” is term created by Sadahiro, W. & Yamada, R. in the year 2018.

References 4
*** “Ryo Yamada” is an artist of this study.

He is highly acclaimed internationally in the field of environmental art. He produces and provide high quality art works. For Example, He is Winner WAN World Architecture News Award, 2018.

Financing entities
This work was supported by Sapporo City University’s grant-in-aid for collaborative research.

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Title
Devising the Workplace Culture Critical Analysis Tool in Person-centred Practice

Authors
Jan Dewing*

Introduction
Person-centred practice needs evaluation methods and tools specific to its values and intentions. One tool, The Workplace Culture Critical Analysis Tool (WCCAT)(McCormack et al 2009) has been widely used around the world. The Person-centred Practice Research Community of Practice has revised the WCCAT bringing it into alignment with the Person-centred Practice Framework (McCormack and McCance 2017) to ensure theoretically coherent with the framework and to offer nurses a tool to help them to evaluate and learn more about their practice.

Objectives
To describe the methods used to revise the WCCAT To show how the revised tool was piloted in practice To demonstrate that the WCCAT is a research derived actionable tool To consider the data that can be collated and how nurses make use of it to improve and innovate practice

Methodology
The method had a number of phases which will be fully set out in the presentation. Two draft versions of the revised WCCAT were piloted in different work places and with different nursing teams. Piloting was repeated as the tool was refined and as further refinement of terminology and language took place. We are now working on translations into a number of different European languages.

Results
The WCCAT is a research derived actionable tool. These are tools that have the potential to improve the uptake, transfer of research findings, (in this case the Person-centred Practice Framework), (Hampshaw et al 2018). The revised WCCAT has all three essential elements: (i) the knowledge within the WCCATR can be both recognised and tracked back to the Person-centred Practice Framework; (ii) the WCCAT has a targeted group that the tool is relevant for; and (iii) the WCCAT contains a planned process for a call for action that facilitates action to improve and innovate practice.

Conclusions
The revised WCCAT is explicitly linked to the Person-centred Framework making the framework more useful in clinical practice. The WCCAT is to be used as part of a participatory observation method combined with feedback and reflective dialogue within teams aimed at improving and innovating practice.

Keyword 1
Workplace Culture

Keyword 2
Person-centred Practice

Keyword 3
Participatory

Keyword 4
Observation

Keyword 5
Critical dialogue

Keyword 6
Actionable Tool

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Financing entities
Nothing to declare

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Title
Differences between the earth and the sky': migrant parents' views of nurse-led child health services in the UK

Authors
Louise Condon*, Dr Stuart McClean

Introduction
Migrating between countries necessitates movement and adjustment between systems of healthcare which differ in provision. Children of migrant parents use most types of healthcare services less than local children, with only emergency and hospital services used more (Markkula et al 2018).In the UK National Health Service (NHS) nurses provide primary care services and health promotion to children.

Objectives
To explore parental™ views and experiences of using nurse-led health services for their pre-school children post-migration.

Methodology
Five focus groups were held with parents of pre-school children who had migrated to the United Kingdom (UK) from Romania, Poland, Pakistan or Somalia within the last ten years (n=28). One focus group consisted of parents of Roma Gypsy ethnicity. One group chose to speak in English, with concurrent translation provided for the other groups. Thematic analysis was used to identify themes (Braun and Clarke 2006).

Results
Participants described profound differences between child health services in the UK and in their country of origin, which varied according to nationality and ethnic group. All groups appreciated services free at the point of delivery and an equitable service offered to all children. Primary care services such as treatment of minor illness and immunisation were familiar to parents, but pre-migration these were commonly delivered by doctors. All groups were unfamiliar with child health promotion delivered in the home by public health nurses; some perceived this service as intruding on the autonomy of parents.

Conclusions
When adjusting to a new healthcare system migrants negotiate differences in service provision which challenge their existing views on the roles of professionals. Communalities in experiences indicate that improved communication is needed on UK services for pre-school children, particularly on the roles, skills and capabilities of nurses.

Keyword 1
nurse-led services

Keyword 2
child health promotion

Keyword 3
migrant health

Keyword 4
primary care

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Financing entities
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Title
Documenting Person-centred Care: First findings from a mixed-methods study of inpatient health records

Authors
Birgit Heckemann*, Maryam Chaaya**, Eva Jakobsson Ung***, Sofie Jakobsson****

Introduction
Health records are legal documents to report care and treatment, and they facilitate communication between healthcare professionals. Within the established biomedical paradigm, there is little room for the patient's narrative. The sharing and co-creation of documentation between healthcare professionals and patients is a cornerstone of Person-centred Care (PCC). However, PCC documentation is a major challenge in clinical practice, as changes in the use of language and inclusion of the patient narrative are required. Practitioners lack guidance on PCC documentation.

Objectives
The aim of this study are: 1) To identify elements of person-centred care in in-patient health records and 2) to explore the characteristics of the language used in the documentation.

Methodology
This is an ongoing mixed-methods study of 71 postoperative inpatient records. All patients had undergone surgery for a pituitary gland tumour between June 2016 and November 2017. The data were extracted, anonymised and analysed. First we conducted a quantitative content analysis guided by a template . The template comprises three domains: (I) the patient as a person, (II) provision of holistic care, (III) Partnership in planning and decision-making and ten subcategories. Second, we explored the characteristics of language.

Results
Demographics: We included 68 records (30 women, 38 men, aged 28-85 years (mean 59). The length of stay varied between 1-26 days (mean 7.24).

The analyses will conclude in February 2020. Preliminary findings:

1. Quantitative: There is extensive reporting pertaining to symptoms (domain I) and provision of patient information (domain III). Information about patients' resources / personal preferences / psychosocial situation (domain I), or preferences / resources regarding care planning (domain II) is lacking. Patients lack inclusion in discussion and decision-making (domain III).

2. Language: Some entries are personalized, addressing the patient directly. Most reporting is in the biomedical paradigm.

Conclusions
Some elements of PCC reporting, pertaining to both PCC content and language are present in inpatient care records. Using these elements as exemplars can support healthcare professionals in finding, 'a new voice' that this aligned with the PCC paradigm.

Keyword 1
Person-centred documentation

Keyword 2
Person-centred Care

Keyword 3
Person-centred language

Keyword 4
Mixed methods

Keyword 5
Health records

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Financing entities
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Título
e-Natureza: imagens da natureza para uso clínico na promoção de bem-estar

Autores
Eliseth Ribeiro Leão*, Daniela Reis Dal Fabbro**, Elivane da Silva Victor***

Introdução
Nas últimas décadas tem se observado um crescente interesse dos pesquisadores em compreender como a adoção de elementos naturais no cotidiano, inclusive, nas instituições hospitalares, podem caracterizar ambientes restauradores e refletir em melhores condições de saúde e bem-estar para os pacientes. O contato com a natureza pode ser feito de forma indireta por meio de fotografias. Todavia, os poucos bancos de imagens existentes não são validados para uso clínico (somente para uso restrito em pesquisa e por pesquisadores).

Objetivos
Este estudo tem como objetivos validar imagens da natureza e verificar seu potencial terapêutico no cuidado a pacientes oncológicos em tratamento quimioterápico.

Metodologia
Estudo metodológico web-based complementado por ensaio clínico randomizado (NCT03518255). Para realizar a validação das 480 imagens, foi construída uma plataforma online para acesso ao público geral, com função mobile. Das imagens, 433 receberam 27389 avaliações, de 739 indivíduos (e-mails) distintos, por meio de uma escala digital para a autoavaliação da emoção. Foram 50 imagens das seguintes categorias: aves claras, aves coloridas, céu, flores, mar, insetos e água, 27 paisagens, 26 imagens de árvores e 30 imagens controle.

Resultados
Os valores estimados de valência variaram de 1,6 a 8,0 e os valores estimados de alerta variaram de 2,8 a 8,9. Das 433 imagens consideradas na análise, 362 (83,6%) apresentaram alto nível de prazer e relaxamento. Há evidências (p=0,001) de maior valência para a categoria de aves claras (+3,1%), Aves coloridas (+7,9%), Flores (+5,4%) e Mar (+7,0%) e evidências de alerta menor que a categoria Paisagens (adotada como referência) para as categorias Céu (-11,5%) e Flores (-9,3%). Não há evidências de diferenças entre os gêneros quanto à nota de Valência e de Alerta/Relaxamento para qualquer das categorias de imagem consideradas.

Conclusões
Considerando os resultados das comparações entre as categorias de imagem e controle, temos evidências de validade do banco de imagens para promoção de bem-estar, com relação à valência e alerta. Análises preliminares do ensaio clínico em andamento, indicam que as imagens validadas possuem potencial de alívio, principalmente, de sintomas emocionais.

Palavra-chave 1
Áreas verdes

Palavra-chave 2
Cuidados de enfermagem

Palavra-chave 3
Saúde ambiental

Palavra-chave 4
Terapias complementares

Palavra-chave 5
Fotografia

Palavra-chave 6
Psicologia Ambiental

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Entidade(s) Financiadora(s)
Conselho Nacional de Desenvolvimento Científico e Tecnológico (CNPq)

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Title

Effects of interventions to increase bed alarm utilization to prevent falls among hospitalized patient on a Medical – Surgical Unit: A Process Improvement Project.

Authors

Lydia H Albuquerque*

Introduction

Fall injuries are among the 20 most expensive medical condition. 800 million older people are treated in emergency department for fall injuries. Falls among older adults cost the U.S. health care system $34 billion in direct medical costs. 30% to 50% of all in-hospital falls results in injuries and death for patients 65 years and older. The purpose of this project is to examine the effectiveness of an education intervention, based on the recommendation of Hill-Rom bed alarm management system.

Objectives

Evaluate the effectiveness of an education program to improve knowledge on utilization of bed alarms and reduce fall rate on a medical surgical unit of an acute care hospital.

Methodology

Participants were consented, following which a pretest was administered. An eight item tool that assessed the knowledge on utilization of bed alarm system was administered. An education intervention was offered and a post test was conducted. The skills of nurses and nursing assistants with regards to demonstrating setting of bed alarm and zeroing of the beds was checked with a skills check list. The falls rate on the unit was tracked post intervention.

Results

A sample t- test was used to examine the effectiveness of education on pretest and post test scores. The post test mean was 2.65 greater, t= 8.048, p=.000. The results were highly significant with gain of knowledge and skills after education. This gain in knowledge and skill was directly related to a decrease in fall rate from 6 falls a month to zero fall rate.

Conclusions

On-going education and training of staff needs to be implemented to reduce and maintain the reduction of falls. Bed functionality should be checked routinely for alarm setting and zeroing.

Keyword 1

Bed alarms

Keyword 2

Falls

Keyword 3

zeroing

Keyword 4

Hill-Rom

Keyword 5

Patients

Keyword 6

Acute care setting

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Financing entities
None

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Título
Eficácia do tratamento da dor nas vítimas de trauma em contexto pré-hospitalar

Autores
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Introdução
A dor é uma experiência multidimensional desagradável, envolvendo não só uma componente sensorial mas também emocional, que se associa a uma lesão tecidular concreta ou potencial (Meier et al., 2017). As consequências fisiológicas e psicológicas da gestão ineficaz da dor aguda, como hipertensão arterial, taquipneia e taquicardia têm efeito direto no prognóstico das vítimas de trauma (Benov et al., 2017).

Objetivos
Avaliar a eficácia do tratamento (farmacológico e não farmacológico) da dor nas vítimas de trauma socorridas no pré-hospitalar pelos enfermeiros que tripulam as Ambulâncias Suporte Imediato de Vida (ASIV) do Instituto Nacional de Emergência Médica, em Portugal.

Metodologia
Estudo observacional e inferencial. Aplicada a Escala de Avaliação Numérica antes, durante e após as intervenções do enfermeiro. Consideraram-se como medidas farmacológicas o paracetamol, morfina, midazolan e tramadol, e como medidas não farmacológicas a crioterapia, aplicação de calor, distração, imobilização, elevação das extremidades e presença de familiares/amigos. Para avaliar a redução da dor recorreu-se ao teste t de student para amostras emparelhadas. A Regressão Linear Múltipla foi utilizada para identificar os preditores do tratamento da dor.

Resultados
Amostra de 317 vítimas, 66,4% do sexo masculino e média de idades de 50,7 anos. Foram administradas em 69,5% das vítimas medidas farmacológicas e em 89,6% das vítimas medidas não-farmacológicas. Observou-se uma redução significativa da dor após a intervenção dos enfermeiros (DM=2,62; IC95%=2,36-2,88; p<0,001) e uma diminuição da dor igual ou superior a 7 (46,7% vs 7,2%; p<0,001). Os preditores da gestão da dor foram a Não Administração de Fármacos (β= -0,31; p<0,001), a administração de Morfina (β= 0,29; p<0,001), a Crioterapia (β= 0,16; p<0,001) e a Imobilização (β= 0,10; p<0,05).

Conclusões
A intervenção dos enfermeiros das ASIV é eficaz no tratamento da dor em situações de trauma, no pré-hospitalar. Administração de morfina, a crioterapia e a Imobilização foram as medidas que melhor explicaram o alívio da dor e a não administração de fármacos foi responsável pelo insucesso no tratamento.

Palavra-chave 1
Trauma

Palavra-chave 2
Manejo da Dor

Palavra-chave 3
Dor Aguda

Palavra-chave 4
Assistência Pré-Hospitalar

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Entidade(s) Financiadora(s)
Não existem Entidades Financiadoras.

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Title
Evaluation of the perception of clinical reasoning in the Italian context through the Nurse Clinical Reasoning Scale (NCRS). A cross-sectional study

Authors
Ippolito Notarnicola*

Introduction
Nursing competencies represent the result of knowledge that the nurse has the responsibility to acquire and constantly update both from experience (Rohde et al., 2018) and from abilities. Among the skills required of nurses, the clinical reasoning is of fundamental importance for clinical nursing practice. This is defined as “the process of applying knowledge and expertise to a clinical situation to develop a solution” (Carr, 2004); today it is considered crucial to provide high quality assistance (Tyo et al., 2019).

Objectives
The purpose of our study is to evaluate the nurses' perception of their clinical reasoning is to test NCRS psychometrically in the Italian context.

Methodology
The study was a cross-sectional research design. We initially tested the reliability of NCRS with Cronbach's alpha, and then we measured the difference between the groups of nurse, nurse coordinator and nurse manager. Later, a psychometric evaluation of NCRS was conducted to test its construct validity. The data were collected from 2018 to 2019.

Results
We administered 809 NCRS questionnaires, of which only 770 nurses were returned, and only 675 of the sample analyzed completed the questionnaire with an 88% response rate. The 71% of the sample studied holds a qualification as a nurse while the remaining 29% is divided between manager (4%) and coordinator (25%). Three factors emerged from the factor analysis, these account for 65% of the overall variance. Furthermore, it has been seen that there is a correlation between job satisfaction and clinical reasoning with a Rho-Spearman of 0.163. Cronbach’s alpha for the whole instrument was 0.932.

Conclusions
In view of what the results of my study are, it is of fundamental importance that all nurses constantly implement their knowledge, to understand the relevant importance of the ability of clinical reasoning in clinical practice contexts, to use it in the most correct way and develop further competencies.

Keyword 1
Clinical reasoning

Keyword 2
competence

Keyword 3
nursing

Keyword 4
nurse

Keyword 5
cross-sectional

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References 3
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Financing entities
This research received no funding from agency in the public, commercial, or not-for-profit sectors.

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Título
Gestão de dor crónica em doentes Oncológicos através da terapia de acupuntura – Revisão Integrativa.

Autores
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Introdução
O aumento das doenças oncológicas e consequentemente da dor crónica tem conduzido a uma maior procura de respostas para o seu controlo. A dor crónica é um desafio diário para doentes e seus cuidadores, com implicações na sua qualidade de vida. Para a Organização Mundial de Saúde, a gestão de dor crónica oncológica deve ser uma prioridade de atuação para os profissionais de saúde. A acupuntura tem-se revelado uma escolha de eleição, existindo já hospitais a disponibilizá-la aos seus doentes.

Objetivos
Explorar as evidências recentes sobre a aplicação da acupuntura no controlo de dor crónica oncolÃ³gica e analisar os resultados da acupuntura no controlo da dor crónica oncológica.

Metodologia
Realizou-se uma revisão integrativa a partir da questão de pesquisa: “Quais os resultados da aplicação da acupuntura (I) no controlo da dor crónica (O) em doentes oncológicos (P)?”. Foram utilizados como termos de pesquisa: “acupunture therapy” AND “acupunture analgesia” AND “chronic pain” AND “cancer care facilities” OR “cancer”. Os critérios de inclusão foram: estudos clínicos randomizados, publicados entre 2010-2016 em língua inglesa, portuguesa e espanhola. A pesquisa foi realizada nos motores de busca: EBSCOhost e B-on em outubro/2016 e janeiro/2017.

Resultados
Foram encontrados 30 estudos, destes, 14 foram excluídos numa primeira fase, através de leitura do título e resumo, e 10, depois da leitura do texto integral por serem (n=5) repetidos e (n=5) não cumprirem os critérios de inclusão predefinidos, ficando retidos 6 artigos que constituíram o corpus documental para análise. Nestes existiam três grupos de estudo: grupo de controlo, experimental e sham ou falsa acupuntura. Em média cada grupo foi constituído por 48,3 participantes (min=15; max. 67). Em todos existiu afirmação de que a acupuntura é segura e parece ser eficaz no controlo de dor crÃ³nica.

Conclusões
A acupuntura parece ser uma estratégia segura e com resultados na amenização e controlo de dor crónica oncológica. Pelas limitações nos estudos analisados será pertinente realizar estudos comprobatórios para compreender amplamente os efeitos da acupuntura na gestão de dor crónica oncológica, garantindo a qualidade e a segurança dos cuidados oferecidos.

Palavra-chave 1
Dor Crónica

Palavra-chave 2
Oncologia

Palavra-chave 3
Acupuntura

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Entidade(s) Financiadora(s)
Não se aplica.

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Título
Hábitos de sono nas crianças em idade pré-escolar

Autores
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Introdução
O sono é um processo fisiológico e dinâmico, representando uma atividade de vida crucial para o crescimento e desenvolvimento físico e psicomotor da criança. Tem funções biológicas relevantes designadamente na função protetora e de manutenção da homeostasia orgânica, papel essencial no desenvolvimento e plasticidade cerebral, papel reparador fomentador de processos de aprendizagem e consolidação da memória. Na idade pré-escolar é suposto existirem hábitos saudáveis de sono, no entanto identificam-se padrões problemáticos cada vez mais frequentemente, e mesmo redução da qualidade.

Objetivos
O principal objetivo do trabalho foi identificar estudos sobre padrões de sono em crianças portuguesas em idade pré-escolar e adicionalmente problemas mais frequentes, por forma poderem ser delineadas estratégias capazes promover sono saudável nesta importante etapa do desenvolvimento e de reduzir hábitos nocivos.

Metodologia
Efetuada uma revisão integrativa da literatura, tendo realizado pesquisa nas bases de dados on-line: Google Académico, Scielo Portugal e Repositório de ESEnfC. Através da estratégia PICO, elaborámos uma questão de pesquisa e definimos critérios de inclusão e exclusão. Descritores: hábitos de sono em pré-escolares; problemas de sono em pré-escolares. Após leitura por títulos, abstract e integral, constituíram a amostra final seis artigos, possibilitando responder ao objetivo central.

Resultados
Em médias, estas crianças dormem 9,62 h/noite, mínimo de 7 h e máximo de 12 h (Silva, 2013). Em pré-escolares e escolares, constatou-se uma elevada prevalência de problemas de sono - terrores noturnos e sonambulismo (Rangel, Baptista, Pitta, Anjo & Leite, 2015). Lopes et al., (2018) apontam o principal problema como sendo a resistência em deitar perturbando o adormecimento rápido. Já Silva em 2013, encontrou 53,2% de crianças que chamavam pelos pais durante os acordares noturnos. Por outro lado, Silva et al., (2018) assinalam a má qualidade de sono em cerca de 35,2% de crianças, dados relevantes e problemáticos.

Conclusões
O conhecimento dos padrões de sono nas crianças em idade pré-escolar é decisivo para serem traçadas estratégias que resultem em boa qualidade do mesmo. Há a necessidade de um forte envolvimento parental na criação e manutenção de adequadas rotinas prevenindo problemas no imediato e mais tardios na fase escolar.

Palavra-chave 1
crianças em idade pré-escolar

Palavra-chave 2
problemas/hábitos de sono

Referências bibliográficas 1
Lopes, A., Almeida, F., Jacob, S., Figueiredo, M., Vieira, C. & Carvalho, F. (2016). Diz-me como dormes: hábitos e problemas de sono em crianças portuguesas em idade pré-escolar e escolar. Revista do de Pediatria do Centro Hospitalar do Porto: NASCER E CRESCER, 25 (4), 21-216.

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Referências bibliográficas 3
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Entidade(s) Financiadora(s)
Sem entidades financiadoras

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Title
HHS Pain Management Best Practices Inter-Agency Task Force

Authors
Bruce Schoneboom*

Introduction
The Pain Management Best Practices Inter-Agency Task Force was established to propose updates to best practices and issue recommendations that address gaps or inconsistencies for managing chronic and acute pain. The U.S. Department of Health and Human Services had oversight of this effort with the U.S. Department of Veterans Affairs and U.S. Department of Defense.

Objectives
Identify, review, and determine whether there are gaps in or inconsistencies between best practices for pain management (including chronic and acute pain) developed or adopted by federal agencies; develop improved pain management strategies, including consideration of alternatives to opioids to reduce opioid monotherapy in appropriate cases

Methodology
The Task Force consisted of representatives from relevant HHS agencies, the Departments of Veterans Affairs and Defense and the Office of National Drug Control Policy. Non-federal representatives include individuals representing diverse disciplines, including experts in areas related to pain management, pain advocacy, addiction, recovery, substance use disorders, mental health, minority health and more. Members also include patients, representatives from veteran service organizations, the addiction treatment community and groups with expertise in overdose reversal, including first responders, medical boards and hospitals.

Results
The report recommended a multimodal approach for patients who experience acute injury and perioperative pain, as well as a multidisciplinary approach for patients with chronic pain conditions. These multidisciplinary approaches may include medications (non-opioid as well as opioid, depending on the individual patient's situation), interventional approaches, restorative therapies, behavioral health interventions and other approaches. The report highlight the need for multidisciplinary approaches to chronic pain that focus on the patient's medical condition. Finally, the report emphasizes safe opioid stewardship, recommending approaches that mitigate opioid exposure.

Conclusions
The report recommended the importance of a thorough diagnosis, the establishment of a patient-clinician therapeutic alliance, and a multimodal approach for patients who experience acute injury and perioperative pain, as well as a multidisciplinary approach for patients with chronic painful conditions to improve clinical outcomes while ensuring safer patient care.

Keyword 1
Pain Management

Keyword 2
Opioid crisis

Keyword 3
CDC Opioid Prescription Guidelines

Keyword 4
Patient-centered care

Keyword 5
Stigma

Keyword 6
Multi-modal multi-disciplinary pain management

References 1
U.S. Department of Health and Human Services (2019, May). Pain Management Best Practices Inter-Agency Task Force Report: Updates, Gaps, Inconsistencies, and Recommendations. Retrieved from U. S. Department of Health and Human Services website: https://www.hhs.gov/ash/advisory-committees/pain/reports/index.html

Financing entities
U.S Department of Health and Human Services

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Title
How can nurses support Roma, Gypsies and Travellers to take up cancer screening?

Authors
Louise Condon*, Deborah Fenlon

Introduction
National cancer screening programmes facilitate early diagnosis and treatment of cancer to reduce morbidity and mortality (Thun et al.2017). In common with other ethnic minority and socio-economically disadvantaged groups, Roma, Gypsy and Traveller people are known to experience barriers to attending screening (van Cleemput et al. 2007; Cook et al. 2013). Nurses have a role in delivering screening programmes, health promotion and reducing health inequalities.

Objectives
To explore views on screening to reduce the risk of cancer among Roma, Gypsy and Traveller people

Methodology
Peer researchers conducted semi-structured interviews with 41 participants, who self-identified as Roma, Gypsies and Travellers, in Wales and Bristol, UK. Targets were set for Roma people (one third) and men (one quarter) within the purposively selected sample. A Romanes speaking peer researcher interviewed Roma participants. Questions focused on uptake of routine screening (cervical, breast and bowel) and access to information within communities.

Results
Participants had varying awareness of the UK screening programme. The majority of women attended cervical and breast screening, which was facilitated by greater familiarity with health services in pregnancy and motherhood. Men experience greater barriers, related to traditional beliefs about masculinity and stoicism. Roma people who had experience of screening abroad were confused by the UK schedule which has different ages at which screening starts. Language and literacy were obstacles to accessing health information, leading to reliance on family and friends. Trusted health professionals who formed a relationship with individuals and families were highly valued as sources of information.

Conclusions
Nurses working in primary care and acute services have a major role in encouraging cancer screening. Access to information about screening is often poor and nurses who provide clinical services have the opportunity to provide targeted health promotion to this culturally distinct, and high need group.

Keyword 1
cancer screening

Keyword 2
Roma, Gypsies and Travellers

Keyword 3
health promotion

Keyword 4
qualitative methods

Keyword 5
nurses

References 1
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References 2
Parry, G., Van Cleemput, P., Peters, J., Walters, S., Thomas, K., & Cooper, C. (2007). Health status of Gypsies and Travellers in England. Journal of Epidemiology & Community Health, 61(3), 198-204.

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Thun, M. J., Wild, C. P., & Colditz, G. (2017). Framework for understanding cancer prevention. In Schottenfeld and Fraumeni Cancer Epidemiology and Prevention, Fourth Edition (pp. 1193-1204). Oxford University Press.

Financing entities
This study was funded by Tenovus Caner Care (TIG2018-15)

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Title

Impacts of antiretroviral therapy and food supplements on life outcomes of adults living with HIV & AIDS in Delta State, Nigeria

Authors

Patricia Konye Omenogor, Nosa Orhue*, Prisca Adejumo**

Introduction

The first case of HIV and AIDS in Nigeria was reported in 1986. Since then the number of people living with HIV (PLWHA) has been on the rise. From an initial 25 antiretroviral therapy (ART) centres in 2002 to 41 centres in 2006, the Nigerian government has made deliberate efforts to provide free treatment for PLWHA. However, no published results exist on the success or otherwise of this programme in Nigeria's Delta region.

Objectives

This study will investigate the roles of ART and food supplements in improving the lives of PLWHA in Delta State, Nigeria.

Methodology

A descriptive cross-sectional study was completed using a purposive sampling method on 510 adults. Information on HIV and AIDS were collected through questionnaires and semi-structured interviews. Both qualitative and quantitative methods were used to test the hypothesis that the use of antiretroviral drugs and/or food supplements directly affects the quality of life of PLWHA. The impacts of ART and food supplements on five domains of wellbeing were investigated: physical health, psychological health, social relationships, environment, and overall wellbeing.

Results

80% (408) of respondents were on anti-retroviral therapy, while 14% (72) were not. 76% (388) of participants had been on treatment for over one year. 8% (41) of respondents were on food supplements. Of the five domains of wellbeing investigated, antiretroviral therapy was found to make a highly significant difference ($P < 0.001$) on physical health, psychological health and overall wellbeing. ART was found to make a significant difference ($P< 0.05$) on social relationships versus those who were not on ART. No significant difference ($P>0.05$) was attributable to the environment.

Conclusions

This study revealed that ART contributes significantly to improved quality of life for PLWHA, with statistically significant differences in four of the five domains examined. It is anticipated that the knowledge gained from this research will inform HIV treatment programme developments and improve nursing care for PLWHA in Delta State.

Keyword 1

HIV AIDS Supplements Anti-retroviral

References 1

Adedimeji, A. A., Alawode, O. O. and Odutolu, O. (2010). Impact of Care and Social Support on Wellbeing among people living with HIV/AIDS in Nigeria. Iranian Journal of Public Health 39 (2): 30-38

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http://www.unaids.org/sites/default/files/country/documents/NGA_narrative_report_2015.pdf [Accessed on 21/06/2018]

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Oguntibeju, O. O. (2012). Quality of life of people living with HIV and AIDS and antiretroviral therapy. HIV/AIDS - Research and Palliative Care 4: 117-124.

Financing entities
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Title
Implementing Enhanced Recovery after Surgery protocols an Interprofessional collaboration

Authors
Deirdre OFlaherty*

Introduction
The successful implementation of evidenced based clinical pathways that standardize care, optimizing medical comorbidities and implementing strategies to avert the physiological stress response to surgery decrease post-operative complications and improve surgical outcomes. Interprofessional collaboration and best practices in the clinical and quality data surrounding enhanced recovery protocols have been shown to improve patient outcomes, decrease length of stay and control increasing costs by reducing clinical variation.

Objectives
Reducing cost, enhancing patient experience, improving work environments while delivering safe, quality care is the quadruple aim. Standardization of evidence supported protocols, reducing clinical variation and linking clinical markers that recognize the goals of care while improving post-operative recovery facilitates decreased length of stay and safe discharge to home.

Methodology
Nursing in collaboration with interdisciplinary key stakeholders were empowered to develop enhanced perioperative protocols and clinical pathways standardizing patients' postoperative recovery. Evidenced based practice and interventions focused on education for patients and clinical staff on enhanced recovery initiatives, pre-emptive analgesia, decreasing postop nausea and vomiting, early mobilization. Standardizing care protocols have been key contributing factors in driving quality. The role of the leadership team was fundamental in fostering an environment where innovation, communication and adapting to change is the norm.

Results
ERAS protocols optimizes care, increases patient satisfaction, facilitates a safe discharge and decreases readmissions. The nurse leaders foster an environment that promotes competence, collaboration and confidence in our nursing team. This has resulted in the delivery of safe and outstanding care as evidenced by the outcomes in the patient satisfaction scores, staff engagement, quality data and nursing sensitive indicators. Their initiatives and the team's efforts have reduced length of stay, decreased readmission rates, and decreased staff turnover. Interprofessional collaboration is well demonstrated in our team and evidenced in our outcomes

Conclusions
The leadership team focused on cultivating an environment that prioritized the development and implementation of evidenced based clinical pathways for practice and the seamless delivery of information from the interprofessional care team to the patient. This approach, when done consistently, positively influences patient safety, leadership engagement, and staff empowerment.

Keyword 1
Enhanced Recovery After Surgery

Keyword 2
Evidenced based postoperative care

Keyword 3
quality outcomes, patient satisfaction

Keyword 4
engaging staff, interprofessional collaboration

Keyword 5
value management, leadership initiatives

Keyword 6
teamwork, collaboration, nursing leadership

References 1
DiNapoli, J, M., O'Flaherty, D., Musil,C,. Clavelle, J, Fitzpatrick, J, J. (2016) The Relationship of Clinical Nurses' Structural Empowerment and Engagement on Their Unit Journal of Nursing Administration 46, 2-p95-100

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Clavelle J., Porter O'Grady, T. & Drenkard K. (2013) Structural empowerment and the nursing practice environment in magnet organizations Journal of Nursing Administration; 43 (11): 566-573.

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Financing entities
no financial disclosures

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Título
Importância do aleitamento materno como fator protetor da obesidade infantil: Competências de autorregulação

Autores
Jorge Manuel Amado Apóstolo*, Ana Isabel dos Santos Fragoso**, Luísa Maria Patrício Machado Apóstolo***

Introdução
A obesidade infantil é um problema de saúde pública a nível mundial. Afeta uma percentagem significativa de crianças, quer países desenvolvidos, quer em países em transição de desenvolvimento. Aponta-se uma etiologia multifatorial, complexa, tornando difícil este combate. Conhecem-se alguns fatores que no longo prazo podem ser protetores, da saúde em global e com repercussão na prevenção da obesidade. O aleitamento materno exclusivo, com duração razoável, parece ser importante, mas não sabemos exatamente porquê, em que medida e sob que condições.

Objetivos
O principal objetivo foi identificar evidências do aleitamento materno como fator protetor para o risco obesidade infantil, particularmente as questões da autorregulação, por forma poderem ser delineadas estratégias capazes de promover o aleitamento materno exclusivo, pelo menos até aos seis meses de idade, de uma forma ainda mais fundamentada.

Metodologia
Foi efetuada uma revisão integrativa da literatura. Para tal, foi realizada pesquisa nas bases de dados on-line: Medline With Full Text; Cinahl plus with full text; MedicLatina; Academic Search Complete.

Através da estratégia PICO, elaborámos uma questão de pesquisa e definimos os critérios de inclusão e exclusão, tendo selecionado como principais descritores: breastfeeding; obesity; child; self-regulation feeding

Após, leitura de títulos, abstract, e leitura integral, constituíram a amostra final oito artigos, com os quais respondemos ao objetivo central.

Resultados
Vários estudos evidenciam o aleitamento materno como fator protector da saúde em geral e do risco de obesidade em particular. Neste sentido, Rito et al. (2019) concluem, com significância estatística, que as crianças amamentadas tinham um menor risco de obesidade quando comparados com crianças que nunca haviam sido amamentadas ou o tinham sido por um pequeno período. A explicação pode residir na capacidade de autoregulação proporcionada pelo aleitamento, com qual o lactente equilibra automaticamente fome e saciedade, sem outros estímulos que não a capacidade de mamar e a necessidade de o fazer (Bartok & Ventura, 2009; Rito et al., 2019).

Conclusões
Os resultados evidenciam a importância do aleitamento materno para o desenvolvimento harmonioso da criança, incluindo proteção contra a obesidade. Torna-se, portanto, fundamental continuar a criar as condições para o aumento da sua prevalência, desde as condições legislativas de apoio à parentalidade até ao envolvimento dos profissionais de saúde nesta causa.

Palavra-chave 1
breastfeeding

Palavra-chave 2
obesity child

Palavra-chave 3
self-regulation feeding

Referências bibliográficas 1
Bartok, C.J., Ventura, A.K. (2009). Mechanisms underlying the association between breastfeeding and obesity. International Journal of Pediatric Obesity, 4: 196-204. https://doi:10.3109/17477160902763309

Referências bibliográficas 2
Rito, A. I., Buoncristiano, M., Spinelli, A., Salanave, B., Kunešová, M., Hejgaard, T., … Breda, J. (2019). Association between Characteristics at Birth, Breastfeeding and Obesity in 22 Countries: The WHO European Childhood Obesity Surveillance Initiative - COSI 2015/2017. Obesity facts, 12(2), 226–243. https://doi:10.1159/000500425

Entidade(s) Financiadora(s)
Sem entidades financiadoras

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Title

Innovative Devices in Physical Rehabilitation with Sensing Systems and Biofeedback: Inventions in Portugal

Authors

Rafael Alves Bernardes*, Nuno Correia**, Arménio Guardado Cruz***, Pedro Miguel dos Santos Dinis Parreira****

Introduction

The needs for physical rehabilitation has accompanied the aging population, which is characterized by the presence of chronic pathologies and physical disabilities (Jesus, Landry, & Hoening, 2017). Thus, solutions are needed in order to facilitate access to effective rehabilitation interventions. The development of devices with sensors that allow for real-time monitoring/assessment, has been shown to be effective (Lee et al, 2017). In addition, continuous biofeedback is important (Giggins, Persson, & Caulfield, 2013), since it helps in the readaptation of implemented programs.

Objectives

To identify Portuguese patents, designed for physical rehabilitation, with sensing and biofeedback systems and describe these functions.

Methodology

Patent review carried out between October 2019 and February 2020 in the National Institute of Industrial Property (INPI) data base. The following descriptors were used: self-help devices; exercise; rehabilitation; biofeedback. The inclusion criteria were: patents with an available summary of the invention in Portuguese or English; devices designed for physical rehabilitation, with a sensing system; Portuguese inventors. The exclusion criteria were: devices designed for purposes other than physical rehabilitation; non-Portuguese inventors.

Results

The revision collected a final sample of 10 national patents registered between 2003 and 2018. The “acquisition cost” is one of the features. The inventors describe this same patent as “disposable”, which introduces a concern for effectiveness, safety and even prevention of infections. The majority (90%) of the devices describe “smart sensors” as a feature. Of the 10 patents, 50% describe a “biofeedback performance” functionality. Three patents have a “biometric monitoring” function, with the ability to physiologically characterize the person in real time. Finally, three devices, specifically allow for function assessment tests, like Timed Up and Go Test.

Conclusions

The devices designed for physical rehabilitation are based on intelligent sensors, allowing for the assessment and monitoring of the planned interventions in real-time. Specific functions of biofeedback aren’t always included. It is important to think about solutions that integrate components that increase the effectiveness of the rehabilitation programs.

Keyword 1

biofeedback

Keyword 2

exercise tolerance

Keyword 3

rehabilitation

Keyword 4

cardiovascular diseases

Keyword 5

cardiac rehabilitation

References 1
Lee, H., Chung, H., Ko, H., Jeong, C., Noh, S., Kim, C., & Lee, J. (2017). Dedicated cardiac rehabilitation wearable sensor and its clinical potential. PLoS One, 12(10): e0187108. doi: 10.1371/journal.pone.0187108

References 2
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References 3
Giggins, O. M., Persson, U. M., & Caulfield, B. (2013). Biofeedback in Rehabilitation. Journal of Neuroengineering and Rehabilitation, 10: 60.

Financing entities
Health Sciences Research Unit: Nursing (UICISA:E), financed by the Foundation for Science and Technology (FCT).

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Title
Interventions To Reduce Postpartum Fatigue

Authors
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Introduction
Postpartum fatigue is a very common but pervasive condition that can last for weeks after child birth which could impact a mother's ability to care for herself and her newborn. Primiparous women were found to be more fatigued than multiparous women; however multiparous women were found to utilize more strategies to conserve energy. Studies have shown that several strategies are used in reducing postpartum fatigue, however, a single strategy or intervention that could significantly minimize postpartum fatigue was not found.

Objectives
The purpose of the literature review was to examine articles on strategies or interventions to minimizing postpartum fatigue. The literature review also looked at primiparous and multiparous women with postpartum fatigue to see if differences existed between the groups; and whether research was needed in minimizing effects of postpartum fatigue.

Methodology
A review of literature was conducted through EBSCHO Host, CINAHL, Science Direct, Proquest, and Academic Journal. Key words used in the search were fatigue, postpartum fatigue, postpartum fatigue and interventions, and strategies to manage postpartum fatigue. Inclusion criteria included peer reviewed articles published in English between 2007-2017, which specified interventions or strategies to reduce postpartum fatigue. Exclusion criteria included articles that contained co-morbidities with postpartum fatigue. Eleven hundred ninety-three articles were identified and 16 were used that fit the criteria.

Results
This literature review looked at studies regarding interventions and strategies that lessened the effects of postpartum fatigue. Although the literature search provided many articles on postpartum fatigue in general; few studies were available on its management and strategies to reduce postpartum fatigue. Results of the literature review also showed the benefits of rooming in and that rooming in have primarily been studied relative to newborn benefits, but not from the standpoint of impact on maternal recovery postpartum. This is critical given that the sustained sense of exhaustion affects the well-being of the mother, baby dyad and ultimately the family.

Conclusions
Studies suggest that strategies such as social support from family, friends, and others, nursing support in decreasing childcare stress, education on self-care, aromatherapy, showers, exercise, and chamomile and lavender tea have significantly reduced postpartum fatigue in women. More research is necessary on interventions that minimize the effects of postpartum fatigue.

Keyword 1
Fatigue

Keyword 2
Postpartum Fatigue

Keyword 3
Postpartum Fatigue and Interventions

Keyword 4
Managing Postpartum Fatigue

References 1
Doering, J., & Durfor, S. (2011). The process of persevering toward normalcy after childbirth. American Journal of Maternal Child Nursing, 36, 258-265.

References 2
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References 3
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Financing entities
There was no financial support for this research project.

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Title
It Takes A Village: Collaborating to facilitate youth client/family recovery

Authors
Brenda Marshall*

Introduction
Severe Obsessive Compulsive Disorder in adolescents can present with psychotic features, making the differential diagnosis of OCD or schizophrenia complex. This case study presents the history of a young man with severe OCD since childhood who successfully hid the psychotic features from the family, who believed he was just very imaginative. Collaboration between a psychiatric Nurse Practitioner, Psychiatrist and family members identified the symptoms and set a course of recovery.

Objectives
The participant will learn methods to establish a non-threatening relationship with patient and family, identify team members to treat a complicated diagnosis, evaluate in-patient services when faced with suicidality and work with family for long term recovery initiatives.

Methodology
Presentation of a case study of a young man presenting with a possible eating disorder, but experiencing long-standing, undiagnosed OCD with psychotic features. The young man's dysthymia ultimately resulted in ideations and plans of suicidality during the European summer vacation of the therapist/Nurse practitioner.

Results
Suicide ideation texted to Nurse practitioner in Europe resulted in a face time intervention and hospitalization. Cognitive Behavioral Therapy coupled with a mood stabilizer achieved stabilization after a period of trial and error with anti-psychotics.

Conclusions
Establishing a trusting, therapeutic relationship with family and young patient is imperative for determining the best course of treatment in a complex case that requires the intervention of multiple health professionals.

Keyword 1
Multi-disciplinary mental health

Keyword 2
OCD with Psychotic features

Keyword 3
Adolescent complex psychotic presentation

Keyword 4
Mood stabilization and Psychotherapy

References 1
Huffman, J., Niazi, S. Rundell, J. Sharpe, M. Katon, W.(2013). Essential Articles on Collaborative Care Models for the Treatment of Psychiatric Disorders in Medical Settings: A Publication by the Academy of Psychosomatic Medicine Research and Evidence-Base Practice Committee. Psychosomatic
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References 2
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Financing entities
No financing or funding was received for this work.

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Title
Keeping children safe when a parent has a mental health problem: Findings from a national study of Health Visitors (Public Health Nurses) Practice in Wales, UK

Authors
Joy Merrell*, Louise Condon**, Amanda Thomas***, Beryl Mansel****, Sherrill Snelgrove*****, Mel Storey******

Introduction
Parental mental illness impacts upon the health of children, and is frequently cited as contributing to abuse in serious case reviews (NSPCC, 2015). The impact of adverse childhood experiences (ACEs) on children's health and wellbeing throughout the life course is increasingly being recognised. UK health visitors (HVs) provide a universal service to children and families, and have a key role in safeguarding. Limited research into how HVs work with families and other agencies to keep children safe has been conducted.

Objectives
To explore the extent and nature of health visitors' work in maintaining pre-school children's health and wellbeing when a parent has a mental health problem To identify how health visitors can work effectively with the multidisciplinary team to reduce the impact of parental mental health problems on pre-school children.

Methodology
A mixed method design was used including an online survey and nominal group technique (NGT) workshops. Online survey was distributed to all registered HVs working in Wales. NGT workshops were conducted with HVs and social care practitioners (n=38) in four geographically diverse locations to identify solutions to key problems arising from survey findings. Statistical and thematic data analysis conducted. Ethical approval gained.

Results
Of the 174 respondents 99% had worked with a parent experiencing mental health problems. Anxiety (96%Mothers, 78% Fathers) and depression (93%M, 89%F) were most frequently encountered, but panic attacks (80%M, 39%F), substance misuse (77%M, 83%F) and bipolar disorder (71%M, 42%F) were also prevalent. More HVs were confident in supporting mothers with a mental health problem (73%) than fathers (40%). More training requested on severe mental illness. 85 co-produced solutions were identified through the participatory workshops. Key themes included "Taking a strengths based approach" and keeping a "Focus on the child" which will be presented.

Conclusions
Working with families where parents experience mental health problems is a major part of HV's practice in Wales. However they need more training on adult mental illness. Through participatory NGT workshops, strategies for more effective ways of working with children and their families to improve outcomes for children were identified.

Keyword 1
Public health nurses

Keyword 2
Mental health

Keyword 3
Child health and wellbeing

Keyword 4
Mixed methods

Keyword 5
Health promotion

References 1
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Financing entities
This work was funded by the General Nursing Council Trust http://www.gnct.org.uk/research-and-scholarship-programme.

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Titulo
Neonurturing: que melhoria para a qualidade dos cuidados centrados no desenvolvimento do recém-nascido prematuro?

Autores
Liliana Patrícia Leitão Ferraz*, Liliana da Silva Costa**, Ana Patrícia de Castro Ferreira***, Ana Paula de Jesus e Silva Miranda Almeida****, Maria João O Simões Alves*****

Introdução
A literatura indica que muitas crianças nascidas prematuras apresentam risco para problemas cognitivos e comportamentais, beneficiando de uma intervenção neonatal precoce, assente em cuidados centrados no neurodesenvolvimento, realizados de forma colaborativa, consistente e intencional.(1-4)

A maioria dos internamentos na unidade de Neonatologia A-UCI, da MDM, corresponde a recém-nascidos prematuros. Considerando as mais recentes evidências científicas, surgiu a necessidade de desenvolver um projeto de melhoria contínua da qualidade dos cuidados de enfermagem, consistindo no desenvolvimento e implementação do programa NeoNurturing (NN).

Objetivos
Constituiu uma necessidade da equipa da Neonatologia A-UCI identificar indicadores de processo e de resultado que possam traduzir melhoria das práticas de cuidados de enfermagem centrados no neurodesenvolvimento do recém-nascido prematuro (RNP), preconizadas pelo programa NeoNurturing.

Metodologia
Foi efetuada uma revisão da literatura e realizado o diagnóstico de situação. No desenho do projeto foi utilizada a metodologia de Healther Palmer. O projeto incluiu uma fase de formação à equipa de enfermagem sobre o programa NeoNurturing (resultando procedimentos específicos e instruções de trabalho) e uma fase de implementação. Fez parte da metodologia de avaliação do projeto a aplicação de um questionário de autopreenchimento - Quantum Caring Practice Self-Assessment - pelos enfermeiros da equipa após essas fases.

Resultados
Com o plano de pesquisa-ação para o desenvolvimento e implementação do NN, foram obtidos indicadores de processo que refletem um progresso positivo das atividades: concetualização do programa NN; definição de recomendações baseadas em evidências; formação à equipa de enfermagem; e definição dos procedimentos específicos e instruções de trabalho NN com respetiva implementação.

Percebeu-se a melhoria da sistematização das práticas de cuidados centrados no desenvolvimento do RNP, nomeadamente de proteção do RNP à luz, posicionamento adequado do RNP, realização do método canguru, monitorização do peso do RNP com contenção e estimulação perioral com leite materno.

Conclusões
Percecionando a melhoria da sustentação e sistematização das práticas preconizadas pelo programa NN, estamos convictos de que é possível potenciar o neurodesenvolvimento do RNP, continuando a garantir a proteção e estimulação adequada dos sistemas sensoriais, o favorecimento de uma vinculação precoce e a valorização do sentido de competência parental.

Palavra-chave 1
Enfermagem

Palavra-chave 2
Cuidados neonatais

Palavra-chave 3
Cuidados centrados no desenvolvimento

Palavra-chave 4
Prematuro

Palavra-chave 5
Unidade de Cuidados Intensivos

Palavra-chave 6
Prematuridade

Referências bibliográficas 1
1 Nascimento, D. et al. Perfil cognitivo e motor de crianças nascidas prematuras em idade escolar: revisão de literatura. Rev. Neurociências, 20 (4), 618-624.

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Referências bibliográficas 3
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Entidade(s) Financiadora(s)
CHUC

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Title
Nurse Practitioner - Specializing with Diabetic Arab Patients

Authors
Bushra Yunis*

Introduction
Diabetes is one of the most common chronic diseases. Recent surveys show an increase in the prevalence of diabetes in the Arab population in Israel1. European Studies show the contribution of the Diabetes Clinical Nurse Practitioner (DCNP) in improving the Glucose outcome measures2. Recently, the Nursing Administration Organization in Israel authorized the role of DCNP to treat diabetes, including diagnosis and treating the disease, counseling medical staff and patients. Also writing prescriptions if needed and more.

Objectives
-To examine the effectiveness of DCNP Model on the treatment of diabetic patients by Primary care Physicians in the Arab sector. - Improving the diabetic patient's glucose measures in the Arab sector by DCNP consulting with the physician and the nurse in the clinic.

Methodology
1. Convenience sample (n=100) selected from four clinics in the northern Israeli district. Inclusion criteria included adults with HbA1c>9%. 2. Quasi-experimental study. The intervention was comprised of the DCNP providing consultation to physicians at 2 weekly meetings. Physicians, who received consultation, used the information to treat their patients. All interventions recommended by the DCNP involved the clinic nurse in the treatment and follow up. Pre- and post-test glucose measures were HbA1c blood tests.

Results
During the year, 22 meetings were held with staff of the chosen clinics - Improvement in Glucose outcome measures with HbA1c>9%. At the first clinic: Improvement from 15.7% to 11.9% indicating a decrease of 24%. At the second clinic: 25.5% to 17% indicating decrease of 33%. At the third clinic: 17.8% to 12.3% indicating decrease of 31%. At the fourth clinic: 19.3% to 14.8%, decrease of 23% in HbA1c>9%. - Two physicians has joined class on "Treatment of diabetes".

Conclusions
- The DCNP role showed diabetic patients had significant improvement. - This Teamwork model increases the utilization of the system's resources. - With an increasing Arab population in Europe, many of whom suffer from diabetes, there is the need to extend this computerized consulting program between DCNP and physicians.

Keyword 1
Diabetes

Keyword 2
Diabetes Clinical Nurse Practitioner

Keyword 3
Arab Sector

Keyword 4
HbA1c

References 1
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References 2
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Financing entities
Meuhedet Clinics

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Title

Nurses' Lived Experiences of Caring in Palliative Care - A Phenomenological Study

Authors

Vitor Sergio Oliveira Parola*, Adriana Raquel Neves Coelho**, Olga Fernandes***, João Luís Alves Apóstolo****

Introduction

With the increase of people in need of Palliative Care, more and more nurses experience caring for the person in this context, which is a professional/personal challenge with implications that deserve to be analyzed. Providing palliative care involves serious challenges for nurses, such as end-of-life decisions, contact with people's suffering/dying, and increased risk of burnout. However, studies have revealed that burnout level of health professionals working in palliative care is lower than that of professionals working in other settings.

Objectives

This study aimed to describe the lived experiences of nurses caring in a palliative care unit.

Methodology

A descriptive phenomenological study was undertaken. Nine nurses were recruited from a palliative care unit. Data were collected using individual interviews and analyzed following the method of Giorgi. This study was approved by the Ethics Committee (reference no. P371-11/2016) and the Ethics Committee of the Hospital before commencement. This study also conforms to the Consolidated Criteria for Reporting Qualitative Research guidelines.

Results

Five themes reflect the essence of the lived experience: (1)experience centered on the relationship with the other (i.e, with each patient, a singular relationship is established. With the family, not only a partner relationship but also a supportive relationship), (2)experience centered on the relationship with one's own self (emerging the confrontation with one's own mortality and the awakening to change), (3)exhausting experience (through attempts at distancing or by the feeling of impotence), (4)rewarding experience (by recognition and the feeling of usefulness), and (5)the team as a pillar (by providing shared feelings, opinions, doubts, and relaxing moments).

Conclusions

Findings can be valuable for understanding the challenges/strategies experienced by nurses caring in palliative care and for designing interventions emphasis on reducing the risk of burnout between nurses - not only those working in palliative care but also those working in other contexts who experience regular contact with suffering/death.

Keyword 1

end-of-life care

Keyword 2

palliative care

Keyword 3

phenomenology

Keyword 4

qualitative research

Keyword 5

professional burnout

Keyword 6

nurses

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Financing entities
none

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Título
O efeito do laser de baixa potencia no tratamento de lesões por diversas etiologias: série de casos

Autores
Valéria Aparecida Masson*, Marilene Neves da Silva**, Gislaine Vieira Damiani***

Introdução
As lesões de pele constituem problema de saúde pública que merece atenção por parte da equipe interdisciplinar tanto para prevenção quanto tratamento. Dessa forma diversas tecnologias têm surgindo e a combinação de uma cobertura adequada associada a fotobiomodulação com laser de baixa potência (LBP) tem se mostrado eficiente na otimização do processo de cicatrização. Os LBP trazem benefícios na reparação e cicatrização dos tecidos, no processo inflamatório e edema, aliviando a dor (Sant'anna, Giareta & Posso, 2011).

Objetivos
Relatar a efetividade do tratamento com laser de baixa potência (LBP) associado à terapia típica em lesões de pele por diversas etiologias.

Metodologia
Trata-se de estudo descritivo exploratório de relato de experiência com três sujeitos com diferentes lesões de pele submetidos ao tratamento tópico e LBP. A coleta de dados ocorreu por meio de acompanhamento dos sujeitos com aplicação de instrumento de avaliação contendo variáveis de evolução da lesão. Os resultados foram registados no prontuário dos sujeitos e a análise dos efeitos dos tratamentos foram realizadas por meio de registo fotográfico e as imagens foram analisadas por meio do software imageJ (Rasband, 2012).

Resultados
Caso 1: Criança de 11 anos, lesão por deiscência cirúrgica em braço esquerdo, submetida ao tratamento com LBP vermelho de modo pontual, com dose de 2J/cm², apresentando completa cicatrização em 54 dias de tratamento.

Caso 2: Idosa de 69 anos, lesão na região tibial e pé direito após desbridamento cirúrgico por erisipela bolhosa. Ao tratamento com LBP vermelho de modo pontual, com dose de 1-2J/cm², apresentou ótimos resultados em 85 dias de tratamento.

Caso 3: Idosa de 109 anos, lesão por pressão sacral, tratamento com LBP vermelho de modo pontual, com dose de 1-2J/cm², apresentou cicatrização completa em 21 dias.

Conclusões
O LBP vermelho com baixa densidade de energia associado à terapia tópica apresenta resultados positivos para o reparo tecidual em diversas etiologias, podendo ser indicado como recurso para potencializar processos biológicos envolvidos com a reparação do tecido cutâneo.

Palavra-chave 1
enfermagem

Palavra-chave 2
lasers

Palavra-chave 3
cicatrização

Palavra-chave 4
ferimentos e lesões

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Entidade(s) Financiadora(s)
não se aplica

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Title
Prevalence and Patterns of Pressure Injuries in Belgian Intensive Care Units

Authors
Stijn I. BLOT*, Patrick Honore, Sonia O. Labeau

Introduction
Critically ill patients are particularly susceptible to developing pressure injuries. Notwithstanding this overt patient safety threat, Belgian multicenter data reporting on the extent of pressure injuries in intensive care unit (ICU) patients is unavailable.

Objectives
We aimed to assess the prevalence and patterns of pressure injuries in Belgian ICUs. More precisely, we studied the overall prevalence, the ICU-acquired prevalence, body sites affected, and severity of the pressure injuries.

Methodology
We conducted a single-day (15 May 2018) point-prevalence study of pressure injuries in adult ICU patients in Belgium. Patients were assessed for presence and severity of pressure injuries. Other data collected were demographics, BRADEN score (1), comorbidities, and severity of acute illness. Staging of pressure injuries was done in accordance with the internationally supported classification that categorizes the injuries into Stages I to IV, Unstageable, and Suspected Deep Tissue Injury according to the extent of the tissue damage (2).

Results
The study cohort included 194 patients from 14 ICUs. Most patients were male (65%); median age was 67 years (range, 22-95). 43% underwent surgery. Most common comorbidities were heart failure (22.7%) and diabetes (21.6%). Median Braden score was 16 indicating low pressure injury risk. Overall pressure injury prevalence was 30.4% (95% confidence interval [CI], 24.4-37.2%); ICU-acquired prevalence was 21.7% (95% CI, 16.4-28.0%) (proportion ICU-acquired pressure injuries: 71.2%). The total number of pressure injuries was 106 of which 58.5% Stage I, 16.9% Stage II, and 24.6% Stage III or worse. Most affected body sites were the sacral (40.6%) and heel region (23.6%).

Conclusions
Despite a fairly low overall Braden score, the prevalence of pressure injuries in Belgian ICUs is unacceptably high. Increased awareness and allocation of resources to prevent pressure injuries in ICUs are warranted because a preponderance of injuries was acquired during the ICU course of patients.

Keyword 1
intensive care unit

Keyword 2
pressure injury

Keyword 3
decubitus

Keyword 4
critically ill patient

Keyword 5
epidemiology

Keyword 6
pressure ulcer

References 1
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Financing entities
LIFE Priority Fund & Flemish Society for Critical care Nurses

* Ghent University

Título
Razões para a institucionalização da pessoa com demência em cuidados de longa duração: perspetiva dos cuidadores familiares

Autores
Sónia Alexandra da Silva Ferrão*, Maria Adriana Pereira Henriques**

Introdução
Identificar as razões que influenciam a decisão de institucionalização das pessoas com demência permite reconhecer fatores de risco modificáveis que possam prevenir a transição de cuidados em casa para cuidados institucionais (Toot et al., 2017) ou promover uma admissão atempada e apropriada, visando o bem-estar da pessoa com demência e seu cuidador familiar. Os cuidadores familiares constituem fontes fiáveis de informação relativamente às causas de admissão da pessoa com demência em cuidados institucionais de longa duração (Afram et al., 2014).

Objetivos
Explorar as razões reportadas pelos cuidadores familiares para a institucionalização da pessoa com demência em cuidados de longa duração.

Metodologia
) Integrado num projeto mais alargado (Ferrão & Henriques, 2018) foi realizado estudo transversal exploratório com recurso a entrevistas semiestruturadas a 55 cuidadores familiares de pessoas com demência recentemente institucionalizadas em 16 instituições de cuidados de longa duração da região de Lisboa e Vale do Tejo. O conteúdo das entrevistas foi audiogravado e transcrito verbatim. Recorreu-se ao programa MAXQDA 2018 para suporte à codificação e análise qualitativa de conteúdo.

Resultados
A decisão de institucionalização resulta de uma combinação complexa de fatores com foco na pessoa com demência, fatores com foco no cuidador familiar, e fatores com foco no contexto de cuidados. Está subjacente uma tensão de forças entre querer continuar a cuidar em casa, e conseguir continuar a cuidar em casa, emergindo a institucionalização como uma opção não desejada, resultante de uma situação cumulativa de fatores ao longo do tempo, ou precipitada por um incidente crítico. A decisão de institucionalização é predominantemente reativa a um ponto de rutura, frequentemente sem suporte de cuidados formais na transição de contexto de cuidados.

Conclusões
Os cuidados formais à pessoa com demência e seu cuidador familiar devem ser proactivos, partilhando, precocemente no curso da demência, o acesso a informação e recursos disponíveis nas diferentes etapas, e facilitando a transição entre serviços de saúde e sociais.

Palavra-chave 1
cuidador familiar

Palavra-chave 2
pessoa com demência

Palavra-chave 3
transição

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Entidade(s) Financiadora(s)
Fundação para a Ciência e a Tecnologia (Bolsa Individual de Doutoramento)

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Title
SNAPT: A Curriculum-to-Career Initiative to Support New Nurse Practitioners

Authors
Miki Goodwin*, Marianne Fingerhood**

Introduction
Recruitment and retention of advanced practice nurses is critical to building a robust and sustainable health workforce 1. One way to promote the development of new nurse practitioners is to build a fellowship program in collaboration with community partners to support a curriculum-to-career transition. SNAPT (Supporting Nursing Advanced Practice Transitions) was created as such a program which commences while nurses are still in school and follows them through their first year of practice in the community.

Objectives
1. Describe the process to design a 12-month fellowship program for new nurse practitioners beginning in school and transitioning into practice; 2. Determine components of curricular and clinical support required to impact positive patient outcomes; 3. Identify methods to measure sustainability and success of a curriculum-to-career program.

Methodology
A Taskforce comprising faculty and community partners was assembled to plan the 12-month SNAPT fellowship program, targeting dynamic elements of primary care practice that new nurse practitioners find challenging. A gap analysis was used to identify needs for real-world practice, from which effective models of curricular and clinical support were designed to promote positive patient outcomes. Core competencies based on accreditation requirements for NP fellowships were embedded in online and on-site training, including case studies, mentorship and specialty modules 2.

Results
Survey groups determined a substantial demand for graduate NP education. All respondents cited the need for more structure while transitioning to practice. A subset of the group had participated in a formalized program. They indicated that dedicated mentors, practical education sessions, rotations in specialty care sites and peer support provided the foundation needed to transition to independent practice. Those without a formalized program indicated the following needs: dedicated mentorship, additional education regarding complex patients, business acumen, and communication with specialty providers. The insights from the surveys were used to plan structure, content and measures of success for the program.

Conclusions
The SNAPT program transitioning new nurse practitioners into primary care provides a model for other practice settings. Outcomes include strengthening academic-community partnerships and understanding the cross-over between school and practice. Evaluation metrics from the program determine how building the pipeline of highly prepared NPs is effective and sustainable.

Keyword 1
Transitions

Keyword 2
Nurse Practitioner

Keyword 3
Curriculum

Keyword 4
Fellowship

Keyword 5
Support

References 1
Buerhaus, P. (2018). Nurse practitioners: A solution to America's primary care crisis. American Enterprise Institute

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Financing entities
None

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Title

The Effect of Postpartum Fatigue on Exclusive Breastfeeding Rates at Discharge

Authors

Karen Phillips*, Lisa DePue**

Introduction

Exclusive breastfeeding is recommended for the first six months due to the benefits it offers to both baby and mother (AAP, 2012). Although breastfeeding initiation rates are high, breastfeeding continuation rates at six and twelve months remain lower than recommendations (CDC, 2018). Postpartum fatigue has been reported by nearly 64% of new mothers and is defined as feeling overwhelmed and exhausted combined with a decrease in mental and physical capacity leading to impaired maternal infant health (Badr & Zauszniewski, 2017)

Objectives

The changes a woman goes through after delivery have both psychological and physical effects during the postpartum period. One area of concern for the new mother is postpartum fatigue. This purpose of this study was to determine if postpartum fatigue had any impact on exclusive breastfeeding rates at discharge.

Methodology

A quasi-experimental study of 157 participants was completed to evaluate the effect of postpartum fatigue on exclusive breastfeeding rates postpartum. Mothers who delivered vaginally and by cesarean section were surveyed twenty-four hours postpartum. Fatigue levels were measured through the VAS-F Scale (Lee, 1990). An independent samples t-test was used for data analysis focusing on exclusive breastfeeding, energy, and fatigue. To better evaluate fatigue, the VAS-F Scale was reviewed in three categories: low (< 3.39), moderate (3.4-6.79), and high (> 6.8).

Results

Postpartum fatigue, in varying levels, was reported in 100% of study participants (n=157), with 47% breastfeeding exclusively. An independent samples t-test compared fatigue levels in vaginal and cesarean births. Statistical significance was noted in that cesarean section mothers were more fatigued than those who gave birth vaginally ($p=0.015$). This suggests that the mothers with cesarean births were more fatigued than those with vaginal births. Findings from a chi squared test showed exclusive breastfeeding rates in women who gave birth vaginally were higher than cesarean section ($\chi2=12.47$, $p<.01$), suggesting exclusive breastfeeding rates were dependent on birth type.

Conclusions

Breastfeeding remains the healthiest choice for mother and baby. Although relatively common, postpartum fatigue is poorly researched as to its effect on exclusive breastfeeding rates. Further research needs is necessary to determine what strategies need to be identified to reduce postpartum fatigue in an effort to improve exclusive breastfeeding rates.

Keyword 1

Postpartum Fatigue

Keyword 2

Breastfeeding

Keyword 3

Breastfeeding and Postpartum Fatigue

Keyword 4

Rest Periods and Fatigue

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Financing entities
The researcher received Assigned Release Time (ART) from her university to conduct this research study.

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Title
The Use of a Patient Portal for Emerging Adults with Type I Diabetes

Authors
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Introduction
Emerging adults have been raised in the digital age and are therefore prime candidates for using a patient portal to manage chronic conditions. The limited body of research identifies both the underutilization of the patient portal and suggests increased use of the portal for the chronically ill as a tool to alleviate caregiver stress, as well as a potential modality to assist emerging adults manage their chronic illnesses.

Objectives
This qualitative study was designed to explore emerging adults patient portal knowledge, perceived barriers and successes, with the goal of improving emerging adults portal access and engagement in chronic disease self-management.

Methodology
Individual semi-structured interviews were used to gain understanding of emerging adults familiarity with electronic patient portal and to elicit their perception of usefulness of the portal to support self-management of chronic illness, specifically T1DM. Participants provided written informed consent approved by IRB, prior to participation. Participants were recruited through a purposive sample of young adults volunteering at a camp for youngsters with T1DM in San Diego County and additional snowball recruitment took place among friends and acquaintances of the RA.

Results
Twenty-nine participants were enrolled in this study, with 27 completing the interview. Twenty-three of the 27 (85%) participants reported having ever used the portal, 21 (78%) participants reported they were active users of the portal, which was defined by having used the portal greater than one time in the past six months. Findings provide a preliminary understanding of how a sampling of emerging adults with type I diabetes use, perceive the benefits of and want to improve technology for diabetes self-management

Conclusions
Findings indicate technology could play an essential role in the needed continued attention to a successful transition from pediatric to adult care for individuals with a chronic condition.

Keyword 1
emerging adults

Keyword 2
self-management of Diabetes

Keyword 3
patient portal

Keyword 4
ehealth

Keyword 5
transition to adult care

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Financing entities
none

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Título
UCIncidência de lesão por pressão em Angola: identificação de fatores de risco

Autores
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Introdução

Em Angola, as necessidades em saúde são diferentes constatando-se ausência de dados acessíveis relativamente a lesões por pressão (LPP) em UCI e aos fatores de risco.

Existe uma multiplicidade de fatores de risco de LPP, como o tempo de internamento prolongado, ventilação mecânica invasiva, medicação vasoativa, imobilidade, nutrição inadequada, entre outros (Alderden, et al., 2017), sendo que a incidência cumulativa (IC 95%), a nível mundial, varia entre 10 e 25,9% (Chaboyer et al., 2018; EPUAP, NPIAP & PPIA, 2019).

Objetivos
Estimar a incidência de LPP na UCI de uma unidade hospitalar pública em Angola; caracterizar as LPP desenvolvidas na UCI quanto à categoria e localização anatómica; identificar os fatores de risco nesta amostra.

Metodologia
Estudo observacional, descritivo, prospetivo e longitudinal de natureza quantitativa, de 3 de agosto e 18 de dezembro de 2019, numa UCI de um hospital público em Luanda. Amostra: 123 pessoas de um total de 154, excluídos 31 por internamento inferior a 24 horas ou idade inferior a 18 anos. Realizada avaliação diária dos participantes com recurso a grelha de observação. Princípios éticos para a investigação com pessoas garantidos e estudo autorizado pela Comissão de Ética Nacional de Angola.

Resultados
Amostra constituída por 123 participantes, 91,9% angolanos, 56,9% género masculino, 82,1% pele castanha, entre 21 e 88 anos, média de 48,34 (DP = 14,20).

Taxa de incidência de LPP de 19,51% (n=24). 45,83% LPP associadas a dispositivos médicos, 29,17% de categoria II e 25% suspeita de lesão nos tecidos profundos. Localizações anatómicas mais frequentes: orelha (n=7), calcâneos (n=6) e sagrada (n=4).

Nos 641 momentos de avaliação identificaram-se alguns fatores de risco presentes na literatura: 21,5% sedação, 24,3% drogas vasoativas, 30,9% ventilação invasiva, 31,9% nutrição inadequada, 63,1% ausência de elevação dos calcâneos, 37,7% ausência de posicionamento/não adesão ao autoposicionamento.

Conclusões
A taxa de incidência de LPP (19,51%) situa-se no intervalo referenciado pela evidência. A maioria das LPP são associadas a dispositivos médicos. Verifica-se como fatores de risco mais expressivos ausência de elevação dos calcâneos e de posicionamento/não adesão ao autoposicionamento, emergindo a necessidade de implementar medidas direcionadas a estes fatores.

Palavra-chave 1
Pressure ulcer

Palavra-chave 2
Prospective studies

Palavra-chave 3
Critical care

Palavra-chave 4
Africa south of Sahara

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Entidade(s) Financiadora(s)
Não tem

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Title
Updated hypertension guidelines & cardiovascular disease prevention

Authors
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Introduction
Cardiovascular disease is the number one cause of death worldwide with 30% attributable to heart disease. Hypertension is linked to cardiovascular events and is the leading risk factor for cardiovascular diseases such as heart failure, myocardial infarction, stroke and chronic kidney disease. The World Health Organization global action plan has the goal of lowering raised blood pressure by 25% by 2025. Globally, figures for raised blood pressure has changed minimally in men since 1975 and decreased slightly in women.

Objectives
1. To perform a review of the literature of the updated guidelines for hypertension. 2. Report updated guidelines to provide education for nurses. 3. Review cardiovascular risk factors and the relationship to cardiac events. 4. Provide a summary of revised guidelines for nurses to decrease cardiovascular events worldwide.

Methodology
A literature review was performed using several databases to establish a synopsis of updated guidelines to prevent cardiovascular events. Preventative strategies of cardiovascular disease are discussed based upon the recent guidelines for assessment and treatment of cardiovascular risks and the implications for nurses, educators and nurse practitioners. This presentation utilizes a clinical approach to enhance the discussion on ways to utilize primary, secondary, and tertiary preventative strategies of lifestyle and pharmacological interventions for cardiovascular disease and hypertension.

Results
There is overwhelming evidence that occurrence of cardiovascular disease can be reduced by approximately 80% if prophylactic lifestyle modifications occur. Hypertension is one of the leading causes of cardiovascular disease and mortality. It is essential that the nurse is proficient in recognizing and treating hypertension promptly. The nurse must assess for any secondary causes of hypertension as many clients are not diagnosed for many years and already can have target organ damage upon initial diagnosis. When assessing and treating the client with cardiovascular disease the nurse must use the most current guidelines following pharmacological treatments and emphasizing non pharmacological treatments.

Conclusions
Cardiovascular disease remains the leading cause of morbidity and mortality globally and has been attributed to suboptimal implementation of preventative strategies of the client's uncontrolled risk factors. Utilizing risk stratification and preventative management, can provide optimal outcomes and reduce cardiovascular risks which could lead to a potentially devastating cardiovascular event.

Keyword 1
Cardiovascular disease prevention

Keyword 2
Hypertension guidelines

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Financing entities
none

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Título
Vlnerabilidade de idosos e relação com a presença de dor

Autores
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Introdução
Observa-se alta prevalência de dor em indivíduos acima de 60 anos, e embora a dor não apareça como fator direto de dependência e morte, causa interferência em diversos aspectos da vida e relaciona-se com limitações funcionais. Na presença da dor, o idoso tende a tornar-se mais vulnerável, pois sofrera prejuízos para a realização das atividades de vida diária, assim como restringira a convivência social, aumentando o isolamento e comprometendo o estado funcional.

Objetivos
Avaliar a vulnerabilidade de idosos e relacionar com a presença de dor.

Metodologia
Realizado em Santa Catarina/Brasil, com indivíduos acima de 60 anos. Utilizado o questionário Vulnerable Elders Survey para análise da vulnerabilidade e Índice de Incapacidade relacionado com a dor para análise da interferência da dor nas atividades de vida. Foi utilizado teste t de Student, Qui-quadrado e Correlação de Pearson.

Resultados
Participaram 176 indivíduos, idade média 68,3±6,8 anos, 63,1% mulheres, 65,9% avaliaram sua saúde como boa, 27,3% foram considerados vulneráveis, principalmente mulheres e portadores de hipertensão e diabetes. As atividades de vida diária com maior limitação foram curvar-se, ajoelhar-se ou agachar-se. Os domínios de maior pontuação para limitação devido a dor relacionaram-se à família, atividades domesticas e trabalho. Os domínios com menores pontuações relacionaram-se a incapacidade para vida sexual e cuidados pessoais. Os mais velhos tiveram menor pontuação na escala de dor e os hipertensos e as mulheres tiveram pontuação maior. Houve associação entre presença de dor e vulnerabilidade (p=0,00).

Conclusões
A dor impacta a vida dos idosos, causando sofrimento e incapacidade para as atividades da vida diária, além de aumentar a vulnerabilidade.

Palavra-chave 1
idoso

Palavra-chave 2
dor

Palavra-chave 3
vulnerabilidade

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Title
Working in a Storied Way - A Narrative Based Approach to Practice Development in Older Adult Care Settings

Authors
Catherine Buckley*

Introduction
Care in residential settings for older people is moving away from biomedical approaches and adopting a more person-centred one. Narrative focuses on a way of being, paying attention to past present and future, and also as a way of doing, as the means through which action is understood and made meaningful. This study focuses on the development, implementation and evaluation of a methodological framework for a narrative based approach to practice development and person-centred care in residential aged care settings.

Objectives
To evaluate the effects of the implementation of a methodological framework for a narrative based approach to practice development and person-centred care in residential aged care settings.

Methodology
A methodological framework of narrative practice was implemented in two residential care settings, comprising 37 residents and 38 staff, using a participatory action research approach.

Results
Key outcomes emerged in relation to the findings. These were based on narrative being, knowing and doing and centred around the key outcomes of: (i) how people responded to change (narrative being), (ii) the development of shared understandings (narrative knowing) and (iii) intentional action (narrative doing). Using these action cycles, staff developed action plans to address areas where changes could improve practice and quality of life for the residents. These plans included communication/intercommunication, homely environment, having more going on with and for the residents and meals and mealtimes.

Conclusions
The development of shared understandings and intentional action were interrelated and interlinked. The study illustrated the importance of ensuring that practice context is taken account of when implementing action research and the importance of ensuring that narrative being, knowing and doing are clear and understandable for change to occur.

Keyword 1
practice development

Keyword 2
person-centredness

Keyword 3
narrative

Keyword 4
participatory action research

Keyword 5
older people

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Financing entities
none

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Leadership, organizational management, and nursing workforce issues

Titulo
Índices de positividade na melhoria contínua dos cuidados

Autores
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Introdução

O desenvolvimento dos profissionais deve ser sistémico e estratégico. A utilização de modelos de intervenção e controle adequados aos contextos permitem identificar, planear e implementar ações que garantem a melhoria contínua dos processos. Um dos modelos mais usados, são as auditorias da qualidade dos cuidados de Enfermagem baseadas padrões, indicadores de referência e evidências observadas que permitem apurar índices de positividade em dimensões relacionadas com a prática e simultaneamente categorizar a qualidade em desejável, adequada, segura, mínima ou não adequada.

Objetivos
Pretendeu-se avaliar a qualidade dos cuidados de enfermagem no sentido de: manter e/ou aumentar os índices de positividade na melhoria contínua dos processos; monitorizar estrategicamente a prática diária dos cuidados; contribuir para o desenvolvimento profissional e pessoal; aumentar a satisfação e motivação profissional;

Metodologia
Estudo observacional, analítico, retrospetivo, quantitativo. Resultados das auditorias da Qualidade dos Cuidados de Enfermagem (2017 e 2018) em três serviços de internamento de uma unidade privada hospitalar. Amostragem aleatória simples da taxa de ocupação de doentes e com alta >24h (N=384/ano). A dimensão da amostra de n=223 (2017) e de n=195 (2018). Análise de dados descritiva e inferencial com α=5% (0,05) e IC=95%.

Interpretação e comparação dos significados dos índices de positividade <80%.

Resultados

De 2017 para 2018 a categoria de peritos (2,1%-1,8%), séniores (44,7%-30,4%) e enfermeiros II (6,4%-5,4%) diminuí enquanto enfermeiros I (38,3%-48,2%) e juniores (8,5%-14,4%) aumentou tendo 47,6% dos profissionais menos de 5 anos de profissão.

Os índices de positividade com potencial de intervenção, apenas um serviço apresentou globalmente diferenças significativas (⍺=0,014) na dimensão (PC) items PC9 (⍺=0,028), RF4 (⍺=0,050) e OC1 (⍺=0,005), e um serviço só os items PC10 (⍺=0,017) e OC3 (⍺=0,019).

Conclusões

A realização do estudo permitiu inferir a necessidade de uma estratégia para a melhoria dos índices de positividade baseado numa cultura de supervisão promotora de feedback e suporte contínuo. Esta prática quando adequada e efetiva torna-se essencial na mudança e com impacto direto na qualidade e segurança dos cuidados.

Palavra-chave 1
Índice de positividade

Palavra-chave 2
Auditoria

Palavra-chave 3
Enfermagem

Palavra-chave 4
Qualidade

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Entidade(s) Financiadora(s)
sem financiamento

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Título
A influencia do ambiente de prática de enfermagem nos cuidados omissos

Autores
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Introdução
O ambiente de prática de enfermagem (APE) influencia a qualidade dos cuidados prestados. Uma das dimensões da qualidade é a segurança do doente. A segurança do doente passa por prestar todos os cuidados que o doente necessita, evitando a omissão de cuidados.

Objetivos
O objetivo desta investigação foi avaliar o APE, verificar se os enfermeiros deixam cuidados omissos (CO) por falta de tempo, e analisar a relação entre o APE e os CO, nos serviços de especialidades médicas de um hospital de oncologia, em Portugal.

Metodologia
Estudo quantitativo, descritivo-correlacional. Aplicou-se um questionário de autopreenchimento aos enfermeiros, com a escala PES-NWI e um questionário para reportarem os CO do último turno por falta de tempo, numa lista de 13 CO possíveis. A analise estatística foi realizada com recurso ao IBM-SPSS. Todos os enfermeiros consentiram a participação no estudo. A comissão de ética do hospital autorizou a realização do estudo.

Resultados
Participaram 66 enfermeiros, em média (M) com39,95 anos. O APE é desfavorável (M=2,48; DP=0,24; p=0,264). Os enfermeiros reportaram um total de 183 CO (M=2,77; DP=2,27). Apenas 19,70% não omitiram cuidado e mais de metade omitiu 3-9 CO (52,72%). Os CO mais frequentes foram “falar/confortar com os doentes” (40,91%), “planear/atualizar planos de cuidados” (39,39%), educar doentes/família (37,88%), “documentar os cuidados adequadamente” (33,33%), “prestar cuidados de higiene oral” (33,33%) e “vigiar adequadamente os doentes”. O CO menos frequente foi “controlar a dor” (1,52%). O único serviço com APE favorável reportou menos CO comparativamente aos serviços com APE desfavorável (M=1,67 versus M=3,40; p=0,002).

Conclusões
Devem ser adotadas medidas que melhorem o APE de forma a aumentar a qualidade dos cuidados. Os CO mais frequentes não estão de acordo com a filosofia dos cuidados em oncologia.

Palavra-chave 1
Qualidade

Palavra-chave 2
Ambiente Prática de Enfermagem

Palavra-chave 3
Cuidados omissos

Palavra-chave 4
Segurança do doente

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Não aplicável

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Título
A liderança do enfermeiro na Estratégia Saúde da Família: atuação em comunidades quilombolas

Autores
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Introdução
O enfermeiro na Estratégia Saúde da Família (ESF) tem papel fundamental no desenvolvimento das relações de trabalho colaborativo e da liderança para a transformação da cidadania. Nesse serviço, o enfermeiro deve realizar ações de promoção da saúde, prevenção e tratamento de doenças junto das pessoas. Especificamente na comunidade quilombola a prática do enfermeiro requer o conhecimento cultural e histórico para promover o cuidado coerente com as necessidades do usuário/família/coletividade, exercendo sua liderança na equipe e na comunidade.

Objetivos
Compreender o papel da liderança do enfermeiro na Estratégia Saúde da Família em comunidades quilombolas.

Metodologia
Estudo de Caso único e integrado de abordagem qualitativa. O caso definido foi área prática de enfermeiros em comunidades quilombolas e, como referencial teórico utilizou-se a ética feminista defendida por Walker. O cenário foi a ESF no estado de Minhas Gerais, Brasil. A coleta de dados foi realizada no período de fevereiro-junho/2018, mediante observação, entrevista individual com sete enfermeiros e sete grupos focais em que participaram 59 quilombolas, submetidos Ã Análise de Conteúdo com auxílio do software Atlas.ti.

Resultados
A liderança do enfermeiro na ESF foi percebida no planejamento do cuidado, na capacidade de tomar decisão, na gestão compartilhada entre equipe e usuários/família/coletividade e na delegação de corresponsabilidades com o cuidado. Já na perspetiva da comunidade o enfermeiro é capaz de reafirmar as características afrodescentes, formados por forte vínculo parentesco que preservam sua cultura e história nas expressões e manifestações da música, da dança e da religião. Para isso, é necessário que a prática do enfermeiro seja fundamentada nas habilidades comunicacionais e atitudes morais frentes às populações consideradas minorias na hegemonia social.

Conclusões
Na ESF a prática do enfermeiro a liderança promove o cuidado compartilhado entre equipe/usuários, sendo necessária a aquisição de conhecimentos/habilidades condizentes com a realidade de grupos sociais. Espera-se que este estudo possa contribuir para ampliar o conhecimento das particularidades dos grupos sociais e estimular a capacidade de liderança do enfermeiro.

Palavra-chave 1
Enfermagem transcultural

Palavra-chave 2
Liderança

Palavra-chave 3
Grupo Ancestrais Continente Africano

Palavra-chave 4
Estratégia Saúde da Família

Palavra-chave 5
Prática

Palavra-chave 6
Moral

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Entidade(s) Financiadora(s)
CNPq, FAPEMIG, PPSUS, CAPES

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Título
A Pós-Modernidade e sua interface para a qualidade de vida dos profissionais de enfermagem

Autores
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Introdução
A contemporaneidade também pode ser chamada de pós-modernidade, é uma etapa que se caracteriza por aceleração e intensificação do ritmo de vida, uso intenso de tecnologias de informação e comunicação, marcada por dinamismo e rapidez, mas, também, por instabilidade, imprevisibilidade, insegurança e fluidez (Bauman, 2001). Sob tal prisma, esta realidade mostra-se cada vez mais presente nas relações de trabalho dos profissionais de enfermagem marcada pela busca constante da qualificação e competitividade, insegurança nas relações de trabalho e desemprego.

Objetivos
Discutir a qualidade de vida dos profissionais de enfermagem da Estratégia Saúde Família e sua interface com a pós-modernidade

Metodologia
Trata-se de um estudo do tipo exploratório, transversal e descritivo de abordagem quantitativa realizada com profissionais de enfermagem das ESF do município de Macaé/RJ/Brasil. Os dados foram coletados por meio de dois instrumentos: formulário de informações sociodemográfico e instrumento validado para o português por Fleck et al. (2000), WHOQOL-bref da OMS. Os dados foram analisados por meio do Programa Statistical Package for the Social Sciences (SPSS) versão 17.

Resultados
Fizeram parte da presente pesquisa, 85 profissionais de enfermagem sendo 39 enfermeiros e 46 técnicos de enfermagem. Predominou o sexo feminino (80%), a idade variou de 25 a 62 anos. Verificou-se que em relação ao vínculo de trabalho, 77,65% que são concursados e 22,35% são contratados; e 31,76% têm dois vínculos de trabalho. Em relação à renda familiar, 40% dos profissionais de enfermagem recebem 7 ou mais salários mínimo, 25,88% recebem 4 a 6 salários mínimos e 34,12% recebem de 1 a 3 salários mínimos

Conclusões
Evidenciou-se que dentre os motivos que levam aos profissionais de enfermagem a buscarem o segundo vínculo, incidindo de forma negativa na qualidade de vida é a remuneração insatisfatória, evidenciado na realidade dos profissionais de enfermagem, sendo um processo decorrente dos efeitos da precariedade do trabalho, neoliberalismo e da pós-modernidade.

Palavra-chave 1
Pós-Modernidade

Palavra-chave 2
Qualidade de Vida

Palavra-chave 3
Profissionais de Enfermagem

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Entidade(s) Financiadora(s)
CAPES/CNPQ

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Título
Acreditação hospitalar na perceção da equipa de enfermagem de um centro cirúrgico

Autores
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Introdução
A busca pela qualidade nos estabelecimentos de saúde tem se mostrado uma tendência mundial, sendo considerada indispensável para a sobrevivência das instituições. Assim, nas últimas décadas, a sociedade passou a exigir e a optar por serviços de saúde que apresentem padrões de excelência em processos e resultados.

No setor saúde, a qualidade inclui atributos relacionados a excelência profissional, uso eficiente de recursos, mínimo risco assistencial e satisfação dos pacientes e profissionais e sendo assim um desafio para a gestão.

Objetivos
Este estudo teve como objetivo analisar a perceção da equipa de enfermagem acerca do processo de acreditação hospitalar no centro cirúrgico num hospital universitário.

Metodologia

Trata-se de um estudo de abordagem quantitativa, tipo exploratório-descritivo. Realizado no centro cirúrgico de um hospital universitário de grande porte, localizado no interior de São Paulo. O hospital possui um total de 306 leitos e realiza mensalmente uma média de 1.088 cirurgias de baixa a alta complexidade, sendo 60% de atendimento cirúrgico ao SUS e 40% destinado aos convénios privados e particulares. Fizeram parte da amostra 69 profissionais de enfermagem do centro cirúrgico, que representam 100% do quadro aprovado.

Resultados
Foi elaborado um instrumento para avaliar a perceção dos colaboradores, sendo realizado pré-teste e confiabilidade pelo Alpha de Cronbach igual a 0,812.

Na amostra, 76,8% pertenciam ao sexo feminino; 17% eram enfermeiros; 19% auxiliares de enfermagem e 64% técnicos de enfermagem, sendo uma equipa predominantemente adulta. Na comparação das três dimensões, a que obteve maior escore de favorabilidade foi de resultado, média de 47,12 (DP± 7,23), e a menor foi de estrutura, média de 40,70 (DP± 5,19), ficando o processo com 45,45 (DP±6,57). Ao se efetuar a comparação entre as três dimensões, obteve-se diferença estatisticamente significante, $p < 0,001$.

Conclusões
Pelos resultados discutidos neste estudo, é possível planear ações para corrigir as arestas e potencializar as vitórias conquistadas com o processo de qualidade existente. Ressalta-se que a dimensão com maior percentual de concordância foi resultado e a dimensão pior avaliada foi estrutura, o que sugere oportunidades de melhorias nestes itens.

Palavra-chave 1
Avaliação em Saúde

Palavra-chave 2
Acreditação Hospitalar

Palavra-chave 3
Centro Cirúrgico

Palavra-chave 4
Enfermagem

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Entidade(s) Financiadora(s)
Não se aplica

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Título
Associação entre ambiente da prática de enfermagem e percepção de qualidade do cuidado e segurança do paciente em um hospital universitário

Autores
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Introdução
Segundo Halm (2019), ambientes da prática favoráveis e adequado dimensionamento de pessoal apresentam menores taxas de mortalidade, quedas e infecções relacionadas à assistência, assim como menores índices de Burnout e insatisfação no trabalho entre enfermeiros. As falhas em melhorar os ambientes da prática e o déficit no número de profissionais nos hospitais comprometem a segurança dos pacientes e a qualidade do cuidado (Aiken et al., 2018). Este cenário, em países em desenvolvimento, torna-se ainda mais preocupante e carece de estudos.

Objetivos
Avaliar o ambiente da prática de enfermagem e o quantitativo de pacientes atendidos por turno, em unidades de internamento de um hospital universitário no sul do Brasil, e verificar associação com a qualidade do cuidado e segurança do paciente na percepção dos profissionais de enfermagem.

Metodologia
Estudo transversal e analítico, com amostragem aleatória sistemática totalizando 56 (39,4%) enfermeiros e 86 (60,6%) técnicos/auxiliares de enfermagem atuantes em unidades de internação de hospital universitário acreditado pela Joint Comission International. No Brasil, apenas 25% da força de trabalho é constituída por enfermeiros com bacharelado (RN). Os dados foram coletados entre agosto e dezembro de 2018 utilizando-se o instrumento Nursing Work Index-Revised (B-NWI-R) versão brasileira, validado para enfermeiros e auxiliares/técnicos de enfermagem. Os preceitos éticos de pesquisa foram atendidos.

Resultados
A média de idade dos profissionais foi 42,0 Â± 8,7 anos e 82,4% eram do sexo feminino. O ambiente da prática foi avaliado como favorável pelos profissionais em todos os domínios do B-NWI-R, com escore geral de 1,92+0,46 pontos. Todos os domínios apresentaram avaliação positiva, com escores abaixo de 2,5 pontos, conforme preconizado pelo instrumento. O número de pacientes atribuídos por turno aos enfermeiros apresentou mediana 15(14-19) e para auxiliares/técnicos de enfermagem 6(6-7). Houve correlação moderada, inversa e significativa ($p< 0,001$) entre os domínios da escala B-NWI-R e a percepção de qualidade do cuidado e segurança do paciente.

Conclusões
A avaliação do ambiente da prática foi considerada favorável, na perceção dos profissionais de enfermagem investigados, em todos os domínios do B-NWI-R. Na medida em que o ambiente da prática apresenta escores mais elevados, ou seja, perceção menos favorável, encontram-se piores resultados para qualidade do cuidado e segurança do paciente.

Palavra-chave 1
Ambiente da prática

Palavra-chave 2
Enfermagem

Palavra-chave 3
Qualidade da assistência

Palavra-chave 4
Segurança do paciente

Palavra-chave 5
Administração de enfermagem

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Entidade(s) Financiadora(s)
Conselho Nacional de Desenvolvimento Científico e Tecnológico- CNPq – Brasil

PROPESQ-UFRGS

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Título
Associação entre estresse da equipe multiprofissional e a segurança do paciente em uma instituição privada no centro oeste do Brasil

Autores
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Introdução
O esgotamento da equipe multiprofissional assumiu a forma de uma epidemia que pode afetar os principais pilares da qualidade dos cuidados de saúde, incluindo segurança do paciente. Existe uma relação pouco compreendida entre o desgaste dos profissionais e domínios do clima de segurança. Os investimentos no bem-estar do profissional, talvez sejam a estratégia mais eficiente para criar imunidade organizacional contra a escassez de mão-de-obra e os danos aos pacientes.

Objetivos
Avaliar se o estresse da equipe multiprofissional está associado a um risco para segurança do paciente a partir do Questionário de Atitudes de Segurança e instrumento com variáveis sociodemográficas. Também verificar a influência das principais fontes de heterogeneidade nessas associações, incluindo a área de atuação que os participantes estão trabalhando.

Metodologia
Estudo transversal realizado com 293 profissionais de um hospital privado no centro-oeste do Brasil, entre junho e agosto de 2019. Utilizou-se instrumento com variáveis sociodemográficas e o Questionário de Atitudes de Segurança (SAQ). Realizou-se o teste Kruskal-Wallis e Mann-Whitney para variáveis categóricas, para comparação das variáveis ordinais e numéricas utilizado correlação de Spearman. Para comparações múltiplas o teste de Nemenyi. Estudo aprovado em Comitê de Ética e Pesquisa Médica, Humana e Animal, com número do Parecer: 1.887.147.

Resultados
A maioria dos participantes do estudo era composta pelo sexo feminino (72,01%), trabalhava no turno diurno (88,55%), tinha a idade média de 35,74 anos, (DP:10,67), sendo que 75% tinham no máximo 42 anos. Todas as variáveis do domínio Perceção do Estresse foram associadas a chances significativamente aumentadas de risco a segurança do paciente (média = 69,34; D.P= 24,87; Q3 = 91,67). Houve correlação significativa (valor-p = 0,018) positiva entre o desempenho ser prejudicado pelo cansaço durante situações de emergência e o tempo de trabalho no setor. O estudo (SAQ total) apresentou alfa de Cronbach de 0,919, sugerindo boa confiabilidade interna.

Conclusões
O estudo fornece evidências que o estresse pode comprometer o atendimento ao paciente. Os achados são consistentes com as evidências existentes na literatura, mostrando que as intervenções atuais para melhorar o clima de segurança do paciente se concentraram principalmente na identificação e monitoramento de pacientes e ocasionalmente, em sistemas vulneráveis.

Palavra-chave 1
Segurança do Paciente

Palavra-chave 2
Cultura Organizacional

Palavra-chave 3
Estresse

Palavra-chave 4
Qualidade assistencial

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Entidade(s) Financiadora(s)
Estudo patrocinado pelos prÃ³prios pesquisadores

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Titulo
Capacitação de Técnicos em Enfermagem em Urgência e Emergência: uma Revisão Integrativa

Autores
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Introdução

Os técnicos em enfermagem representam a maioria dos profissionais dentro da enfermagem. Inseridos em todos os espaços de atenção à saúde, inclusive nos serviços de urgência e emergência, são os que mais prestam assistência direta aos pacientes, sendo necessária uma formação/capacitação qualificada. As unidades de urgência e emergência exigem agilidade, sistematização e eficácia, assim como, domínio técnico, criticidade e reflexão para atuação em ocorrências diversas. Porém, a formação técnica frequentemente está associada ao tecnicismo e práticas mecanizadas.

Objetivos
Assim, este estudo tem como objetivo discutir a produção científica sobre a capacitação dos profissionais de nível técnico em enfermagem que atuam na urgência e emergência.

Metodologia
Trata-se de uma revisão integrativa de literatura realizada em março de 2019. As buscas foram realizadas nas bases de dados Medline, BDENF, Lilacs e Coleciona SUS através da Biblioteca Virtual de Saúde mediante a estratégia de busca (capacitação OR cursos de capacitação) AND enfermagem e emergência AND técnicos de enfermagem. Os critérios de exclusão foram: revisões de literatura, relatos de experiência, textos reflexivos e estudos que não atendessem à pergunta norteadora. Para análise dos dados utilizou-se a análise de conteúdo.

Resultados
Foram encontradas sete publicações de onde emergiram três categorias: benefícios da realização de capacitações, consequências da falta de capacitações, empecilhos/dificuldades para a realização de capacitações. Os serviços de urgência e emergência são sobrecarregados de pacientes, dificultando a prestação dos cuidados à saúde. Para organização destes serviços, a qualificação seria precursora, porém, há uma escassez de capacitação técnica em enfermagem para tal âmbito, gerando atendimentos precários com riscos à saúde do usuário. Em contrapartida, existem vários empecilhos para que esta qualificação ocorra como poucos recursos financeiros e humanos, baixa automotivação e sobrecarga de trabalho.

Conclusões

A capacitação em urgência e emergência facilita a identificação das ações assertivas frente às situações emergenciais, podendo reduzir os danos à saúde e evitar a morte. Tornam-se necessários estudos que apresentem soluções e formas facilitadoras para ofertar capacitações em urgência e emergência para os técnicos em enfermagem.

Palavra-chave 1
Capacitação

Palavra-chave 2
Cursos de Capacitação

Palavra-chave 3
Enfermagem e emergência

Palavra-chave 4
Técnicos de enfermagem

Referências bibliográficas 1
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Entidade(s) Financiadora(s)
Não se aplica

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Title
Cultivating Resilience: Leadership Interventions fostering engagement and joy in work

Authors
Deirdre O'Flaherty*

Introduction
Recent traumatic events associated with natural disasters and terrorism have showcased nurses' critical role in the frontline. Nurses take care of victims of violence and tragedy while dealing with secondary trauma and their own personal vulnerability. Additionally nurses have been targets of workplace violence and sometimes have been exposed to bullying by peers. The capacity to cope and function in a stressful work environment may vary based on one's culture, educational background, experience and upbringing.

Objectives
Nursing has been a focus for studies and interventions that foster resilience in the workplace. Once characteristics that exemplify resilience have been identified resilience can be learned or developed. Our recent study was aimed at identification and analyzing nurses' resilience to build targeted intervention tools.

Methodology
Responses from a recently conducted survey of professional nurses' determined their resilience score using The Resilience Scale, (14-item tool with reliability ranging from 0.84 to 0.94 alpha coefficients) Outcomes: Resilience scores based on frequency distribution showed a mean score of 83.20 (SD=16.14). Initial factor analysis indicates that "acceptance of self and life" and "personal competence" reflects the theoretical definition of resilience (Wagnild and Young, 1993).

Results
Leadership can facilitate resilience in the workplace through strategies that create work-life balance, assist in critical reflection to problem solve, mentorship, build resolutions to help guide in future situations with professional governance. Empowering staff and leaders to foster professional and caring environments. With emphasis on the quadruple aim, efforts to promote joy and meaning in work are integral to recognizing value in the nurses' role and fostering an environment where staff are engaged and satisfied

Conclusions
Nurse leaders can use resilience as a theoretical framework in creating staff development programs and initiative's that address nurses' engagement, adverse workplace environments, reduce turnover and foster joy and meaning in nurses' work.

Keyword 1
nursing resilience, joy, engagement

Keyword 2
professional development, supportive environments

Keyword 3
bullying, joy in work

Keyword 4
interprofessional collaboration, professional development

Keyword 5
cultivating healthy work environment

Keyword 6
fostering engagement, creating joy

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Financing entities
no financial disclosure

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Title
Determining Organizational Silence Behaviors of Nurses

Authors
Begum Yalcin*, Ulku Baykal**

Introduction
Organizational silence is defined as an active and conscious act of withholding the ideas that can improve the organization. It happens due to fear of isolation or becoming desensitized about the organization. In the healthcare sector, there are many different professionals who have to work together and if these groups become silent due to healthcare system's complexity it might create moral problems and patient care might be affected by it.

Objectives
This study aimed to analyze organizational silence behavior level and its affecting factors.

Methodology
The research was design a descriptive research design to determine the level of organizational silence behavior of nurses and its related factors. Organizational Silence Behavior scale, socio-demographic and job-related questions were used to collect the data. was used to collect data. Research data was analyzed using SPSS 23

Results
Results indicated that most of the nurses had BSN degree (55.5%), nurses' organizational silence behavior level (2,63±0.73), silence climate (2.44±0.93), silence based on fear (2,52±0.80), acquiesce silence (2,85±0.93) and silence based on protecting the organization (2,57±0.82) point averages can be interpreted as nurses may have stayed silent sometimes. A significant difference ($p<0.05$) was determined between scale and its sub-scales with nurses working in private and government hospitals, education and age. However, there was no significant difference was found between managerial position, scale, and its sub-scales.

Conclusions
In conclusion, the type of hospital, education, and age are determined to be factors on the decision of staying silent. Evaluating the level of organizational silence can be beneficial to hospital managers to find problem areas and create an open and safe environment for communication.

Keyword 1
Organizational silence behavior

Keyword 2
nurses

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Financing entities

N/A

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Title
Developing nurse leaders: looking back and moving forward using an action learning approach

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Introduction
Globally, nursing leadership is facing a number of significant and complex challenges with recent evidence of gross systems failures resulting in unacceptable patient care. International organisations such as Sigma offer the opportunity for members to develop and promote their own leadership skills and for those who are educators, to develop the next generation of nurses that they teach.

Objectives
The objective of this paper is to report the lessons learned from a virtual action learning set (VALS) organised by the chapter, to support the leadership development of four senior educationalists through peer supported facilitated reflection.

Methodology
A VALS commenced January 2019 with four senior nurse educators from across the United Kingdom following formal application and selection. The group agreed to meet monthly and was externally facilitated at each meeting. Each took their turn to share an area of a "real-time problem" within their own work area and together helped identify potential solutions. The VALS was evaluated at the 7 month point and will be evaluated at 12 months following its completion.

Results
As a virtual group facilitated online, all members agreed that it took time to establish trust and develop a rapport and to share areas that exposed vulnerability. As time progressed each individual grasped the full potential of the group at their own pace and gradually began to gain confidence in the process and share their areas of real concern. As one took the painful risk to expose an area of vulnerability so the others followed and to date, their reflections have helped them learn from each others' challenges, as well as commonalities across diverse higher education institutions.

Conclusions
The outcomes to date illustrated that exposing vulnerability has been a key foundation for learning, demonstrating a willingness to share in a respectful and confidential environment with a receptiveness to change. Skilled facilitation, focusing on the relevance of leadership has been invaluable in keeping the group orientated.

Keyword 1
Leadership

Keyword 2
Virtual Action learning sets

Keyword 3
critical reflection

Keyword 4
evaluation

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Financing entities
No external funding was secured for this Leadership Action Learning Set.

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Title
Development of Pediatric Palliative Care in Portugal: Facts and Challenges

Authors
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Introduction
Since 2003, researchers and clinicians have been working to bring Pediatric Palliative Care to Portugal. Nurses in Master's and PhD programs in Bioethics joined physicians and philosophers to think differently about end of life for children, with this author concentrating on newborns with life limiting conditions.

Objectives
To influence the Portuguese government in creation of a children's palliative care team in every hospital having pediatrics with clinicians trained in Pediatric Palliative Care. In 2013 the International Children's Palliative Care Network (ICPCN) identified Portugal as having no provision of palliative care services

Methodology
A national survey was conducted with 47% of the country's neonatologists participating in a 3-round Delphi Study to assess willingness to build palliative care guidelines. Experts such from around the world were invited to teach clinicians how to establish/improve these services. Presidents of the ICPCN offered support to Portugal. Clinicians went abroad for courses offered in the United States, Canada and Europe. Government committees were formed, creating regulatory documents. The Catholic University (Lisbon) started a post-graduate training certificate program.

Results
These guidelines created by a nursing PhD program became a national recommendation adopted by the Portuguese Neonatal Society. The Portuguese Pediatric Society and the Portuguese Association for Palliative Care created taskforces to address this issue. Pioneering activities began with the creation of a special room for end of life care, and parent diaries, bereavement booklets, condolence cards, and memorial services. These activities were soon adopted throughout the nation. The Portuguese government has now mandated creation of a children's palliative care team in every hospital with a trained palliative care specialist as the lead and one person with neonatal training.

Conclusions
In 2018, a Level 2 (second to highest) status was granted by the ICPCN to Portugal. Progress has been substantial. Challenges still exist in transforming professional education into bedside clinical practice. Hospice at home is the next needed initiative.

Keyword 1
Pediatrics

Keyword 2
Palliative Care

Keyword 3
Portugal

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Financing entities
Portuguese Association of Palliative Care

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Title
Health behaviors among Israeli nurses and their association with health-promoting work environment, burnout, job satisfaction and patient-centered care.

Authors
Rachel Wilf - Miron*, Ilya Kagan**, Liora Valinsky***

Introduction
Nurses comprise the largest group of the Israeli healthcare workforce. They have direct relationship with patients and families, both at the hospital and the community level, and are perceived as a knowledgeable and reliable source of health information. Health behaviors (HB) affect nurses' wellbeing, burnout and their position as health educators and role models for patients[1]. A recent national survey among Israeli physicians demonstrated health-related behaviors that were far from optimal, encouraging a similar study among nurses[2].

Objectives
To describe HB and burnout among Israeli nurses and to examine their associations with work environment, job satisfaction and quality of care..

Methodology
This mixed methods study consisted of three stages: 1) a pilot survey among 171 nurses, aimed at the development and validation of the study questionnaire; 2) two focus groups of hospital and community nurses (n=37) to elucidate and validate the survey domains and items and 3) a cross-sectional multicenter national survey. Data were collected using an on-line questionnaire, disseminated to all nurses working in 19 hospital and community-based healthcare organizations.

Results
Among 3,542 respondents, 64% didn't achieve the physical activity target; the majority reported unfavorable eating habits; 66% slept less than 7 hours, 15% were smokers and 47% felt considerable emotional stress at work. Workplaces were rated low as health-promoting environments[3] (mean=2.2±.58; 1-5 scale). Mean burnout score was 3.3, 3.4 and 3.6 among community nurses, hospital nurses without and with night shifts, respectively ($p<0.0001$); 68% of respondents were satisfied with their job, while 78% provided appropriate, patient–centered care. Regression analysis showed that the work environment was associated with higher job satisfaction and less burnout, while high burnout predicted low job satisfaction.

Conclusions
Nurses demonstrated unfavorable health behaviors and considerable burnout. Health promoting work environment was associated with positive health perception, higher job satisfaction and reduced burnout.

The combination of unhealthy behaviors, relatively high proportion (32%) of nurses with low job satisfaction and high burnout levels, demands a call for urgent action.

Keyword 1
Health behaviors

Keyword 2
burnout

Keyword 3
job satisfaction

Keyword 4
Health promoting work environment

Keyword 5
nurses

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Financing entities
Research was supported by a grant of the Israel National Institute for Health Policy Research

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Title
Implementing an Advanced Pathway for Experienced Nurses

Authors
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Introduction
Critical Care Advanced Pathway Program was designed and implemented to provide an orientation program tailored for the experienced registered nurse (RN) without critical care experience. The core competencies for this program provide a pathway for progressive clinical advancement.

Objectives
Registered nurses working in intensive care require specialized knowledge and skills to safely and effectively care for critically ill patients. CCAP, a transition program developed for RNs to; enhance their clinical practice and professional development assure positive patient outcomes and quality care in critical care settings while optimizing organizational performance.

Methodology
Modeled after our existing program for transitioning new graduate nurses to the critical care environment. A blended learning approach includes didactic, clinical, case-based and low fidelity simulation experiences. In comparison to the new graduate program, which is a 1 year orientation, CCAP uses a goal oriented educational pathway to complete orientation in 3-4 months. Weekly meetings are scheduled with the RN, preceptor, educator, and manager to ensure progress in demonstration of critical thinking skills, clinical practice competencies, and goal setting.

Results
The Critical Care Advanced Pathway Program (CCAP) program developed to provide an individualized 12- 16 week orientation with a blended learning approach to the Critical Care Environment. This innovative program has created a pathway for progressive clinical advancement. Registered nurses in the intensive care setting require specialized knowledge and skills to safely and effectively care for critically ill patients. CCAP is a transition program developed to facilitate and support RNs to enhance their clinical practice and professional development. This program is necessary to assure positive patient outcomes and quality care in the critical care setting while optimizing organizational performance.

Conclusions
CCAP retains and empowers experienced clinical nurses to achieve professional development goals and clinical advancement. This impact turn over, recruitment and orientation costs. Evidence supports a direct correlation between employee engagement, satisfaction and the patient experience. This program has directly contributed to patient safety outcomes while optimizing organizational performance.

Keyword 1
recruitment, retention, professional development

Keyword 2
critical care nursing orientation

Keyword 3
cost neutral education, orientation

Keyword 4
transitioning to critical care

Keyword 5
reducing turnover increasing engagement

Keyword 6
innovative leadership education initiatives

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Financing entities
no financial disclosures

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Título
Lean healthcare na perspectiva institucional, profissional e paciente

Autores
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Introdução
O Lean é uma filosofia de gestão derivado do Sistema Toyota, amplamente aplicado na indústria e adaptada para a área da saúde com o objetivo de reduzir custos e otimizar recursos por meio da revisão de processos para gerar valor para o paciente.

Trata-se de um sistema integrado de princípios, práticas, ferramentas e técnicas focadas na redução do desperdício, na sincronização dos fluxos de trabalho e no gerenciamento de sua variabilidade, que aplicado na área da saúde denomina-se Lean Healthcare.

Objetivos
Este estudo teve como objetivo analisar as evidências científicas na literatura sobre avaliação do Lean Healthcare após sua implantação

Metodologia
revisão integrativa que buscou responder a pergunta de pesquisa: quais foram os resultados após a implantação do Lean Healthcare em instituições de saúde?

A busca dos estudos foi realizada entre os meses de julho a setembro 2019, realizada nas bases de dados CINAHL, Scopus, WOS, Embase e no portal PubMed, resultando 126 artigos publicados nos idiomas inglês, espanhol e português, no período de 2008 a 2019.

Utilizaram-se os seguintes MeSH: “Total Quality Management”, “Quality Improvement” e a palavra-chave “Lean healthcare”.

Resultados
Foram identificados um total de 126 artigos nas bases de dados, além de quatro artigos incluídos manualmente, buscados a partir da verificação das listas de referências, totalizando 130 documentos que após os critérios de exclusão resultaram em 18 artigos.

Os achados foram categorizados em resultados para a instituição, profissional e paciente. A categoria predominante foi a institucional, com análise de custo e aumento da produtividade, seguida do profissional, com satisfação no emprego e liderança, e por fim o paciente, com satisfação, atitudes e comportamentos.

Conclusões
este estudo reforça a necessidade em estabelecer, para a gestão, um método sistemático de acompanhamento dos resultados alcançados na fase de implantação do Lean Healthcare. Cabe ressaltar que o valor é definido pelo paciente e que este aspeto nos resultados ainda é pouco explorado nos estudos.

Palavra-chave 1
Gestão da Qualidade Total

Palavra-chave 2
Melhoria de Qualidade

Palavra-chave 3
Gestão em Saúde

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Entidade(s) Financiadora(s)
Não se aplica

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Title
Leveraging Technology and Artificial Intelligence for Meaningful Nurse Recognition

Authors
Joanne T Clavelle*, Cynthia Sweeney, Ellen Swartwout**, Cindy Lefton, Senem Guney

Introduction
Meaningful recognition positively impacts organizational outcomes. Meaningful recognition narratives submitted by patients and families using interactive patient care (IPC) technology were analyzed using artificial intelligence (AI) to identify themes and behaviors associated with extraordinary nursing. The most common theme identified was courtesy and respect, with behaviors of empathy/compassion, helpfulness, kindness, attentiveness, and emotional comfort. The theme of skills/knowledge was the 2nd most common, with the behaviors of being professional, knowledgeable, keeping track, competence, dedication and being thorough.

Objectives
1. Describe how recognition narratives collected via IPC are analyzed using AI to identify behaviors of extraordinary nursing. 2. Apply findings to your workplace, cultivating nursing behaviors that matter most to patients. 3. Discuss how AI provides insights into care and nurses can evolve and advance the science of AI.

Methodology
The purpose of the study was to analyze nurse recognition narratives collected from patients and families using IPC techniques to identify core themes and behaviors. A convenience sample from a total database of 52,711 narratives were analyzed using AI that combined natural language processing and machine learning techniques based upon the rules of linguistics. Insights were categorized into themes and behaviors related to patient experience, with summaries reviewed and analyzed by researchers.

Results
5 core themes of nursing excellence emerged from the AI-enabled analysis of patient narratives: 1) courtesy and respect; 2) skills and knowledge; 3) reliability/scheduling; 4) explanation; and 5) listening. Analysis of the top theme of nursing courtesy and respect revealed the behaviors of empathy/compassion, helpfulness, kindness, attentiveness, and emotional comfort. The study demonstrated how AI can advance the science and practice of nursing by 1) accurately and consistently analyzing qualitative data that reflect the sentiments associated with nursing`s impact upon human caring; and 2) by helping identify from these qualitative data actionable priorities for care.

Conclusions
IPC generated narratives depicting extraordinary nursing are associated with compassionate care. Understanding these behaviors informs cultivation of worksite behaviors that matter most to patients. Nurses can advance the science of AI and guide its evolution so that it most accurately represents sentiments associated with nursing`s impact upon human caring.

Keyword 1
Nurse Recognition

Keyword 2
Artificial Intelligence

Keyword 3
Meaningful Recognition

Keyword 4
Technology

Keyword 5
Machine Learning

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Financing entities
Researchers received no outside funding for this study.

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Title

Making TRACS to improve nurse retention: Testing a universal, evidence-based model for improving nurse retention

Authors

Janet Mary Elizabeth Scammell*

Introduction

There is a shortage of registered nurses (RNs) notably in South East Asia and Africa (WHO 2018). It is predicted 9 million more nurses will be required worldwide by 2030 to reach Sustainable Development Goal 3 (WHO 2018). As well as buoyant recruitment, retention of current RN workforce is crucial. Increasing numbers of pre-retirement nurses leaving the profession is an issue (NMC 2018); whilst there is some evidence concerning causes, there is less research on interventions to improve nurse retention.

Objectives

To outline a new evidence-based model (TRACS: Transition, Resilience, Authentic leadership, Commitment and Support) to improve nurse retention. To present the findings from the final stage of a two-stage collaborative research project involving one University and one large health service provider using the TRACS approach.

Methodology

A mixed method case study approach was employed. Ethics approval was gained. The intervention involved the introduction of a RN support web-portal based on the TRACS model. RNs from Older Person's Medicine (OPM) (n=147 pre; n=144 post) and the Surgical (n=131 pre; n=141 post) directorates completed the Practice Environment Scale-Nursing Workforce Inventory (PES-NWI) (Lake 2002) and the Maslach Burnout Inventory (MBI) (Maslach et al 1996). Quantitative analyses were performed using SPSS v25. Semi-structured interviews (n=18) were thematically analysed.

Results

Unfilled vacancies in both directorates rose by 4%; however, overall level in OPM was twice that of Surgical. Survey results were similar from both Directorates at both time points. There were significant differences from pre- to post-intervention in all the PES-NWI sub-scores with the direction of change indicating less agreement with statements. However, "Staffing and Resources Adequacy" showed a small increase in agreement. The only sub-score in the Maslach Burnout Inventory to show a significant difference was perception of Personal Accomplishment. Thematic analysis of qualitative data revealed sub-themes: authentic leadership and valuing staff; staff development; and supporting health and wellbeing.

Conclusions

The case study provides insights into factors influencing retention and challenges involved in addressing these within a busy healthcare organisation. It demonstrates the value of collaborative working between university and healthcare providers. Limitations included insufficient time to implement the web-portal http://support4nurses.uk in addition to low recruitment because of contextual factors.

Keyword 1

Nurse

Keyword 2

workforce

Keyword 3

retention

Keyword 4

conceptual model

Keyword 5
mixed methods research

Keyword 6
case study

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Financing entities
This study was funded by a grant from the Burdett Trust for Nursing, UK.

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Title
Moving to Person-centred Culture in Older Peoples Services in Ireland

Authors
Jan Dewing*

Introduction
This three year participatory research project took place in older peoples' services in North West Ireland. The policy agenda to improve care (HSE 2016) for older people, especially with dementia (Irish Dementia Strategy 2019) was a driver for the research. Local management had a vision to make services more attractive to the workforce and local communities. The Person-centred Practice Framework was the theoretical basis for the project (McCormack and McCance 2017) with a focus on person-centred moments (McCance et al 2011).

Objectives
To explore how nursing teams in long term care can be led and facilitated to focus on well-being by developing a more person-centred and evidence informed context (cultural and social). To lead the implementation, in innovative ways, of person-centred care practices. To host a doctoral research study to take place.

Methodology
We drew on key ideas from critical social theory and person-centred practice research principles to design a project with multiple, complex methods: Active Learning in groups in the workplace Intensive five day School on Developing Practice Person-centred facilitation Stakeholder Engagement Evaluation methods with specific instruments (Person-centred Practice Inventory; Context Assessment Index; Workplace Culture Critical Analysis Tool; Person-centred Moment Inventory) Local evidence driven action cycles During the lifetime of the project a facilitator also carried out field work for her PhD.

Results
The evaluation data shows a move towards person-centred cultures in a number of areas (staff relationships; power sharing; risk promotion and innovation; presence of person-centred moments). Other local data shows the sites to be a place that nurses want to come and work and where absence rates have lowered Patient incident/ adverse events have reduced. Findings show how much and the range of facilitation needed to enable teams to transform their own culture. Organisational management needed to maintain trust in the project timeline to see positive changes and at times service managers were challenged to also transform their contribution.

Conclusions
Transforming workplace cultures to be person-centred for teams and service users from within, requires skilled facilitation of active learning and action cycles within the workplace, combined with evaluation research. The learning processes that accompany such a project design are often significant and emotional.

Keyword 1
Dementia Care

Keyword 2
Person-centredness

Keyword 3
Participatory Research

Keyword 4
Active Learning

Keyword 5
Workplace Culture

Keyword 6
Evaluation

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Financing entities
Project was funded by The HSE and North West NMPDU Ireland.

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Title
Nurse Leadership Styles, Behaviors, and Expatriate Nurses' Professional Integration in the UAE

Authors
Emmah Ncube*

Introduction
Transnational nurse migration has evoked a growing interest in the phenomenon of professional integration of expatriate nurses into their host societies. Despite research connecting employee and organizational outcomes such as job satisfaction and organizational citizenship behavior to the quality of leadership styles, there remains a lack of adequate research linking professional integration of expatriate nurses to nurse leadership styles in the United Arab Emirates (UAE).

Objectives
The purpose of this grounded theory study was to develop a theory that would explain how nurse leadership styles and behaviors impacted on the professional integration of expatriate nurses into the multicultural work environment of the UAE

Methodology
The constructivist grounded theory methodology was used. The research questions explored the perceptions of the expatriate nurses on effective leadership styles and behaviors of nurse leaders in a culturally diverse work environment, the lived experiences of the expatriate nurses, and the impact of the organizational culture on the process of integration. Purposeful sampling was used. Data were collected through in-depth semi-structured interviews, demographic surveys, documents review, and researcher memos. NVivo and the constant comparative method were used for data analysis.

Results
The major finding in this study was that professional integration of expatriate nurses needed to be mediated by different conditions in order for those nurses to successfully assimilate into the new multicultural work environment. It was interesting to note that the participants required leadership styles specific to the clearly demarcated process of professional integration to ensure a successful outcome. The process of professional integration was impacted and influenced by different conditions such as mediating, intervening, and enabling conditions. The result of this study was the inductive and abductive development of a substantive theory called Conditional Assimilation Theory

Conclusions
Transnational nurse migration is set to continue as long as there continues to be a higher demand of nurses by the developed countries. This migration involves certain experiences, and nurses recruited from overseas will still have to undergo some adaption, adjustments, and professional resocialization in the recipient work environment.

Keyword 1
leadership styles

Keyword 2
expatriate nurses

Keyword 3
transnational nurse migration

Keyword 4
professional integration

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Financing entities
N/A

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Title
Nursing leadership in daily hospital practice, a research program on what it is and what it is not.

Authors
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Introduction
We assume nursing leadership to be necessary in all nursing care situations, but especially when patients are vulnerable during hospital admission. Nowadays, nursing leadership has evolved from a mere management perspective into descriptions that emphasize leadership of nurses during their clinical and professional performance and with respect to moral implications of good nursing care. Nevertheless, there is poor empirical evidence on what nursing leadership consists of in terms of practical behaviour.

Objectives
This research program aims for empirical grounding and development of a nursing leadership model as defined in the CANMEDS-competencies for bachelor nurses in the Netherlands and Frenetti Competency-scan in which clinical, professional and moral aspects of leadership were determined. The program will deliver role models and exemplary situations.

Methodology
Action research was used with a qualitative design. Seventeen studies were performed during 2018-2019 on which an overall framework analysis was done. Focus groups and interviews with approx. 100 nurses focused on inductive description of generic aspects as well as the occurrence of leadership during the performance of specific competencies such as evidence based practice and shared decision making. In order to discriminate clinical, professional and moral aspects experts were consulted in several Delphi rounds.

Results
In most of the CANMEDS competencies role-modelling situations for specific performance of competencies could be found such as being advocate for patients in multidisciplinary meetings or having an a view on patient care that encompasses the broader perspective outside hospital walls and advanced care planning. Moreover, studies were analysed in a secondary framework analysis in which affinity diagramming resulted in an empirical model of generic nursing leadership. This model shows that nurses see leadership as multi-layered with aspects such as autonomy, assertiveness and proactivity next to empowering colleagues and patients, knowledge enhancement and collaborating skills.

Conclusions
The research program shows that nurses do know how to show leadership but often do not describe their performance as such and are inhibited by cultural workplace factors. Of importance, therefore, is the fact that our program raises awareness on the necessity of leadership related to quality nursing care.

Keyword 1
clinical leadership

Keyword 2
professional leadership

Keyword 3
morally good care

Keyword 4
hospital care

Keyword 5
Canmeds competencies

Keyword 6
action research program

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Financing entities
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Titulo
O custo do desperdício de materiais nos procedimentos de enfermagem

Autores
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Introdução

Na última década estudos sobre o desperdício na área da saúde começaram a se destacar. Reduzir desperdícios é uma estratégia para a contenção de custos com inúmeras possibilidades. Projeções realizadas em seis categorias de desperdício mostraram possível redução de 20% do total gasto com saúde.

Os materiais utilizados para realizar a assistência à saúde representam uma das categorias de desperdício mais frequentes e a enfermagem é quem mais manuseia e utiliza esses recursos para a realização de seus procedimentos.

Objetivos
Identificar os procedimentos de enfermagem com desperdício de materiais e calcular o custo dos materiais desperdiçados em um hospital universitário. Correlacionar as características dos profissionais de enfermagem e os procedimentos de enfermagem com desperdício.

Metodologia
Pesquisa exploratória com análise quantitativa na modalidade estudo de caso que incluiu um survey. Os dados do survey foram obtidos por meio de um questionário com a participação de 410 profissionais de enfermagem de 39 unidades com os maiores gastos em materiais de um hospital universitário da cidade de São Paulo, Brasil. Dois procedimentos de enfermagem apontados no survey foram observados, entre março de 2016 e fevereiro de 2017, para que o cálculo do desperdício fosse obtido.

Resultados

A predominância dos participantes foi do sexo feminino (83,7%), média de idade 38,9 anos (DP=8,9) e atuação profissional 12,9 anos (DP=7,5). Os procedimentos de enfermagem com desperdício de material mais citados foram: Punção venosa periférica (48,5%), Preparo de medicamento IV (47,9%), Administração de medicamento IV (47,3%), Curativo em feridas (46,6%) e Banho no leito (35,9%). O enfermeiro e os profissionais da UTI e Clínicas Pediátricas têm maiores chances de citar os procedimentos com desperdício. A estimativa de custo de materiais desperdiçados para um ano foi de US$ 442.45 na Punção venosa periférica e de US$ 4.208.63 no Banho no leito.

Conclusões
Os materiais desperdiçados na Punção venosa periférica foram referentes às sobras das embalagens. No Banho no leito esses materiais não faziam parte da lista padrão do procedimento. Este estudo destaca a responsabilidade da enfermagem no gerenciamento dos recursos materiais e suas consequências com impactos financeiros, ambientais e de valorização profissional.

Palavra-chave 1
Recursos Materiais em Saúde

Palavra-chave 2
Custos Análise de Custo.

Palavra-chave 3
Prática profissional

Palavra-chave 4
Hospitais Universitários

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Entidade(s) Financiadora(s)
Não houve financiamento

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Título
Scoping Review da transição epidemiológica global das causas de Mortalidade na Infância

Autores
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Introdução
Nas últimas décadas, no cenário global, tem-se observado redução da mortalidade infantil e na infância, com transições entre as principais causas de morte. A prevenção dos óbitos na infância permanece na agenda de saúde global e, o monitoramento dos eventos sentinelas fornece subsídios para a tomada de decisão das políticas públicas de saúde. Os estudos vinculados ao Global Burden of Disease utilizam ferramentas analíticas que contribuem para a gestão destas políticas públicas, sobretudo com o fortalecimento dos Sistemas de Saúde.

Objetivos
Mapear as evidências científicas de estudos de cooperação global quanto à transição epidemiológica das causas de mortalidade na infância, visando contribuir com a alocação de recursos financeiros às regiões de menor desenvolvimento econômico, superando desigualdades para a transformação social. Garantir a promoção da qualidade de vida na primeira infância.

Metodologia
Trata-se de um recorte de uma Scoping Review com busca realizada em fevereiro de 2019, nas bases de dados: Web of Science, Scopus, PubMed/MEDLINE e SciELO. Utilizaram-se os descritores e entry terms relacionados à população (Infant Mortality e Child Mortality), bem como, ao contexto (Global Burden of Disease e Garbage Code). Dois revisores independentes fizeram a leitura do título e do resumo para seleção dos artigos para compor a amostra, com disponibilidade de um terceiro revisor, para as divergências.

Resultados
Foram identificados 152 estudos e, após aplicação dos critérios de elegibilidade, selecionados 27 estudos para compor a amostra. As publicações são internacionais (n=25; 92,6%); ocorridas entre 2007 a 2018; no idioma inglês (n=24; 88,9%); originárias de diversas áreas do conhecimento: epidemiologia, saúde pública/coletiva, saúde da criança e do adolescente, medicina perinatal e neonatal, métricas de saúde e avaliação. Veiculados por 14 periódicos, a maioria (n=11; 40,7%) com fator de impacto superior a 50,0. Identificada redução da mortalidade por doenças diarreicas, infecções respiratórias, sarampo e tétano. Evidenciou-se maior proporção para complicações do parto prematuro, condições neonatais, anomalias congênitas e encefalopatia neonatal.

Conclusões
Globalmente há necessidade de investimentos para melhoria da qualidade da assistência pré-natal, parto e nascimento, sobretudo, para redução da mortalidade neonatal precoce. É premente a ampliação da infraestrutura tecnológica direcionada por protocolos de coleta de dados, visando a qualidade da evidência produzida para a tomada de decisão em tempo real.

Palavra-chave 1
Infant Mortality

Palavra-chave 2
Child Mortality

Palavra-chave 3
Public Policy

Palavra-chave 4
Health Policy

Palavra-chave 5
Review

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Entidade(s) Financiadora(s)

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Title
Task shifting or full scope of nursing practice: a policy analisys

Authors
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Introduction
Nurses represent the largest health workforce. Research has displayed that higher level of nursing competencies leads to better outcomes for patients and for the organization. In Italy, advanced and specialistic nursing is already in development and do not have a stable legislative recognition.

There are now a growing interest by public health and health policy leader in Italy in new roles for nurses, expanded scope of practice, skill mix and task shifting.

Objectives
We carry out a policy analysis to identify how Italian health policy makers can contribute to new nursing framework in order to set up Advanced Practice Nursing and nurse prescribing.

Methodology
A qualitative study with interviews were conducted with 120 participants (29 Nurse Directors, 80 Lecturers, 5 Hospital Directors, 4 Administrative Directors, 6 politicians). Participants belong either to national and regional health system, health association, academics, managers, and educators. The interviews were complemented with a review of regional and national legislation Interviews transcripts were thematically analysed.

Results
The review of nursing competencies is part of the crucial transformation of health system in Italy, but it is strongly influenced by a medical centred approach. Participants stated as major barrier to a further development of task shifting weak governance by nursing departments, lack of a clear plan of activities a general inappropriatness of the proposal for Italy, particularly for changes in expanded scope of practice advanced practice nurse, common in most of OECD countries.

Conclusions
There is an overall lack of clarity and well developed policy approach by Italian policy makers about nursing advanced competencies. Advance practice nursing reforms are timely in the Italian context. Regulatory frameworks are crucial for safety of citizen and legal protection of nurses.

Keyword 1
task shifting

Keyword 2
advanced nursing

Keyword 3
specialistic nursing

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Financing entities
no

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Title
The Effect of Nursing Work Environment on Nurses' Attitudes towards Productivity

Authors
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Introduction
Productivity which is one of the issues that health institutions emphasize, has become a concept that is investigated with different dimensions. Nurses are the largest source of human resources in the health care system and nurses' attitudes towards productivity and their working environments affect the quality of nursing care and patient outcomes.

Objectives
The aim of this study is to determine the effects of nursing work environment and sociodemographic characteristics of nurses on their attitudes towards productivity.

Methodology
This descriptive study was conducted with 435 nurses who worked in six hospitals in a province in the central Black Sea region in Turkey at least six months. A questionnaire consisting of three parts; "Sociodemographic Questionnaire", " Practice Environment Scale-Nursing Work Index and "Attitude Scale on Productivity" are used as data collection tools. Data were analyzed in the SPSS 24.0 statistical package program.

Results
The nurses' attitudes towards productivity were slightly below average (43.87 ± 10.91), their nursing work environment levels were below average (2.31 ± 0.45). There was a strong, high, significant correlation between the nursing work environment and nurses' attitudes towards productivity (p <.001, r: .64). Regression analysis demonstrated nurses productivity attitudes were affected by the eight variables; staffing and resource adequacy, nurse manager ability, leadership and support of nurses, perceived workload, nurse participation in hospital affairs, working overtime, nursing foundations for quality of care, type of work schedules and adequate salary(R2: .45 F: 45.05 p: .000 Durbin Watson: 1.80).

Conclusions
In conclusion, the characteristics of the nursing work environment had positive effects on the nurses' attitudes towards productivity. It is recommended that managers should develops remedial / developmental strategies to ensure a positive nursing working environment for increase the productivity of nurses.

Keyword 1
Nursing Working Environment

Keyword 2
Productivity

Keyword 3
Attitude

Keyword 4
Nurse

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Financing entities
no

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Title
The Emergency Department needs Emergency Care

Authors
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Introduction
Emergency department (ED) crowding is associated with lesser patient flow and adverse patient outcomes (Carter, Pouch & Larson, 2014; van der Linden, Meester & van der Linden, 2016; van der Linden et al., 2015). Improving patient flow requires involvement of professionals outside the ED and support from hospital management (Rutherford, Provost, Kotagal, Luther & Anderson, 2017). Therefore, a multimodal intervention was introduced in the study setting. The impact of this intervention on ED patient processes and patient flow is described.

Objectives
After this session, participants will be able to: 1. Understand the association between ED crowding and patient outcomes. 2. Acknowledge the importance of hospital involvement in decreasing crowding 3. Discuss the evaluation process of quality improvement projects

Methodology
The intervention included (1) adding a nurse practitioner and (2) five medical specialists to the emergency physicians, (3) a radiology Lean program, and (4) extending admission officers' openings hours. Impact on crowding, radiology turnaround times, patients' length of stay (LOS), leaving without being seen (LWBS), and unscheduled representations was assessed using an IRB-approved study with a pre-post design (9 months each in 2017 and 2018). Data, extracted from the hospital system, were analyzed using Mann-Whitney U tests and Chi2-tests.

Results
There were 31,891 ED visits in the pre-intervention period and 32,121 in the intervention period. Crowding decreased significantly: 7.7% crowding and 25.5% extreme busyness during the pre-intervention period (IP) vs. 1.3% crowding and 15.5% extreme busyness during the IP. Radiology turnaround times decreased from 91 min to 50 min, $p<0.001$.

Conclusions
In this hospital, a multimodal intervention successfully reduced crowding, radiology turnaround times, patients' LOS, number of patients LWBS and the number of unscheduled return visits, suggesting improved ED processes. Further research is required on total costs of care and long-term effects.

Keyword 1
Crowding

Keyword 2
Emergency Service, Hospital

Keyword 3
Workflow

Keyword 4
Quality of Health Care

Keyword 5
Hospital Bed Capacity

Keyword 6
Nurse Practitioner

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Financing entities
No funding.

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Title
The establishment of a European Research Centre of Excellence: Nursing and Midwifery Continuing Professional Development.

Authors
Thomas Kearns*

Introduction
The European research centre will drive the evidence base for CPD that supports the on-going professional development of nurses linked to key policy drivers. The aim of this centre is to support collaborative research development in the field of CPD with European partners. The intent of the Centre is to create a body of knowledge that strengthens professional competence to assure patient safety, enhanced quality person centered care and facilitate harm reduction.

Objectives
As a Research A centre designed to be a leading research centre exploring maintaining professional competence, continuing professional development and its impact on patient safety, patient care outcomes and the reduction of risk and harm within Europe.

Methodology
Building on doctoral research, national regulatory legislation and EU Directive imperatives I called for expressions of interest across the individual member states and across Pan national organizations involved in the education, regulation, advocacy for and research into nursing. This call was framed around a regulatory and policy driven set of publications and requirements linked to patient mobility, patient safety and lifelong learning that emanate from the European commission.

Results
A pan European Research Centre of Excellence has been established with a clear governance structure, shaped by a clear vision, mission and set of aims and objectives. Over 20 countries are involved as is the European Federation of Nurses, the European Council of Nurses, the ICN, HORATIO and HOSPEEM (Hospital Management representation). From across the countries we have representation from university academics, researchers, regulators, professional associations and unions.

Conclusions
A clear mission, vision and governance has been established The Centre will be formally launched in February 2020 Research into technology and CPD and Student transitioning has commenced

Keyword 1
European Research Centre

Keyword 2
Excellence

Keyword 3
CPD life Long learning

Keyword 4
Professional Competence

References 1
1. Council recommendation of 9 June 2009 on patient safety

References 2
2 Directive on patients' rights in cross border healthcare (2011/24/EU)

References 3
3 Action Plan for the EU Health Workforce (SWD (2012) 93 final)

References 4
4 The work of the EU working group on European Workforce for Health

5 “Ticking the Boxes or Improving Health Care: Optimising CPD of Health professionals in Europe”-11 February 2016, Brussels, Workshop Report.

7. HOSPEEM-EPSU Joint Declaration on Continuing Professional Development (CPD) and Life-Long Learning (LLL) for All Health Workers in the EU (November 8th 2016)

Financing entities
College Funding Business support EU Funding National Research Funding

* RCSI, Faculty of Nursing and Midwifery , Executive Director

Title

The Impact of an Educational Intervention on Patient Satisfaction on a Mixed Acuity Surgical Unit

Authors

Seon Lewis-Holman*, Deirdre OFlaherty**

Introduction

Caring is an important theory in nursing that directs practice and stems from the Philosophy of Humanism and Existentialism. Specific behaviors that demonstrate care can be taught in structured educational formats. Studies have shown that patients' satisfaction can be influenced through caring behavior. A structured 4-hour, didactic and experiential program was developed and implemented for nurses and nursing care personnel to influence knowledge about caring behaviors.

Objectives

Individually acquired caring behaviors through a structured educational program will influence a caring culture on a mixed acuity surgical unit, with a positive impact on patient satisfaction.

Methodology

Treating patients with courtesy and respect involves interpersonal nurse-patient interactions, such as listening to the patient, being present, and respecting differences. Didactic was inclusive of humanism, Jean Watson Model on Human Caring, therapeutic caring behaviors, the concepts of suffering, and human dignity. Experiential learning was facilitated through case studies, group discussions and group exercises. Pre and post knowledge assessments were provided to assess increase knowledge of caring behaviors after the educational program.

Results

The impact of the educational program resulted in There an overall increase in the scores related to courtesy and respect on the mixed-acuity surgical unit.

Pre-Intervention Timeframe: December 2018

Pre-Intervention Baseline Data: December 2018 Top Box Percentage of 78.90% for the patient satisfaction question: "Nurses treat you with Courtesy and Respect."

Intervention Timeframe: January 2019 – February 2019

Post-Intervention Timeframe: March 2019- May 2019. Post professional development activity intervention Top Box Percentage for the question "Nurses treat you with courtesy and respect" increased to; 87.00%, March 2019, 93.90%; April 2019; 90.60%, May, 2019.

Conclusions

The educational program had a positive effect on behavior change, resulting in an overall increase on the patient satisfaction question: "Nurses treat you with Courtesy and Respect". Individually acquired caring behaviors through a structured educational program have influenced caring culture on a mixed acuity surgical unit, positively impacting patient satisfaction.

Keyword 1

Patient Satisfaction

Keyword 2

Educational intervention

Keyword 3

Caring Behaviors

Keyword 4
Interpersonal nurse-patient interactions

Keyword 5
Courtesy Respect

Keyword 6
Jean Watson Caring Model

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Financing entities
None

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Title
The influence of bedside handovers on handover efficiency: a systematic review

Authors
Simon Malfait*, Ann Van Hecke**, Janne Pacolet***, Kristof Eeckloo****

Introduction
A bedside handover is the performance of the nurse-to-nurse shift handover at the patient's bedside. It remains unclear how bedside handovers affect handover duration and efficiency. Increased handover duration could lead to increased costs, job dissatisfaction, and failed implementation.

Objectives
To determine if bedside handovers affect handover efficiency and time.

Methodology
By use of a systematic review, results from 27 qualitative and quantitative studies were included. Efficiency was defined as either 'doing the same amount/quality of work in lesser time' or 'doing more (qualitative) work in an equal amount of time'.

Results
According to the perceptions of nurses, bedside handovers take longer. Objective data show mixed results. The content and function of the handover, contextual factors, and the degree of patient participation influence time-use during bedside handovers. There is relative consensus amongst studies that the content and function of bedside handover excels the content of traditional methods.

Conclusions
Implementing bedside handovers will not always decrease handover duration. Handover efficiency is increased due to informative content, patient participation and direct patient care. Bedside handovers are a mean to increase handover efficiency, but not to reduce duration. The method is not yet to be regarded as the new standard.

Keyword 1
systematic review

Keyword 2
bedside handover

Keyword 3
efficiency

Keyword 4
duration

References 1
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Financing entities
No funding was reveived for this research

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Title
The meaning of the experience of nurses that don't respect protocols

Authors
Monica bianchi*, Luca Ghirotto**, Igor Francetic***, Angela Lisi****, Cinzia Campello*****, maria mancuso******

Introduction
To improve patient safety, many health care organizations have implemented standards/protocols for different care processes (Mula et al., 2019). Sometimes these are viewed by nurses as barriers and they use workarounds to overcome the problem. The workaround is an intentional change to existing work system/procedure to lessen the impact of obstacles and established practices, or structural constraints (Alter S., 2014). The moral judgment attributed to this by each individual operator involved, is important.

Objectives
To investigate the experiences lived by nurses linked to not respecting the procedures, the protocols and the rules, defined by the organization, during their daily activity. To answer the research question: What is the experience lived by nurses when they do not follow the protocols?

Methodology
We chose the phenomenology research method. For data collection, we used in-depth and semi-structured interviews. Initially we estimated 10-12 participants but to reach saturation, we did 16 interviews. The interviews were recorded and transcripted verbatim. The collected data was analyzed by the Colaizzi's Method (1978). After highlighting the units of meaning and defining labels to identify them, it was possible to group these labels into sub-themes and then identify the recurring themes and insert them in the Thematic Framework.

Results
Phenomenology allowed us to describe the phenomenon and to discover aspects rooted in the experiences lived by the participants. It was possible to deepen and understand the meaning of the experience they lived from their own perspectives. What emerged from the data analysis was how the violation (of the rules / protocols) is an experience that can be described through 4 thematic categories: Living the profession in saved time; Sense of personal responsibility; Emotional aspects; Perceiving contingencies as a guide to action. We also observed the participants' difficulty in talking about themselves and what happens in their professional activity.

Conclusions
Two interesting aspects: to live the protocol as something that comes from above and is imposed, to underline the importance to introduce a participatory model to define and implement procedures. The identification of acts that the professionals decide to be able to derogate opens the chapter related to "Missed Care".

Keyword 1
Protocol respect

Keyword 2
Workaround

Keyword 3
Phenomenology

Keyword 4
Experience

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Financing entities
No financing entities; no conflict of interest.

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Title
The meaning of using bedside handovers: A qualitative study on nurses' shifting role expectations

Authors
Simon Malfait*, Kristof Eeckloo**, Ann Van Hecke***

Introduction
Bedside handovers could enhance the process of the transfer of patient information between shifts. However, the method is not commonly used in nursing practice indicating that using bedside handovers could have a deeper meaning for nurses that hinders implementation.

Objectives
The study the meaning of using bedside handovers for nurses in daily practice.

Methodology
Fifteen individual and seven focus group interviews were conducted on 12 nursing wards, using a semi-structured interview guide. The interviews were analysed using a thematic analysis, based on the QUAGOL method.

Results
In order to make the use of bedside handovers possible, nurses experienced that changes were needed in their interpersonal relations with patient (more equity), with colleagues (more individual accountability) and with supervisors (more individual responsibility). These role changes demand adaptations of their current job content on how they make decisions, work together and include the patient.

Conclusions
Successful implementation of bedside handovers depends on the willingness and competences of nurses to adapt to changes in their in job content. This willingness and these competences are closely intertwined with how nurses perceive professionalism and how they define the nurse's role in the care process.

Keyword 1
Bedside handover

Keyword 2
patient safety

Keyword 3
patient participation

References 1
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Financing entities
Funding for this research is granted by the Ghent University Hospital

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Title

The nurse managers' perspective: Factors influencing nursing teams' efficacy manage aggressive situations in general hospitals. A qualitative study.

Authors

Birgit Heckemann*, Sandra Siegrist-Dreier**, Friederike J.S. Thilo***, Sabine Hahn****

Introduction

Patient and visitor aggression occurs frequently in all areas of healthcare. It reduces staff and patient safety and quality of care, leads to human suffering and causes financial damage in healthcare organizations. Nurse managers are key persons for developing their teams' efficacy in dealing with patient and visitor aggression. However, their perception of patient and visitor aggression in clinical practice is to little explored, and issues relating to team management are under investigated.

Objectives

This study was conducted within larger international research project (The PERoPA-Study). PERoPA examines patient and visitor aggression from the nurse managers' perspective the perception and issues regarding the ability of nursing teams to manage patient and visitor aggression in clinical practice, from ward managers' perspectives was investigated.

Methodology

This study is a secondary, qualitative thematic analysis of focus group interviews with 30 ward and deputy ward managers from five Swiss general hospitals. The focus groups were conducted between December 2015 and January 2016. Since the data of the primary study were rich in content that exceeded the initial research question, the secondary analysis explored: (1) Which factors influence team efficacy in regard to patient and visitor aggression? (2) What are the implications for nurse leadership?

Results

Three themes emerged from the analysis. First: contextual factors. Team ability to manage aggression is closely linked to the organizational safety culture, to the collaboration with physicians and with other departments and external agencies, such as the police. Second: influences from within the team. These comprised the team culture, its approach to managing aggression, and nursing aggression of individuals (passive aggressive behaviours) or entire teams (restraint). Third: implications for leadership. Supporting teams was the most important aspect of leadership. Addressing the contextual factors was the most challenging aspect of aggression management, because nurse managers lacked organizational support and training.

Conclusions

Fostering a team's ability to prevent, de-escalate and debrief after patient and visitor aggression is an important leadership task in which ward managers lack both support and training. Nurse managers in general hospitals require more support to enable their teams to cope effectively with patient and visitor aggression.

Keyword 1

Aggression & violence

Keyword 2

Nurse leadership & management

Keyword 3

Qualitative research

Keyword 4

Focus groups

Keyword 5
Team efficacy

Keyword 6
General hospital

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Financing entities
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Title
Work Experiences of Nurses with Self-Identified Disabilities

Authors
Charles Anyinam*

Introduction
The number of disabled people participating in Canada's labour market has increased in recent decades (Collins, Lafontaine-Emond, & Pang, 2013). Research reporting on the workplace experiences and perceptions of disabled people has provided valuable insights to inform decision-making in the labour and social sectors (McColl, & Jongbloed, 2006). However, relatively little is known about disabled nurses' work experiences. The majority of research evidence available focuses on the experiences of disabled nursing students and does little to engage with disability discourses.

Objectives
To address this knowledge gap, research was undertaken to examine the perceptions and experiences of practicing disabled Registered Nurses (RNs). The aim of the study was to produce rich, thick descriptions of these experiences from the perspective of disabled RNs.

Methodology
A qualitative descriptive methodology was used to explore disabled RNs' perspectives and experiences. In-depth, semi-structured interviews were conducted with 12 female RNs residing and working in the province of Ontario, Canada. Data was analyzed using conventional content analysis and presented as textual summaries organized under categories.

Results
Of the study participants, half identified having physical disabilities and the other half with psychological/emotional disabilities. Also, half of the participants practiced in direct patient care settings and the other half in post-secondary nursing education. The study found that participants' experiences of practicing with a disability were a mix of positive and negative aspects strongly influenced by factors relating to workplace milieu such as, interactions with others in the work environment. Participants identified a greater number of facilitators to practicing with a disability than barriers. The barriers identified corresponded with actual or desired facilitators.

Conclusions
The findings of this study confirmed the findings of previous studies and support a more universal understanding of disabled nurses' work experiences. Organizations that employ disabled nurses need to be more responsive to their situations and address barriers impeding their successful practice.

Keyword 1
nursing workforce issues

Keyword 2
nurses with disabilities

Keyword 3
practice experiences

Keyword 4
qualitative description

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Financing entities

No funding was received

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Nursing and health education

Title
A Critical Realist Evaluation of End of Life Care in Care Homes

Authors
Adam Spacey*

Introduction
Numbers of advance care plans and unnecessary admissions to hospital at the end-of-life are outcomes commonly used to determine the quality of end-of-life care in UK care homes (Mason et al, 2016; Thwaites et al, 2017; Spacey et al., 2018). However, there is currently a sparsity of research exploring the underlying processes behind these outcomes. This gap in knowledge has limited the effectiveness of interventions designed to improve end-of-life care in care homes (Spacey et al., 2019).

Objectives
The study aim was therefore to inform the design and development of interventions capable of supporting the delivery of high-quality end-of-life care in UK care homes.

Methodology
A two-phased study design using critical realist evaluation was used to address this gap in knowledge and achieve the study aim. Qualitative data was collected (using focus groups and semi-structured interviews) from three care homes in the South West of England from participants which consisted of registered nurses and non-registered care home staff and bereaved relatives.

Results
A current educational focus on gathering information, combined with some care home staff's emotional reluctance to discuss death and dying, and a taboo culture within commercial sector associated with death and dying impacted on the quality of advance care planning discussions. In relation to unnecessary admissions to hospital at the end of life, findings suggest that medically focused education mechanisms, a sparsity of support during out of hour shifts, and emotional pressure from relatives led to some care home staff overlooking residents documented wishes and preferences and contributing towards unnecessary admissions at the end of life.

Conclusions
Findings were used to develop interventions theories which act as recommendations for practice accounting for the diverse social, economic and organisational contexts of care homes in their design. These intervention theories provide the foundational components and rationale for the development of an evidence-based multicomponent end of life care education intervention.

Keyword 1
Terminal care

Keyword 2
Palliative care

Keyword 3
Nursing homes

Keyword 4
Residential facilities

Keyword 5
Critical realism

Keyword 6
Intervention

References 1
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Financing entities
n/a

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Title
A New Integrated Curriculum Model for Nursing & Healthcare Education Programs

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Deborah M. Leveille*

Introduction
Traditional linear curriculum structures continue to be widely utilized despite demonstrated ineffectiveness - inherently contain large gaps where knowledge and skills are learned and not revisited for prolonged periods of time (Benner, et. al, 2010). Knowledge, skills and attitudes (KSAs) must be deliberately practiced throughout a program to develop KSAs and to prevent decay (Ericcson, 2008). Integrated curriculum structure embeds deliberate practice allowing students to revisit key concepts and skills throughout the program enhancing KSA development prior to program completion.

Objectives
Compare and contrast traditional linear curriculum structure and integrated curriculum structure. Discuss the implementation of an integrated curriculum model for nursing and healthcare education programs to improve outcomes.

Methodology
An integrated curriculum model utilizing deliberate practice with a variety of active teaching strategies was implemented in two pre-licensure programs in the U.S.A. (a large proprietary university in the northeast region and a small proprietary college in the southeast). Both programs had minimal admission standards, primarily served underserved populations and were facing program closure due to low NCLEX pass rates.

Results
Implementation of an integrated curriculum substantially increased student and program outcomes in both programs. NCLEX pass rates increased from 68% in 2016 up to 99% in 2017 in the large northeast university; and from 35% in 2017 to 76.2% in 2018 in the small southeast college. These programs continue to strive with pass rates exceeding NCLEX national benchmark (98% and 87.5% respectively) with the majority of graduates demonstrating competency in less time with fewer items.

Conclusions
Many programs continue to utilize traditional linear curriculum structure despite ineffectiveness. An integrated curriculum model that utilizes deliberate practice and active teaching strategies may improve outcomes and better prepare graduates for the NCLEX and transition into practice.

Keyword 1
Integrated Curriculum

Keyword 2
Nursing Education

Keyword 3
Deliberate Practice

Keyword 4
Program Outcomes

References 1
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Financing entities

NA

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Title
A Peer Mentor Program for Student Success

Authors
Daria Napierkowski*, Debra Ann Migliore**

Introduction
Nursing education program have an obligation to support student success. Student nurses have many academic demands and financial difficulties. A peer mentor program was developed to support mentors financially for their time spent mentoring junior nursing students. Motivation to support the role of mentor was provided financially so they could relinquish other working responsibilities that did not contribute to their nursing career and concentrate on the opportunity to be a peer mentor making a difference in another student's career.

Objectives
1. Appraise a supervised peer-mentoring program among nursing students to determine academic success, comfort, and socialization of mentees into the discipline of nursing. 2. Evaluate if financial reimbursement is an incentive for mentors to participate in a peer mentor

Methodology
The study measured academic success, comfort and socialization of the student mentee into the discipline of nursing using a pre and post survey with a Likert scale ranging from 1-5 (agree-disagree). Student demographic data and ethnicity was also collected. A grant was obtained, and funds were used for compensation for the mentors and materials (books) for the mentees. Demographic data and evaluations of the program by mentees and mentors was collected at the end of the program.

Results
This study was an interventional study using a pre-/post survey completed by the mentees. Preliminary results of this study revealed a p of < .05 (alpha .05) in the peer mentee surveys. Results revealed that the mentees were more comfortable and felt socialized into the profession of nursing. The project used Kolcaba's holistic comfort theory, which postulates that when needs are met, a state of calm prevails. Meeting the needs of the student, the student can overcome the difficulties of a challenging nursing program. Evaluations from mentors revealed the incentive of financial reimbursement was helpful with other personal expenses.

Conclusions
Nursing programs should have mentorship programs that will enable beginner nursing students to emulate and learn from the experiences of students at a higher level who have already achieved academic proficiency. Mentors gained valuable leadership skills and mentees were at ease with the program promoting academic success.

Keyword 1
Peer Mentoring

Keyword 2
Student success

Keyword 3
leadership

Keyword 4
socialization

Keyword 5
comfort

References 1
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Financing entities
This research was supported by the William Paterson University Alumni Association.

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Título
A visita domiciliar na Estratégia de Saúde da Família: oportunidades para o profissional Enfermeiro

Autores
Maria Eduarda Lopes Riccordi*, Dirce Stein Backes**, Carla Lizandra de Lima Ferreira***, Adriana Dall Asta Pereira****, Camila Pinto Malgarim Coelho*****

Introdução
Na atenção domiciliar, a promoção da saúde configura-se como estratégia propícia ao enfrentamento de múltiplas dificuldades de saúde. Envolver os trabalhadores, gestores e usuários na busca por melhores condições de saúde, bem como conhecer os determinantes do contexto sobre o qual se pretende intervir Ã© de fundamental importância (Paiva, 2016).

Objetivos
Objetivou-se, para tanto, conhecer a influência da visita domiciliar no processo de formação profissional de estudantes de Enfermagem Ã luz das diretrizes curriculares nacionais.

Metodologia
Estudo qualitativo, fundamentado nos princípios da hermenêutica-dialética (Minayo, 2013). Realizado com estudantes de enfermagem da Universidade Franciscana, em 2018. A seleção das famílias, ocorreu por indicação do Agente Comunitário de Saúde que, acompanha os estudantes na primeira visita com a finalidade de apresentá-los. A coleta de dados se deu por meio de entrevistas. Foram respeitados os aspetos éticos de acordo com a Resolução nº196/96 (Brasil, 1996) e aprovado pelo Comité de ética em Pesquisa, sob o número 333/2018.

Resultados
No relato dos estudantes ficaram evidentes significados que traduzem sentimentos e confrontos pessoais, processos autocríticos e auto reflexivos, bem como diferentes e novas perceções da realidade como um todo. A partir desses arranjos dialógicos, se optou por decodificar o significado das falas em três categorias de análise: Sentindo-se de “mãos amarradas”, Repensando valores, atitudes e práticas e Experienciando trocas significativas, as quais serão apresentadas e discutidas na perspetiva das diretrizes curriculares nacionais do curso de Enfermagem.

Conclusões
A experiência demostrou que a visita domiciliar pode ser considerada uma importante tecnologia de formação de profissionais humanistas, críticos e reflexivos. Sendo esta uma tecnologia de ensino-aprendizagem empreendedora possibilitando contribuir para o desenvolvimento de competências e habilidades relacionais, sociais e políticas para o fortalecimento e consolidação do sistema de saúde.

Palavra-chave 1
Visita domiciliária;

Palavra-chave 2
Comunidade

Palavra-chave 3
Diretrizes Curriculares;

Palavra-chave 4
Educação em Enfermagem

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Referências bibliográficas 3

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Entidade(s) Financiadora(s)

Universidade Franciscana

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Título
Advanced nursing education at PhD level in Portugal: analysis of thesis presented in ICBAS, University of Porto

Autores
Maria do Céu Aguiar Barbieri de Figueiredo*, Corália Maria Fortuna de Brito Vicente**, Maria Manuela Ferreira Pereira Martins***, Abílio Teixeiraa, Rute Salomé Silva Pereira, Murielk Lino

Introdução
In Portugal, the Institute of Biomedical Sciences of Abel Salazar (ICBAS) of the University of Porto was a pioneer in providing advanced education for nurses, first with the creation of the Master of Nursing Sciences in 1993, and then with the establishment of the PhD in Nursing Sciences in 2001. The doctoral programme in Nursing Sciences aims to prepare nurses who will be leaders in their field, whether in teaching, research, management or clinical practice.

Objetivos
The aim of this study is to do an overview of the theses presented in the PhD in Nursing Sciences programme, through a bibliometric analysis of its abstracts.

Metodologia
The total of the abstracts of the theses presented from 2002 to 2019 (n=109) in ICBAS, were analysed and data extracted to a file, developed with a qualtrics.xm platform for a larger study of PhD Nursing theses presented in Portugal.

Resultados
According to the methodology, quantitative studies predominate (47 theses), of which 12 were experimental or quasi-experimental studies, 41 theses used mixed studies and 21 theses used qualitative studies In relation to the themes under study, and using the Lima Basto classification (Lima Basto, 2009), the research was predominantly organised around the following themes: - Lived experience by people in the field of health - 40 studies; - Clinical intervention in nursing - 35 studies; - Care management - 15 studies; - Exploration of structuring concepts of the discipline of nursing - 11 studies; - Nursing education - 9 studies.

Conclusões
The research studies depicted in the theses presented in the Nursing sciences doctoral programme of University of Porto reflect the essence of nursing in its complexity, accompanying the changes in health care needs and in the responses nurses are skilled to offer.

Palavra-chave 1
Nursing education

Palavra-chave 2
Doctoral programme

Palavra-chave 3
Nursing Science

Palavra-chave 4
Portugal

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Entidade(s) Financiadora(s)
Sem entidades financiadoras

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Título
Aplicação do formulário de observação e avaliação da mamada para o sucesso da amamentação

Autores
Ana Rita Reis Pádua*, Elsa Maria Oliveira Pinheiro de Melo**, José Joaquim Marques Alvarelhão

Introdução
Na atualidade, com os avanços consideráveis no conhecimento científico dos benefícios da amamentação a curto, médio e longo prazo para a bebé/mãe, família, meio ambiente e sociedade em geral, é fundamental promover, proteger e apoiar a exclusividade e duração do aleitamento materno. Cabe aos profissionais de saúde, nomeadamente ao Enfermeiro de Saúde Familiar (ESF), durante o pós-parto, apoiar, ensinar, treinar e capacitar a mãe lactante/família na aquisição das competências necessárias para ultrapassarem as dificuldades inerentes à amamentação e seu sucesso.

Objetivos
Descrever os comportamentos observáveis da mãe e bebé e os aspetos relativos à eficácia na amamentação, ao longo das Visitas Domiciliárias (VD) regulares;

Identificar os motivos de abandono da amamentação;

Identificar o aleitamento materno exclusivo ao 120º dia de vida do bebé;

Descrever a perceção da VD pelas mães lactantes.

Metodologia
Estudo descritivo, com uma abordagem quantitativa, prospetiva e longitudinal, com uma amostra inicial constituída por 16binômios de mães lactantes/bebé da USF Santa Joana do ACeS-Baixo Vouga. O acompanhamento realizou-se de janeiro a setembro de 2018, em 4VDs regulares, entre o 5.º-120.º dia de vida do bebé. A colheita de dados efetuou-se com aplicação do formulário de observação e avaliação da mamada (FOAM) da OMS & UNICEF. A análise de dados foi realizada com recurso ao IBM SPSS Statistics versão 24.0.

Resultados
Ao 120.º dia de vida do bebé, 11binômios de mães lactantes/bebé foram acompanhados (3mães deixaram de amamentar, 1mãe desistiu, 1mãe não marcou VD). Através da aplicação do FOAM na VD1 verificou-se: 81,2% (n=13/16) das mães lactantes pareceriam tensas e desconfortáveis, 68,7% (n=11/16) pareciam ter as mamas avermelhadas, inchadas e/ou doloridas, 100,0% (n=16/16) com mamas ou mamilos dolorosos, 81,2% (n=13/16) dos bebés estavam inquietos ou chorando, 87,5% (n=14/16) com a boca não estando bem aberta. Após intervenção da ESF, houve uma melhoria significativa dos problemas identificados em 100,0% (n=11/11) até à VD4. O aleitamento materno exclusivo foi de 90,9% (n= 10/11).

Conclusões
Constatou-se uma melhoria significativa dos comportamentos favoráveis à amamentação nas mães/bebés, durante o acompanhamento pela ESF em VD regulares, aumentando a sua competência na amamentação, contribuindo para a exclusividade do aleitamento materno. O instrumento de medida FOAM auxiliou a ESF a identificar atempadamente os comportamentos observáveis que necessitavam de intervenção.

Palavra-chave 1
Aleitamento Materno

Palavra-chave 2
Enfermeiras Saúde da Família

Palavra-chave 3
Formulário

Palavra-chave 4
Visita Domiciliar

Referências bibliográficas 1

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Entidade(s) Financiadora(s)
Não se aplica.

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Titulo
Atividade física em toddlers

Autores
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Introdução
A preocupação com a prática de atividade física não é atual. Alguns estudos evidenciam que quando praticada de forma moderada e regular, é benéfica para a promoção da saúde (Lima, Levy & Luiz, 2014), e outros salientam que, já na faixa etária dos 0-4 anos, a atividade física é benéfica para a saúde e para o desenvolvimento das crianças, associando-se a resultados compatíveis com a melhoria da saúde e do desenvolvimento infantil (Timmons et al., 2012).

Objetivos
Analisar os hábitos de prática de atividade física dos toddlers.

Metodologia

Estudo descritivo e inferencial de abordagem quantitativa. Dados colhidos por questionário entre março de 2018 e março de 2019 e tratados com recurso ao IBM- SPSS 25. Responderam ao questionário 808 pais de toddlers que frequentavam creches no distrito de Viseu.

A maioria dos toddlers (50,4%; n=407) era do sexo masculino, 46,5% das crianças tinham entre 12-23 meses de idade, 44,1% entre 24-35 meses e 9,4% 36 meses.

Resultados

Verificou-se que 14,2% dos toddlers praticavam atividade física, programada, semanalmente. Destes, 83,5% faziam-na uma vez por semana, em média durante 45 minutos. Os resultados da atividade física, em função da idade, indicam que as crianças com 36 meses são quem mais pratica atividade física (M=2.58±1.25), seguidas pelas dos 25-35 meses (M=2.43±1.35) e pelas de menos de 24 meses (M=2.06±1.21). Concluiu-se que existem diferenças estatisticamente significativas do tempo de prática de atividade física, em função da idade (p=0.000), que se situam entre as crianças com <24 meses e as crianças com 25-35 meses e com 36 meses.

Conclusões
Face aos resultados, concluímos que as crianças apresentavam níveis de atividade física abaixo do recomendado para a idade. Considerando a importância da atividade física para a saúde e desenvolvimento infantil e para a manutenção da saúde na idade adulta, os enfermeiros deverão reforçar, aos pais, o ensino sobre esta temática.

Palavra-chave 1
Atividade física

Palavra-chave 2
Toddlers.

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Entidade(s) Financiadora(s)
Não tem

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Title
Classroom Activities that Promote Transformational Leadership in Nursing Students

Authors
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Introduction
Transformational leadership skills are essential for safe healthcare practice. Assessment of healthcare students' degree of transformational leadership skills before graduation is important when developing future healthcare leaders. Therefore, optimization of focused educational activities helps students recognize their dispositions toward practical leadership attributes and behaviours before they graduate from a nursing or healthcare program. Researchers studied the degree of difference between students' perceived individual transformational leadership behaviours or traits before and after participating in a focused in-class group activity.

Objectives
The Conceptual Model for Developing and Sustaining Leadership from the Registered Nursing Association of Ontario, was used to guide this multi-site quasi-experimental study to determine if there was a significant difference in participants' transformational leadership behaviours or traits after participating in a group case study specific to transformational leadership.

Methodology
A convenience sample of 78 nursing students from a nursing program in Canada and the Netherlands that were randomly assigned to a control and an experimental group. The control group completed a traditional group case study scenario on nursing leadership and management, whereas the experimental group completed a transformational nursing leadership and management case study group scenario. Participants completed a pre and post-test instrument, the Multifactor Leadership Questionnaire by Bass and Avolio, which was administered over two weeks.

Results
Statistical analysis from independent samples t-test and analysis of covariance controlling for previous leadership experience, suggested that students in the experimental group obtained increased mean scores in all of the transformational leadership domains of the Multifactor Leadership Questionnaire when compared to the control group. Additionally, the mean scores from the experimental group indicated an increased development in the disposition of participants when recognizing less than ideal leadership behaviours that negatively impact on healthcare practice, when compared to the control group. Minor, yet insightful differences between students from each study site were useful to researchers for future curriculum development.

Conclusions
Healthcare students can develop a disposition for Transformational Leadership skills before graduation. The implementation of focused educational activities that challenge professional assumptions and critical thinking can contribute to the professional preparation and readiness of healthcare students and effect positive changes in the healthcare system through empowered transformational leadership skills.

Keyword 1
Leadership, Education, Transformational Leadership

Keyword 2
Student Preparation, Professional Growth

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Financing entities
Not applicable/no financing entities to declare

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Título
Construção e validação do objeto de aprendizagem: admissão de um cliente num hospital

Autores
Margarida Reis Santos Ferreira*, Ana Paula Prata Amaro de Sousa**, Maria Candida Morato Pires Koch***

Introdução
No novo paradigma educacional, em que o estudante tem um papel ativo e responsável no processo formativo, devem ser integradas as novas tecnologias, pois elas fazem parte do quotidiano dos estudantes.

Os objetos de aprendizagem reutilizáveis (RLO) são objetos multimídia interativos e desafiantes, de pequena dimensão, concebidos para serem utilizados em diferentes contextos de formação. São recursos que extrapolam a sala de aula, permitindo que a construção do conhecimento se desenvolva de forma interativa e lúdica, no espaço online.

Objetivos
O objetivo deste estudo, que se insere no projeto internacional Developing Multimedia Learning for Trans-cultural Collaboration and Competence in Nursing – TransCoCon, financiado pela Comissão Europeia pelo Programa ERASMUS+, foi construir e validar um RLO subordinado à temática da admissão de um cliente num hospital.

Metodologia
No desenvolvimento do RLO "Acolhimento do Cliente num Hospital", seguiram-se as etapas propostas por Oliveira e colaboradores (2001): escolha do conteúdo; análise; mapa concetual; arquitetura navegacional; storyboard; implementação; documentação de uso; utilização, avaliação e manutenção.

Após validação, por 18 peritos internacionais, do storyboard construído, procedeu-se à descrição dos conteúdos, definição das cenas e áudios a incluir no RLO e à elaboração do roteiro. Posteriormente, procedeu-se a nova validação do conteúdo e roteiro por peritos (enfermeiros, engenheiros e técnicos de imagem).

Resultados
O RLO desenvolvido, em versão portuguesa e inglesa, é composto por onze scripts: Introdução; Ir para um hospital; Conhecer a Maria e o Alex; Acolhimento do doente; Comunicar competentemente com doentes de diferentes culturas; Toque; Contacto visual; Avaliação; Reflexão sobre as suas próprias experiências; Comentários; Recursos.

A avaliação de conhecimentos é realizada através de uma atividade lúdica, solicitando-se que o utilizador construa uma tira de filme escolhendo três imagens do vídeo apresentado. No script recursos, disponibilizam-se artigos e textos sobre a temática abordada.

Todo o texto, incluído nas nove primeiras cenas do RLO, está disponível, também, em versão áudio.

Conclusões
O método adotado mostrou-se eficaz para elaborar um RLO atrativo, interativo e significativo para estudantes e professores de enfermagem e enfermeiros, permitindo que se apropriem da informação ao seu ritmo, reflitam e sejam ativos no processo de aprendizagem.

O RLO desenvolvido está disponível na plataforma da Universidade de Nottingham.

Palavra-chave 1
Educação em Enfermagem

Palavra-chave 2
Multimídia

Palavra-chave 3
Enfermagem Transcultural

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Entidade(s) Financiadora(s)
Programa ERASMUS+

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Título
Contributo da Visita Domiciliária Regular para a Perceção da Autoeficácia e Sucesso da Amamentação

Autores
Ana Rita Reis Pádua*, Elsa Maria Oliveira Pinheiro de Melo**, José Joaquim Marques Alvarelhão

Introdução
Para o sucesso da amamentação é necessário conjugar a decisão de amamentar, o estabelecimento da lactação, o suporte na amamentação, a educação em lactação e a autoeficácia materna. Na atualidade, com a diminuição do período de internamento da puérpera e recém-nascido, a amamentação não está devidamente estabelecida no momento da alta hospitalar, pelo que os cuidados pós-parto devem centrar-se na família, com a orientação do Enfermeiro de Saúde Familiar (ESF), através de consultas de enfermagem (CE) e/ou visita domiciliária (VD).

Objetivos
Identificar o contributo da VD regular para a percepção da autoeficácia e sucesso da amamentação; Avaliar a eficácia do programa de intervenção Breastfeed Care Plus (BCP) na melhoria da perceção da autoeficácia das mães lactantes; Comparar a proporção de amamentação exclusiva ao 120º dia de vida do bebé entre grupos;

Metodologia
Estudo quase experimental, desenvolvido em 2USF do ACeS-Baixo Vouga, entre o 5º-120º dia de vida do bebé: 16 mães lactantes formaram o Grupo Experimental (GE), a quem se implementou o programa de intervenção BCP em 4VDs regulares, e 16 mães o Grupo Controlo (GC), recebendo os cuidados de enfermagem convencionais em 3 CE. Efetuaram-se 3 momentos de avaliação entre grupos, avaliando-se a escala BSES-SF e o tipo de aleitamento materno. A análise de dados fez-se através de um modelo linear misto e da comparação das proporções.

Resultados
Ao 120.º dia de vida do bebé, 11mães lactantes completaram o programa de intervenção BCP, e 9 mães os cuidados de enfermagem convencionais. Ambas as intervenções revelaram-se eficazes na melhoria da 'perceção da autoeficácia na amamentação' – porém, o efeito 'tempo' ($F(1,24)= 47,1$, $p<0,001$) e a interação entre o 'tempo' e 'grupo' ($F(1,24)= 23,5$, $p<0,001$) mostraram ser estatisticamente significativos com melhor resultado no GE. Verificou-se um aumento do aleitamento materno exclusivo nos dois grupos, sendo a diferença mais acentuada no GE com 40,9% e 10,9% no GC (IC 95%: [0,11; 0,71] no GE e IC 95%: [-0,29; 0,49] no GC).

Conclusões
Constatou-se um contributo positivo da VD regular pelo ESF, através da implementação do programa de intervenção BCP nos primeiros 120 dias de vida do bebé. Foi mais eficaz na melhoria da "perceção da autoeficácia na amamentação" face aos cuidados de enfermagem convencionais, favorecendo a duração e exclusividade do aleitamento materno.

Palavra-chave 1
Aleitamento Materno;

Palavra-chave 2
Autoeficácia;

Palavra-chave 3
Família;

Palavra-chave 4
Enfermeiras Saúde da Família;

Palavra-chave 5
Visita Domiciliar.

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Entidade(s) Financiadora(s)
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Title
Crafting person-centred learning relationships for nursing students clinical supervisors

Authors
Maria Mackay*

Introduction
A gap exists in the current literature regarding the elements and foundations of the term healthful relationship. The research reported on in this presentation is the findings from a PhD research study which has utilized a person-centered participatory research methodology to explore healthful relationships in clinical practice. It is currently understood that the relationship between nursing students and their clinical supervisors impacts on their motivation and learning. However little is known about what this relationship look like or feels like.

Objectives
The Objectives were to:

- Contribute to the person-centred knowledge base about the development of person-centred nursing education curricula, specifically the development of healthful relationships between clinical supervisors and nursing students for clinical practice.
- Contribute to the transformational learning knowledge base, specifically within a clinical non classroom setting.

Methodology
The research study within this presentation utilized a person-centered participatory methodology. The methodology has combined the concepts of participatory, person-centered and action orientated approaches to define how the co-researchers will engage with participants, collect information, understand the information collectively, and analyze the research findings. These research methods included the participants utilising emojis to collect the emotions they experience as part of the supervisory relationship during a clinical placement. Information analysis was undertaken using creative methods.

Results
A key finding has been the influence of vulnerability and true belonging in creating healthful relationships. The students involved in this research have identified these elements as significant in them having a role in creating relationships with their clinical supervisors. Secondly, the influence of healthful relationships and its impact on transformational learning in the clinical non classroom setting will be presented. There is a body of evidence that supports transformational learning in the classroom and this research study has expanded on this to develop a theoretical framework for person-centred transformational learning in the clinical non classroom setting

Conclusions
Overall, this research study has informed the clinical curriculum within a Bachelor of Nursing Program at a university in Australia. The findings within this research have influenced the development of learning and teaching resources that aim to enable both students and clinical supervisors to experience person-centered transformational learning.

Keyword 1
Person-centered,

Keyword 2
transformational learning

Keyword 3
healthful relationships

Keyword 4
emoji research

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Financing entities
No finance was provided to complete this research

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Title
Culturally and linguistically diverse healthcare students experiences of the clinical learning environment and mentoring: A qualitative study

Authors
Heidi Suvi Maaria Korhonen*

Introduction
As internationalization and multilingualism continue to increase in Europe, it is imperative to take linguistic requirements into consideration and the challenges that healthcare students face in clinical environments (Garone & Van de Craen, 2017). Supportive clinical learning environments need to be developed to minimize negative experiences and prevent poor learning outcomes (Mattila, Pitkäjärvi, & Eriksson, 2010). One viable approach would be to identify characteristics of the clinical learning environment that are most conducive to successful learning (Warne et al., 2010).

Objectives
The study aimed to describe students experiences of clinical learning environment and mentoring. Research question was: What kind of experiences do culturally and linguistically diverse (CALD) healthcare students have of the clinical learning environment and mentoring?

Methodology
The study took place in clinical placements of primary and secondary healthcare facilities across Finland. Data were collected from 133 CALD healthcare students, including exchange students and students studying in English language taught degree programmes at eight Universities of Applied Sciences in Finland. The inclusion criteria for participating in the study were: healthcare students who have completed at least one clinical practice, and students who come from a background of cultural and linguistic diversity. Data were analyzed using inductive content analysis.

Results
Students experiences were divided into three main categories: Mentors competence in mentoring culturally and linguistically diverse students, culturally diverse pedagogical atmosphere and aspects of cultural and linguistic diversity that influence CALD students clinical learning. Building mentoring relationship was seen important in creating safe environment. Culturally diverse pedagogical atmosphere was crucial for clinical learning environment. Social isolation, discrimination and bullying were commonly experienced. Discrimination was evident when CALD students interacted with staff and patients. Consequences of language barriers caused mistreatment of students due to their poor language skills, increased levels of stress, learning being limited, and patient care being affected.

Conclusions
The findings show that social isolation, discrimination and bullying were frequently experienced amongst culturally and linguistically diverse students in the clinical learning environment. Mistreatment was also evident, and was often related to students poor language skills. This study also found that students are exposed to discrimination from patients.

Keyword 1
Clinical placement

Keyword 2
Cultural and linguistic diversity

Keyword 3
Healthcare student

Keyword 4
Mentor

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Financing entities
Acknowledging Oulu University Scholarship Foundation for providing financial support for the cost of data collection.

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Title
Designing Acute Healthcare Spaces for Dignity at End-of-Life: A Post Occupancy Evaluation

Authors
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Introduction
The Design & Dignity Programme was launched in Ireland in 2010 to create exemplar projects within acute hospitals with the aim of bringing design excellence at the end of life for the person who is dying, their family and for hospital staff. Support has been provided to 40 projects throughout Ireland e.g. hospitals have created relaxing, spacious family rooms, upgraded mortuaries into, respectful environments and redesigned viewing rooms in emergency departments.

Objectives
To explore the impact of the Design & Dignity Programme on patients, their families and acute hospital staff and to establish optimum design features to inform future practice.

Methodology
A post occupancy evaluation (POE) framework was utilised. A sample of 18 hospital spaces were included. Data was collected using light & sound metres, environmental audit tools, field notes, focus groups with staff (n=18), family interviews (n=4) and real-time comments cards (n=17).

Results
The facilities provided staff with a dignified and private environment in which they could engage in caring, compassionate interactions with family members. Families and patients had access to a secluded and serene environment, while crucially, remaining in close proximity to their loved ones. The provision of these facilities was seen to positively impact on the end-of-life culture in acute hospitals, families, staff and patients. A suite of recommendations were developed for the guidance of all future end-of-life care spaces in acute care.

Conclusions
Design & Dignity facilities should be included in the planning of all new builds, closely involving architects with an interest in this field. It is recommended that these types of facilities become the norm not a luxury. The establishment of multi- disciplinary end-of-life care committee is a key recommendation.

Keyword 1
Healthcare design

Keyword 2
End-of-life

Keyword 3
Acute Care

Keyword 4
Dignity

Keyword 5
Post occupancy evaluation

References 1
Cornally, N., Cagney, O., Burton, A., Coffey, A., Dalton, C., Hartigan, I., Harrison, J., Murphy, M. Nuzum, D., Pennisi, Y., Savage, E., Sweeney, C., Timmons, S., Leahy Warren, P., & FitzGerald, S. (2019). Evaluation of the Irish Hospice Foundation Design & Dignity Programme. University College Cork, Cork. https://hospicefoundation.ie/wp-content/uploads/2019/03/DD_Evaluation_Report_Final_2019.pdf

Financing entities
Irish Hospice Foundation and the All Ireland Institute of Hospice and Palliative Care

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Title
Developing guidance for healthcare professionals on incorporating advance care planning into the management of chronic obstructive pulmonary disease

Authors
Dr Nicola Cornally, Elaine Meehan*, Catherine Sweeney**, Tony Foley***, Art Burgess Kelleher****, The CONCORDAT Working Group

Introduction
Chronic obstructive pulmonary disease (COPD) is a progressive, incurable lung disease characterised by airflow limitation and persistent respiratory symptoms, including dyspnea, cough and sputum production. It is difficult to predict the timing of acute exacerbations, and there is growing evidence and increasing expert opinion that advance care planning (ACP) should play a prominent role in COPD management. However, there is evidence that people with COPD have many unmet needs with regard to ACP.

Objectives
The aim of this program of research was to develop guidance for healthcare professionals on incorporating ACP into routine COPD management.

Methodology
First, a scoping review of the literature was conducted to review and summarise the available literature on current practices around ACP in COPD management. This was followed by an E-Delphi Educational Needs Analysis (ENA) to identify gaps in healthcare professionals' knowledge related to ACP for patients with COPD, and a cross-sectional survey in order to examine current practices, attitudes and levels of confidence related to ACP in patients with COPD among healthcare professionals working in Ireland.

Results
Twenty-eight studies were included in the scoping review, which found that although there is agreement that ACP should be incorporated into COPD management, conversations tend to focus on day-to-day management. The E-Delphi ENA had 21 participants and consensus was achieved on 37/40 statements, and three areas for education were prioritised: discussions and documentation; COPD and palliative care; and legislation. The results of the cross-sectional survey supported the findings of the scoping review and E-Delphi ENA; there were generally positive attitudes towards ACP, but low levels of confidence to initiate discussions. Confidence around the legal aspects of ACP was particularly low.

Conclusions
Based on the findings of the scoping review, E-Delphi ENA, and cross-sectional survey, a guidance document was developed for health professionals which focuses on three key areas: 1) recognising and responding to transition points in COPD; 2) ACP discussions and documentation; and 3) relevant legislation.

Keyword 1
advance care planning

Keyword 2
chronic obstructive pulmonary disease

Keyword 3
healthcare planning

References 1
Detering, K., Sutton, E., McDonald, C. (2016). Recognising advanced disease, advance care planning and recognition of dying for people with COPD. In: C. Bausewein, D. Currow, M. Johnson (Eds.), Palliative care in respiratory disease. 1st edn. (p. 204-20). Switzerland: European Respiratory Society.

Financing entities
GlaxoSmithKline (GSK)

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Título
Diagnósticos e intervenções de enfermagem em saúde mental: aprimoramento da assistência, registro e desenvolvimento de um curso

Autores
Adriana Aparecida Paz*, Nathália Duarte Bard**, Daniela dos Reis Carazai***, Aléxia Garcês Maciel****, Graciele Fernanda da Costa Linch*****

Introdução
A avaliação clínica-cirúrgica associada ao exame do estado mental torna-se indispensável no alcance melhores práticas de cuidado, ao evidenciar as demandas de saúde mental. Tais demandas podem influenciar no restabelecimento da saúde de pacientes e/ou familiares hospitalizados. Os diagnósticos e intervenções de enfermagem são definidos pelo enfermeiro, os quais são baseados em evidências científicas e registrados em prontuário. O cuidado integral promove redução de complicações clínico-cirúrgicas e custos (Monteiro, Martins, Lobo, Freitas, Barros, Tavares & et al., 2015).

Objetivos
O objetivo deste trabalho foi aprimorar os diagnósticos e intervenções de enfermagem em saúde mental agregando o desenvolvimento de uma atividade educativa na modalidade de curso de extensão para enfermeiros de unidade clínico-cirúrgica adulta (UCCA).

Metodologia
Estudo metodológico realizado em uma instituição hospitalar no sul do Brasil. Na primeira etapa aplicou o método Joint Application Development (JAD) para avaliação e reorganização dos diagnósticos e intervenções de enfermagem em saúde mental. Na etapa seguinte utilizou o método Swonball, em que oito especialistas validaram o conteúdo de um storyboard para o desenvolvimento do curso para enfermeiros de UCCA. O índice de concordância de conteúdo (ICC) aceitável >0,77. Estudo foi aprovado sob os números 2.934.573 e nº 3.109.035.

Resultados
O primeiro produto utilizou o exame do estado mental, sendo reduzido e disponibilizado 12 itens que se relacionam a 40 sinais e/ou sintomas, 31 diagnósticos e 50 intervenções de enfermagem em saúde mental. O segundo produto foi um curso online, em que os conteúdos foram validados. A concordância plena foi obtida no conteúdo dos conceitos em saúde mental e sua aplicabilidade para pacientes clínico-cirúrgicos hospitalizados; ação e percurso de avaliação de conhecimentos em saúde mental e Panorama mundial da Sistematização da Assistência de Enfermagem em Saúde Mental atingiram o ICC=0,92; e Fluxograma da nova árvore de saúde mental o ICC=0,90.

Conclusões
Os produtos qualificam a assistência de enfermagem e os registros eletrónicos no prontuário do paciente. Destaca-se a potencialidade desses produtos para fomentar o raciocínio clínico-cirúrgico e da avaliação em saúde mental dos pacientes e/ou familiares hospitalizados em UCCA pelo enfermeiro para a prática assistencial e registros do processo de enfermagem.

Palavra-chave 1
Saúde mental

Palavra-chave 2
Processo de enfermagem

Palavra-chave 3
Diagnóstico de enfermagem

Palavra-chave 4
Educação em enfermagem

Palavra-chave 5
Educação à distância

Palavra-chave 6
Enfermagem

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Entidade(s) Financiadora(s)
Conselho Federal de Enfermagem (COFEN) e Coordenação de Aperfeiçoamento de Pessoal de Nível Superior (CAPES)

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Título
Educar para uma Sexualidade Saudável

Autores
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Introdução
Saúde Sexual é vista, de acordo com a WHO (2018) como um estado de bem-estar físico, mental e social relacionado com a sexualidade. Implica uma abordagem positiva e respeitosa da sexualidade e das interações sexuais, comportando experiências sexuais seguras e prazenteiras, livres de coerção, discriminação e violência.

Objetivos
Conhecer as características sociodemográficas dos jovens estudantes que frequentam uma escola profissional da região centro; determinar os conhecimentos sobre planeamento familiar dos jovens estudantes; determinar os conhecimentos acerca das infeções sexualmente transmissíveis dos jovens estudantes.

Metodologia
Estudo descritivo, transversal numa amostra não probabilística de conveniência (Vilelas, 2017), constituída por 91 jovens estudantes do 1º ano de cursos profissionais, com idades compreendidas entre os 15 e os 19 anos. Foram cumpridos os procedimentos formais e éticos. Aplicado um questionário com variáveis sociodemográficas, a escala de conhecimentos sobre planeamento familiar (Nelas, Fernandes, Ferreira, Duarte & Chaves, 2010), e a escala de conhecimentos e comportamentos dos alunos face a algumas Infeções sexualmente transmissíveis (Martins, 2010).

Resultados
Participaram 91 estudantes com média de idades 16,30 anos, 80,2% do sexo masculino, 72,5% vivem com os pais e 60,4% vivem em meio rural. Principais resultados sobre os conhecimentos relativos ao planeamento familiar: "A pílula é um método contracetivo de barreira", 76,9% responderam incorretamente ou não sabiam. "É muito difícil engravidar na primeira relação", 75,8% respondeu a opção correta. Sobre infeções sexualmente transmissíveis, 68,7% referem que obtém a informação na internet. Para 51,7% a transmissão é através de beijos e 41,17% pela utilização de casas de banho públicas. Feridas no pénis/vagina e a dor nas relações são os principais sintomas.

Conclusões
Consideramos extremamente importante o investimento ao nível da educação para a sexualidade, de modo a que esta possa contribuir para um aumento dos conhecimentos dos jovens acerca desta temática e que, consequentemente, lhes permitam vivenciar a sua sexualidade de uma forma mais segura e saudável.

Palavra-chave 1
Métodos contracetivos

Palavra-chave 2
Planeamento familiar

Palavra-chave 3
Educação Sexual

Palavra-chave 4
Enfermagem

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Entidade(s) Financiadora(s)
Sem financiamento

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Title

Effects of the Augmented-Reality Learning Media on Cognitive Domain of learning about Normal Mechanism of Labour in Thai Nursing Students

Authors

Jantakan Kanjanawetang*, Pornsing Ninphai**

Introduction

The vaginal childbirth or normal labour is an unseen process, and as such has proven to be a difficult content for nursing students to understand by using traditional learning media. Therefore, the augmented reality (AR) technology was used to create the three-dimensional learning media called

LOA&SUT". It is a mobile application used to simulate the eight steps of fetal changes during vaginal childbirth such as; descent, engagement, flexion, internal rotation, extension, restitution, external rotation, and expulsion.

Objectives

The study aimed to examine the effects of the "LOA&SUT" on the cognitive domain of learning about normal mechanisms of labour in Thai nursing students. Only the three levels of cognitive domain; remembering, understanding, and analyzing, classified by Bloom Taxonomy were selected to test.

Methodology

A quasi-experimental research was conducted as research design. 78 Thai nursing students were given a pretest after finishing a lecture about normal labour using traditional media; slides, video, and models of pelvis and fetus. Subsequently, they were introduced and permitted to use the "LOA&SUT" as a self-study media on their smartphones for 15 minutes. Then, a posttest with the same test was performed. The scores of pretest and posttest were analyze using a paired t-test.

Results

The findings revealed that total scores of the posttest about the normal mechanism of labour, after using the LOA&SUT (mean = 6.13, SD = 1.54) were higher than total scores of the pretest (mean = 4.61, SD = 1.62) statistically ($t = 2.003$, $p < .05$). Considering cognitive domain of learning, it was found that posttest scores of remembering (mean = 6.13, SD = 1.54), understanding (mean = 6.13, SD = 1.54), and analyzing (mean = 6.13, SD = 1.54) domain were higher than the pretest scores of those (mean = 6.13, SD = 1.54) consequently.

Conclusions

The "LOA&SUT" has potential for improving cognitive domain of learning in Thai nursing students. It is more helpful for imagining, understanding, and remembering the process of the mechanism of labour than the traditional medias. Moreover, the students indicate that the SUT&LOA is contemporary, interesting, and fit into their learning style.

Keyword 1

Learning media

Keyword 2

Augmented reality

Keyword 3

Labor

Keyword 4

Childbirth

Keyword 5

Nursing student

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Financing entities
Developing the “LOA&SUT” was supported by the Innovation fund of Suranaree University of Technology, Thailand.

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Title
Enhancing nurses' competencies for self-management support: progress, challenges and future directions

Authors
Veerle Duprez*, Ann Van Hecke

Introduction
The growing burden of chronic illnesses requires nurses to support self-management and help patients integrate the chronic illness into their life. However, many nurses find it difficult to adequately support the self-management of their patients [1]. Medical management and compliance remain central in the provided care. Nurses take a strong lead in the self-management and exert control when the patient is not compliant. Contradictory, self-management support is mainly seen as the patient's responsibility.

Objectives
To systematically develop, validate, evaluate and determine the effectiveness of a training intervention to enhance nurses' competencies for self-management support, grounded in Self-Determination Theory. And, to determine whether there are differences in competency enhancement between basic training and training with video-interaction guidance.

Methodology
The training intervention was developed according to the model of van Meijel and colleagues [2], and comprised four phases. First, collecting building blocks to design the training. Second, designing the training by experts and a cyclical process of trying-out, revising and reassessing the training. Third, validation of the intervention by trainees. Fourth, a two-armed intervention study with mixed-methods evaluation approach to evaluate nurses' competencies for self-management support (at multiple time-points) and to detect what was helpful during the training.

Results
Literature review, current practice and needs analysis provided building blocks for the training intervention, which was framed within Self-Determination Theory [3], and followed the 5A's model [4]. The intervention consists of a Basic Training Module (8 hours), and a Video-interaction Guidance Module (4-8 hours). Five training groups provided feedback through focus groups. The multifaceted training was implemented in 8 groups (4 received basic training and 4 basic + video-interaction). Intervention effectiveness was determined on trainees' attitude, motivation, self-efficacy and skills for self-management support. Full results will be available upon February 2020, and presented at the conference.

Conclusions
The systematic development and mix-method evaluation led to a theory- and user-driven training intervention. This presentation will discuss which intervention elements are helpful in tackling challenges of self-management support. We will discuss future steps to enhance nurses' competencies to build partnerships with patients, and to let patients participate in care.

Keyword 1
chronic illness

Keyword 2
education

Keyword 3
intervention research

Keyword 4
mixed-method evaluation

Keyword 5
Self-Determination Theory

Keyword 6
self-management support

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Financing entities
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Title
Enhancing nursing students` knowledge, skills, and attitudes toward quality improvement: Implementation of a hybrid activity

Authors
Mary Kathryn Gaffney*, Katie A. Chargualaf**, Suzanne Fowley***

Introduction
Nursing faculty focus on the development of students` knowledge, skills, and attitudes for providing safe, high quality care. To accomplish this, faculty typically utilize lectures (Lee, Jang, & Park, 2016) or online modules and flipped classrooms (Maxwell & Wright, 2016). Integration of other modalities such as tabletop activities and simulation also may be beneficial, particularly when these portray factors contributing to decreased quality and safety and encourage nurses` participation in quality improvement (QI) activities.

Objectives
Increase nursing students` knowledge and attitudes related to QI.

Methodology
A mixed method experimental feasibility study was conducted to evaluate the effect of a hybrid activity that enhanced an existing tabletop QI activity with a video recording of a simulated bedside change-of-shift report for a septic patient. The exchange portrayed behaviors such as poor central line management technique, incivility, nurse fatigue, and poor communication. The effect was evaluated using Dunagan`s (2017) original version of the Quality Improvement Nursing Attitude Scale (QINAS) pre/post-intervention and by a short essay post-intervention.

Results
Mean total scores between experimental and control groups showed improvement ($p = .011$); however, the QINAS did not capture the effect of exposure to the video. Compared to control group essays, the experimental group`s essays described greater insight into how interactions between colleagues, managerial directives, supply chains, and fiscal concerns directly and indirectly affect the quality and safety of care. Experimental group`s essays also revealed greater awareness of bedside nurses` roles in identifying quality and safety needs and the importance of contributing to interdisciplinary QI activities to ensure that change brings about the desired outcomes.

Conclusions
Tabletop activities alone improve students` attitudes toward QI, but students develop deeper understanding of influences on safe, high quality patient care and QI when exposed to the video portrayal. Nursing faculty searching for ways to improve students` knowledge, skills, and attitudes may find this hybrid activity beneficial.

Keyword 1
Quality Improvement

Keyword 2
Education Strategies

Keyword 3
Simulations

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Financing entities

No disclosures or conflicts of interest.

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Title
European Postgraduate Research Virtual Conference – "Not just a new learning experience"

Authors
Harmen Hummel*, Marie-Louise Luiking, Ana Filipa dos Reis Marques Cardoso**, Peter Wolfensberger***

Introduction
For the 5th time, a virtual postgraduate research conference has been held in November 2019 organized by the European Membership Involvement Committee (EMIC) of Sigma's European Region and hosted by the Nursing School of Coimbra and Phi Xi Chapter. This is an innovative conference that uses modern video communication technology. The conference not only attracts Ph.D. students from all over Europe and beyond, but also other scholars to learn about new and exciting research projects and share their experiences.

Objectives
The aim of this conference is to provide Ph.D. students the opportunity to discuss their new research in a friendly environment and with other Ph.D. students or scholars from various countries, getting new insight into their own and networking, which meets the APA objectives for the presenting at scientific conferences.

Methodology
The virtual conference is advertised via the European chapters of Sigma as well as through social media on Twitter and Facebook. Sigma members forward the information to potential participants. The target group are Ph.D. students who want to present their research at any stage of their project. The abstracts are peer-reviewed. Everyone who submitted an abstract receives written feedback. Presentations last five minutes followed by five minutes discussion. Conference attendance is open to anyone interested.

Results
Various abstracts have been submitted in the broad field of nursing research. Ten postgraduate researchers from seven countries presented their exceptional work. Participants could profit from interesting discussions and get ideas of how to enhance their project or with whom to connect for collaborations in the future and much more. Feedbacks show that participants value the interactive discussion with the panel of experts and other researchers and that it stimulates their work. Other reasons to participate range from the advantages of not having to travel to affordability and easy access. Research supports these findings (see references).

Conclusions
Virtual conferences are not common in the health care sector and its academia yet. However, our experience suggests that it has great potential, not only for the personal learning effect, but also for international networking and collaboration, as well as the further development of nursing research in Europe and beyond.

Keyword 1
Virtual Conference

Keyword 2
Postgraduate Research

Keyword 3
Nursing research development

Keyword 4
easy access

Keyword 5
International participation

Keyword 6
Sigma European Region

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Financing entities
There are no financial dependencies or conflicts of interest.

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Title
Health literacy, health information and treatment adherence: a cross sectional study.

Authors
Walter De Caro*, Elisabetta Corvo**

Introduction
Currently there is a interesting debate about health literacy. Health literacy is strongly connected to compliance to therapeutic process, nevertheless health literacy levels are not assessed by health professional at regular basis. Detecting levels of compliance and health literacy appears crucial, more specifically to understand the relationship between health information, health literacy and ability to correctly use information received.

Objectives
To evaluate health literacy levels and medication compliance in clients accessing nurses within pharmacy

Methodology
The cross sectional study used two main questionnaires the “Medical Adeherence Rating Scale” and "Health Literacy et information Scale (HELIS)". The questionnaire is made up by demographic questions as well as two question focused on the level of influence of advertisement on buying behavior.

Results
The study has been carried out in the south of Italy. The sample is made up by 314 individuals (mean age = 43, between 18 and 83 years, majority female (61%). 43% of the sample show to have low levels of health literacy, 49% have an overall good compliance to treatment. Nearly all sample (81%) state that they stop the treatment when they feel better not taking into account the prescription made by the doctor and explained by the nurse. There is positive correlation between health literacy levels (ρ=0.314; P< 0.001, educational levels and compliance (ρ=0.201; P=0.005).

Conclusions
The majority of the sample does not follow carefully what the nurse said about adverse effects as pharmacological resistance. Older people tend to have a better compliance to traditional prescription by doctor. This study suggest a clear connection with health education and necessity of assess constantly health literacy level.

Keyword 1
health literacy

Keyword 2
self-care

Keyword 3
adherence

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Financing entities
no

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Title
How older persons decide about technology use and non-use – findings of a qualitative study

Authors
Friederike J.S. Thilo*, Sabine Hahn**, Monika Linhart***

Introduction
Long lies after a fall can, in particular, jeopardize the safety of older persons when ageing in place. The resulting consequences from such falls often negatively impact their physical and psychological health and wellbeing. Solutions designed to support safe ageing in place are Personal Safety Alerting Devices (PSADs). Use of such devices can provide rapid assistance after a fall. However, the use of PSADs in daily life of community-dwelling older persons remains problematic.

Objectives
This study explored reasons, thoughts, motives and influencing factors regarding the use and non-use of PSADs in daily life, from the perspective of community-dwelling older persons.

Methodology
A qualitative study design was applied. Six focus group discussions were conducted with a total of 32 community-dwelling older persons, whom on average, were 82 years of age. Data were analyzed using the Qualitative Analysis Guide of Leuven, which was supplemented using the methods of open and axial coding and memo writing.

Results
This study revealed that the decision about the use and non-use of PSADs, is the result of a legitimation process which involves an interplay of the ageing self (e.g. dealing with age-related changes), and the person's perception of technology (e.g. experience with technology). The legitimation process is initiated by a critical event, such as a fall or a perceived deterioration of mobility, which causes the person to reflect on her/his own safety and the possible need for assistance. The process was labelled a legitimation process, as reasons are required to support the perceived necessity for using PSADs..

Conclusions
Use of PSADs represents a turning point in life and is a complex decision-making process. Older persons need to be supported and require time to go through this legitimation process. Nurses can empower and enable them in preserving independence in their daily lives.

Keyword 1
Nursing

Keyword 2
Community

Keyword 3
Decision making

Keyword 4
Technology use

Keyword 5
Technology acceptance

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Financing entities
This study was supported by the Symphasis Foundation and the Bern University of Applied Sciences.

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Título
Impacto de um programa de saúde escolar em crianças e adolescentes

Autores
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Introdução
A educação e promoção da saúde constituem-se uma prioridade, pelo que a implementação de programas de educação para a saúde a crianças/adolescentes, traduzir-se-á em ganhos em saúde. O projeto "Saúde e Saber: Segredo de Viver", constitui-se projeto de extensão à comunidade da ESEnfC em parceria com instituição de ensino privado de Coimbra. A população alvo inclui crianças/adolescentes do pré-escolar ao ensino secundário (3 aos 18 anos de idade), educadores/professores e encarregados de educação, envolvendo docentes, enfermeiros e estudantes de enfermagem.

Objetivos
Promover estilos de vida saudáveis em crianças/adolescentes, capacitando-os para uma tomada de decisão consciente e informada.

Metodologia
Realizou-se diagnóstico das necessidades formativas, com professor da instituição educativa. Como estratégias de intervenção recorreu-se à dramatização/jogo didático, música e técnicas motivacionais. No ano letivo 2018/2019, realizaram-se 4 sessões: "Higiene das Mãos", "Hospital da Brincadeira" (desmistificação do medo associado aos cuidados de saúde), "Educação Postural" e "Higiene do Sono". No ano letivo 2019/2020, realizou-se uma sessão: "Álcool: Verdades e Consequências". Atendendo à idade dos alunos, utilizaram-se diferentes metodologias de avaliação: questionários, discurso direto, desenhos/texto livre, no dia da intervenção/follow up.

Resultados
"Higiene das Mãos": recorreu-se à música/dramatização, para promover aprendizagem. Três meses depois, crianças realizavam gestos de lavagem das mãos. Professores mencionaram que as crianças lavavam mais as mãos. "Hospital da Brincadeira": educadores/professores/pais apontaram para diminuição do medo associado aos profissionais/serviços de saúde. "Educação Postural" / "Higiene do Sono": questionários de avaliação de conhecimentos pós-sessão, evidenciou maior percentagem de respostas certas. Professores relataram preocupação dos alunos com a postura. Pais relataram sentido de responsabilidade dos filhos, ao retificarem a postura dos familiares. Alguns alunos mencionaram conseguir dormir melhor. "Álcool: Verdades e Consequências": recorreu-se ao jogo Quizz, desmistificando-se mitos, contribuindo para aquisição de conhecimentos.

Conclusões
As crianças/adolescentes participaram ativamente nas sessões. Conclui-se que as metodologias ativas/participativas utilizadas, mostraram-se adequadas às faixas etárias escolhidas, na capacitação de crianças/adolescentes para adoção de comportamentos saudáveis coerentes com a aprendizagem ministrada.

Palavra-chave 1
crianças

Palavra-chave 2
adolescentes

Palavra-chave 3
educação

Palavra-chave 4
saúde escolar

Referências bibliográficas 1
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Entidade(s) Financiadora(s)
Não se aplica.

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Título
Impacto de uma Intervenção de Enfermagem na Saúde Sexual e Reprodutiva de Jovens Portugueses

Autores
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Introdução
Na fase da adolescência, os jovens passam por uma grande mudança, principalmente a nível sexual. É nesta fase que vivenciam os processos de descoberta mais íntima do outro e em que há o estabelecimento de vínculos afetivos (Oliveira, Nelas, Aparício & Duarte, 2014).

Objetivos
Conhecer as características sociodemográficas dos jovens que frequentam o ensino profissional; determinar o impacto de uma intervenção de enfermagem nos conhecimentos sobre planeamento familiar e métodos contracetivos em jovens que frequentam o ensino profissional de uma escola profissional da região centro de Portugal.

Metodologia
Estudo quase – experimental do tipo pré – teste e pós – teste, sem grupo de controlo, transversal numa amostra não probabilística de conveniência, constituída por 91 jovens que frequentam o ensino profissional numa escola profissional da zona centro de Portugal. Foram aplicados os procedimentos formais e éticos.

Resultados
Verificamos que numa amostra de 91 estudantes, que frequentavam um curso do ensino profissional, com uma média de idades de 16,30 anos, a média de conhecimentos antes da intervenção rondava os 13,62 (num total de 22) e após a intervenção de enfermagem essa média aumentou para 16,58, valores acima do valor medio da escala (11). Concluímos também que, após avaliar os conhecimentos antes e após a intervenção, verificaram-se diferenças estatisticamente muito significativas (Z: - 6,378 e $p \leq 0,000$) no impacto da intervenção de enfermagem.

Conclusões
De acordo com a WHO (2010), a realização de uma educação em saúde permite conceder às crianças e aos jovens informação cientificamente correta acerca dos aspetos que constituem a sexualidade tal como ajudar os mesmos a desenvolver capacidades para melhores comportamentos em saúde.

Palavra-chave 1
Educação Sexual

Palavra-chave 2
Enfermagem

Palavra-chave 3
Jovens

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Entidade(s) Financiadora(s)
Sem Financiamento

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Title
Innovations in nursing and health education to influence practitioners facing the global health problem of Osteoporosis and High Fracture Risk: An action research, process evaluation and implementation project.

Authors
Margaret Anne Coulter Smith*, Claire Pearson**

Introduction
Osteoporosis is a highly prevalent bone disease with global significance that leads to increased fracture risk, morbidity and mortality. Increased age is a significant risk factor for osteoporosis and hip fractures in older persons are predicted to be a major public health problem by 2050 (Cooper, 1992). The Lydia Osteoporosis Project (LOP) (with three projects completed to date) focuses on research, education and implementation to raise awareness of Osteoporosis and implications for care of older persons in frontline staff.

Objectives
To report the findings from an action research, process evaluation and implementation project with community-based staff research participants.

Methodology
An action research project with community-based staff research participants. A MOOC, "Caring for My Bones" course, and creative movement workshops were offered. Process evaluation was completed. Wider implementation via the MOOC and "Brief Osteoporosis Simulation Sessions". Participants explored living with increased fracture risk and osteoporosis and uncovered practice knowledge.

Results
Study population comprised nursing and allied health professionals in South Scotland (City and Rural/Urban sites). Purposive sampling, N=51 participants (+ stakeholders). Creative Movement Workshops- Offered to all LOP 3 participants. MOOC- Volunteer sample N=215 (external, N=192, LOP 3, N= 23). Brief Osteoporosis Simulation Sessions- Volunteer sample N=151. Process evaluation results and wider implementation data highlight that multiple types of education interventions are required for a diverse staff population. Impacts include quality improvement projects, publications, public engagements and social media activities.

Conclusions
Osteoporosis and fracture risk is an urgent public health issue. Raising awareness of this largely silent disease, of promoting bone health and considering implications for care of older persons should not be underestimated. This project illustrates the importance of context. Action research facilitates application of dynamic and responsive education solutions.

Keyword 1
Osteoporosis

Keyword 2
Action Research

Keyword 3
Process Evaluation

Keyword 4
Implementation

References 1
COOPER, C. 1992. Hip fractures in the elderly: a world-wide projection. Osteoporosis International, 2 (6), 285-9.

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Financing entities

The Lydia Osteoporosis Project at QMU is supported by generous donations from anonymous benefactors.

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Title
Interprofessional Collaboration - Developing Safeguarding Children Knowledge for Practice

Authors
Llewellyn David Morgan*

Introduction
It is often reported by children's nurses and other professionals that they feel underprepared when it comes to working in child protection practice. The literature identifies that often undergraduate education also fails to prepare them for this also, and they lack understanding of other roles. Therefore, this presentation looks at an interprofessional initiative to address this from an undergraduate perspective, which involved a simulated workshop event.

Objectives
1) To develop interprofessional network links between students. 2) To develop understanding of procedures involved in child protection practice, related to standardised national procedures. 3) To develop understanding of the complexities of safeguarding situations based upon a realistic vignette scenario.

Methodology
Non-research project. Groupwork activities and simulated learning workshop.

Results
Overwhelmingly positive feedback received from participants at this workshop event: really enjoyed the mock strategy meetings! Having speakers from different professional backgrounds helped me to understand what goes on in reality. The group work was really good, getting nursing and social work students to work together to share knowledge & skills and Learning about the processes involved and working with health students allowed me to consider additional viewpoints & risks.

Conclusions
A positive learning experience was had by the participants based on feedback received, and they were able to identify a number of key issues for their learning. A further research project is now underway following this pilot event.

Keyword 1
Undergraduate education

Keyword 2
Safeguarding children

Keyword 3
Children's nurses

Keyword 4
Interprofessional learning and education

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Financing entities
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Title
Interprofessional Collaboration: Innovation to Influence and Impact Child Health

Authors
Tami Jakubowski*

Introduction
The IOM report emphasized interprofessional collaboration in health care practice (IEP). A program to combat childhood obesity in urban elementary schools was developed by The College of New Jersey School of Nursing, Health, and Exercise Science and community partners. The opportunity to collaborate with other disciplines allowed nursing students to learn interdisciplinary communication skills and leadership responsibilities. The overall goal of interprofessional collaboration was to improve quality of preventive care, enhance communication skills, and enrich understanding of interprofessional collaboration.

Objectives
1. Understand the benefits of interprofessional collaboration. 2. Understand the challenges of interprofessional collaboration. 3. Appreciate the impact of interprofessional collaboration.

Methodology
Partner organizations in the interdisciplinary program, "Ready, Set, Healthy" met monthly to share ideas, plan events, and discuss program successes. Nursing students participated in implementing collaborative programming efforts to improve child health, including after-school programs, community gardens, community clinics, nutritionists, professional chefs, and health educators. Community partner organizations modeled interdisciplinary collaboration by working together towards a common goal of improving child health.

Results
"Ready, Set, Healthy" had a positive impact on the urban community while also benefiting children, elementary schools, nursing students, faculty, and community partners. Children and schools improved overall health while gaining resources and knowledge. Nursing students developed leadership and communication skills while participating in an interprofessional collaborative practice. Faculty collaborated on scholarly work while gaining new knowledge and understanding of other partner's expertise. Nursing student and faculty collaboration with community partners expanded the ability of the partners to provide school and community programming.

Conclusions
Interprofessional collaboration provides a supportive environment to improve child health while maximizing resources. Nursing students participated in an intervention where a network of professionals collaborated to positively influence child and community health. The impact of the individual organizations was increased significantly as a result of the "Ready, Set, Healthy" collaborative.

Keyword 1
Interprofessional Collaboration

Keyword 2
Child Health

Keyword 3
Childhood Obesity

Keyword 4
Community Partners

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Financing entities
The "Ready, Set, Healthy" partnership was funded by Novo Nordisk.

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Title
Lessons from introducing Interprofessional Education to final year students at the University of KwaZulu-Natal

Authors
Ntombifikile Gloria Mtshali*

Introduction
Interprofessional education (IPE) is arguably one of the effective tools to prepare students for interprofessional collaborative practice (ICP). However, the education of health professionals remains predominantly uniprofessional, with students from different disciplines taught and socialized in isolation from other related fields. This model of training makes it difficult to implement IPE. The University of KwaZulu-Natal in 2019 introduced IPE preparing final year nursing, pharmacy and medical students for interprofessional collaborative practice and continuous quality improvement (CPI) in HIV management.

Objectives
This paper describes the lessons generated from introducing IPE to final year nursing, medicine and pharmacy students at the University of KwaZulu-Natal (2019 and 2020 cohorts).

Methodology
Action research and concurrent mixed methods approach guided the project. The process included program and materials development, facilitators and mentors capacity building, introducing all final year students to IPE, ICP and CQI concepts (2019 and 2020 cohorts), exposing students to intensive training sessions using case studies, training of interns and community service practitioners, and program evaluation. Feedback on the project was obtained from the participants using a range of data collection tools. Ethical principles were adhered to throughout the project.

Results
The results were grouped into themes; Leadership and faculty buy-in, partnerships and adopting a collaborative approach, training of facilitators for effective IPE sessions, flattening the hierarchy for effective engagement, active engagement of all the students; preparing mentors for mentorship in clinical settings, and logistical arrangements. The main lesson from the project was the value of IPE to all the participants, and the need to embed IPE as early as possible in the training.

Conclusions
IPE is one way of transforming the education of health professionals to strengthen interprofessional collaborative practice for improved health outcomes. Although the implementation has a number of challenges, the value outweighs the challenges. Institutions have to come up with innovative ways to introduce IPE early in education programs.

Keyword 1
Interprofessional education,

Keyword 2
Interprofessional collaborative practice

Keyword 3
Nursing Education

Keyword 4
Transforming health professionals education

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Financing entities
PEPFAR

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Título
Literacia em saúde e doença renal crónica

Autores
Fabiana Meneghetti Dallacosta*, Dayani Barbosa dos Santos, Taline Masson**, Maritânia Maria Volpini ***, Hotone Dallacosta****

Introdução
A literacia em saúde se refere à capacidade do indivíduo de compreender e utilizar informações básicas de saúde. O paciente em diálise necessita assimilar e compreender diversas orientações sobre seu tratamento, e a literacia inadequada pode interferir no autocuidado e na adesão ao tratamento, comprometendo a qualidade de vida e a saúde do paciente.

Objetivos
Analisar a relação da literacia em saúde com a adesão ao tratamento de pacientes em diálise.

Metodologia
Estão descritos dados parciais, com 57 pacientes em diálise em Santa Catarina, Brasil, sendo que a amostra total será 450 indivíduos e resultará em dissertação de mestrado. Utilizou-se o questionário SALPHA para análise da literacia e o Brief Medication Questionnaire para analisar adesão. Foi usado Mini Mental para analisar cognição.

Resultados
Dos 57 participantes, 54,4% são homens, idade média 61,2±16,4 anos, 43,9% tem baixa escolaridade, 49,1% são fumantes ou ex-fumantes. O letramento em saúde foi inadequado para 64,9% e a média do questionário SALPHA foi 11,3±4,6 pontos. São aderentes ao tratamento 26,3% e houve associação entre baixa literacia e falta de adesão ao tratamento ($p<0,00$). Não houve relação da cognição com a adesão, nem com a literacia. Literacia não teve relação com o sexo ($p=0,50$), nem com os valores de creatinina ($p=0,07$) e uréia ($p=0,89$). Foi observada associação da baixa escolaridade com a literacia inadequada e a falta de adesão ($p<0,00$).

Conclusões
Os resultados preliminares mostram que a literacia inadequada está associada à falta de adesão ao tratamento e à baixa escolaridade. Estratégias de educação em saúde diversificadas são fundamentais para a adequada orientação ao paciente em diálise.

Palavra-chave 1
Doença renal Crônica

Palavra-chave 2
Literacia em Saúde

Palavra-chave 3
Adesão ao tratamento

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Title

Mapping the evidence on effective behaviour change techniques in high priority chronic diseases: preliminary findings

Authors

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Introduction

Train4Health is a European project aiming to improve healthcare students' competences for behaviour change support in chronic diseases. One of the project's first activities involves developing a European competency framework on behaviour change support in chronic diseases through a Delphi questionnaire. The Delphi items will be based on related competency frameworks and on behavior change techniques (BCTs) with proven effectiveness in targeting self-management behaviours in chronic disease.

Objectives

The purpose of this work is to identify and map the evidence on effective BCTs in the self-management of high priority chronic diseases.

Methodology

Seven high-priority chronic diseases were selected based on previous European studies: type 2 diabetes (T2D), chronic pulmonary obstructive disease, obesity, heart failure, asthma, hypertension and ischemic heart disease. We report preliminary findings from the first database search (PubMed). Inclusion criteria encompassed systematic reviews on BCT effectiveness in self-management interventions in adults with the above diseases. Only BCTs coded with the BCT Taxonomy v.1 were considered (Michie et al., 2013). Data from selected articles were extracted and synthetised into summary tables.

Results

Five systematic reviews were included. Reviews targeted T2D (n=2), obesity (n=1), cardiovascular disease (n=1) and cardiometabolic conditions (n=1). A total of 155 studies were included in the reviews (152 randomized controlled trials), corresponding to 68 315 patients. Overall, 29 effective BCTs were mapped. A breakdown by target behaviour showed 21 effective BCTs in diet interventions, 27 in physical activity and one in medication adherence. Common BCTs could be discerned for the first two target behaviours, regardless of the disease. For example, "1.2 Problem solving" was effective in promoting physical activity in T2D, obesity and cardiovascular disease.

Conclusions

This work has identified effective BCTs and may help in prioritising competence development. A common core of effective BCTs emerged for diet and physical activity, irrespective of the chronic disease. Mastering a relatively small number of BCTs may suffice to support behaviour change and self-management in chronic disease.

Keyword 1

Behaviour change techniques

Keyword 2

Chronic diseases

Keyword 3

Self-management

Keyword 4

Competency framework

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Financing entities

Train4Health has received funding from the European Union's Erasmus+ Programme under grant agreement number 2019-1-PT01-KA203-061389.

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Title

Nurse Practitioner Faculty and Preceptor' Perceptions of Implementing Workplace Well-being Content into a Primary Care Nurse Practitioner Curriculum

Authors

Josephine Fava Hochuli, DNP RN*, Kathleen Denise Becker DNP, ANP-BC, FNAP**

Introduction

Primary care providers are experiencing high rates of burnout and job dissatisfaction impacting the quality of care delivered to patients. In nurse practitioner (NP) education, the role of faculty, preceptors and curricular methods that focus on provider well-being practices and resilience are unclear. Student well-being is not evident in the current NP education core competencies and graduate nursing accreditation standards. Nor is it evident to what extent NP curricula include strategies to address provider well-being in the literature.

Objectives

The purpose of this feasibility study was to describe the current state of provider well-being curricula in a distance family nurse practitioner program and the perceived barriers and facilitators to its integration.

Methodology

Employing the Theoretical Domains Framework, a Likert survey was developed and tested, consisting of 11 items measuring the current state and 30 items measuring barriers and facilitators. All faculty (N=18) and preceptors (N=452) teaching curricula received the electronic survey.

Results

The survey yielded 13/18 (72%) faculty and 23/452 (5%) preceptor responses. Results suggest that there is little reported integration of well-being content in the curricula. Only 58 % of faculty and 36% of preceptors described integrating content into their teaching. Barriers included the lack of established curriculum, time constraints and knowledge deficits. Facilitators included; awareness that the problem exists and is urgent, a commitment to incorporate well-being content into teaching, and belief that integrating the content will improve provider well-being and improve patient outcomes.

Conclusions

Assessing the current state of well-being content in NP programs is crucial. Evidenced based self-care practices and resilience should be threaded throughout the curriculum and disseminated. Faculty and preceptors are poised to model effective self- care practices and resilience. Team based approaches are crucial for successful well-being curricular integration.

Keyword 1

well-being

Keyword 2

resilience

Keyword 3

curriculum redesign and evaluation

Keyword 4

burnout

Keyword 5

job satisfaction

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Financing entities
NA

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Título
O desenvolvimento de competências na aprendizagem da cateterização venosa periférica

Autores
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Introdução
A cateterização venosa periférica (CVP) é executada quotidianamente pelo enfermeiro. Este procedimento é treinado em contexto de prática-laboratorial com recurso a simuladores. Esta é uma estratégia eficaz no ensino em Enfermagem, respondendo às exigências da educação e dos cuidados de saúde modernos (Aleixo & Almeida, 2014). As evidências internacionais afirmam o benefício da simulação no desenvolvimento de competências. Em Portugal são escassos os resultados e observa-se a necessidade de criar e validar instrumentos que avaliem o seu uso.

Objetivos
O objetivo major foi compreender o processo de ensino e aprendizagem da CVP em contexto de prática-laboratorial com recurso a uma metodologia mista de ensino que combina a simulação de baixa fidelidade (braços de borracha) com simuladores virtuais (Simuladores Virtuais I.V.).

Metodologia
Estudo exploratório e descritivo, do tipo estudo de caso, com abordagem quantitativa e qualitativa. Amostra não-probabilística por conveniência, constituída por estudantes do 1º ano do Curso de Licenciatura em Enfermagem de uma instituição em Portugal e docentes que lecionam a CVP. Foi concebido e implementado um plano pedagógico integrador desta metodologia mista. Construíram-se instrumentos para validar a aprendizagem e para avaliar a sua perceção, assim como a dos docentes, sobre o uso do simulador virtual I.V. e sobre esta metodologia.

Resultados
A metodologia mista favorece o desenvolvimento das competências psicomotoras, afetivas e cognitivas na aprendizagem da CVP. Docentes e estudantes apresentaram uma atitude positiva em relação ao simulador virtual I.V.. Afirmaram-no como interativo e inovador e reconheceram o carácter complementar dos dois dispositivos didáticos. O plano pedagógico revelou-se válido, exequível e equitativo. No entanto, a sua implementação exige aos docentes formação sobre o uso do simulador virtual I.V..

Conclusões

Os resultados vão ao encontro das evidências científicas, mas qualquer generalização exige precaução. Sugere-se a replicação da investigação numa amostra maior ou a realização de um estudo mais diversificado, que integre outras variáveis e/ou utilize outros instrumentos de medida e outros simuladores.

Palavra-chave 1
simulação

Palavra-chave 2
educação em enfermagem

Palavra-chave 3
competências

Palavra-chave 4
cateterização venosa periférica

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Entidade(s) Financiadora(s)
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Titulo
Os estudantes do Ensino Superior: perceção do quotidiano académico.

Autores
Sandra Marques Queiroz*

Introdução
O ingresso no Ensino Superior exige dos estudantes uma adaptação à vida académica e ao quotidiano na Instituição, assim como ao novo contexto educativo, sendo estes desafios particularmente exigentes para os jovens. Os estudantes, na sua vivência formativa, confrontam-se com múltiplas e complexas tarefas, tentando resolvê-los de forma mais ou menos bem sucedida. O sucesso e a satisfação académicas dependem da forma e do grau em que tais desafios e exigências são ultrapassados.

Objetivos
Monitorizar a forma como é percecionada pelos estudantes a vida académica ao longo do Curso numa Escola Superior de Enfermagem (CLE) pertencente ao ensino particular e cooperativo da região de Lisboa.

Metodologia
Estudo longitudinal, descritivo, quantitativo, realizado com amostra de 160 estudantes do CLE, dos dois géneros e com mais de 18 anos. A informação foi recolhida ao longo do curso, entre o 3º e o 8º semestre do CLE através de questionário com 34 asserções em 8 dimensões e escala com duas posições de Satisfação (Muito satisfeito - 5; Satisfeito - 4 e duas posições de Insatisfação (Insatisfeito - 2; Muito Insatisfeito - 1. Usada estatística descritiva para análise de dados.

Resultados
As dimensões são Institucional, Adaptação ao Curso, Gestão do tempo, Normas, Imagem Pessoal, Bem-estar, Stress e Relacionamento Interpessoal. Em nenhuma dimensão estudada existe Muita Satisfação, mas 62,% dos estudantes está Satisfeito em cinco dimensões. Há 37,5% de Insatisfação face à Gestão do Tempo, Bem-estar Psicológico e Stress. As médias elevadas de Satisfação são para “vontade de prosseguir os estudos na Instituição”, “o curso que frequento” e “as amizades construídas em ambiente académico”. A perceção de Insatisfação diz respeito ao nível de Ansiedade e Bem-estar nas atividades da componente teórica ou prática e a capacidade de gerir o desempenho académico individual.

Conclusões
O Ensino Superior tem impacto nos estudantes. Mesmo ingressando na área de eleição, nada garante que exista muita satisfação nas outras dimensões da vida académica, sejam elas componente letiva, à dimensão relacional ou vida institucional. Os estudantes percepcionam Stress, desconforto psicológico e perturbações físicas no quotidiano académico da Instituição estudada.

Palavra-chave 1
Enfermagem

Palavra-chave 2
Estudantes

Palavra-chave 3
Quotidiano académico

Palavra-chave 4
Ensino superior

Palavra-chave 5
Perceção

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Entidade(s) Financiadora(s)
Sem apoio financeiro

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Title
Participatory Action Research(PAR) as a method for the implementation of Palliative Care Guidance documents in Dementia Care.

Authors
Catherine Buckley*, Dr Nicola Cornally, Irene Hartigan**, Elaine Lehane***, Alice Coffey****

Introduction
It is estimated that there are currently 7 million people living with Dementia in Europe. Currently in Ireland there are 55,000 people living with dementia and one third of these people live in long-term care settings. The authors with the support of the Irish Hospice Foundation and the Health Research Board developed palliative care guidance documents, Nutrition and Hydration, Medication Management, and Pain Assessment and Management. These guidance documents were implemented in three residential long-term care settings for older people

Objectives
The objective of the study was the implementation and evaluation of palliative care guidance documents using a PAR approach in three long term care settings in Ireland.

Methodology
The Consolidated Framework for Implementation Science and the Integrated - Promoting Action on Research Implementation in Health Services frameworks were used to underpin the implementation. This presentation will discuss key components of the guidance documents. It will provide an overview of the approach taken in work-based learning groups to identify culture and practice and highlight areas for change. Activities and approaches undertaken will be outlined. The use of work-based learning activities and the evaluation of the implementation will be examined

Results
Work based learning groups with virtual and physical resources were developed using combined blended approach to learning. Four face-to-face sessions using creative learning opportunities in each of the three sites were active were designed. All staff in the sites were offered the opportunity to be involved in the implementation. The overall findings from the implementation will be discussed with particular attention paid to the challenges and benefits of implementing a practice development initiative using work-based learning as a methodological approach, taking account of key learning outcomes and implications for practice.

Conclusions
A Participatory Action Research process enables staff to learn in and from practice. It further allows for the identification of strategies to overcome challenges and maximize the benefits of implementation for both staff and residents. This approach offers a creative way to overcome challenges posed by traditional leaning methods.

Keyword 1
Participatory Action Research

Keyword 2
Dementia

Keyword 3
Palliative Care

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Financing entities
The Irish Health Research Board Applied Partnership Award and the Irish Hospice Foundation.

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Título
Perceção do papel do enfermeiro de família pelos agricultores em Portugal

Autores
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Introdução
Atender às necessidades de saúde da população rural é das áreas prioritárias no interior de Portugal. Considerando o isolamento das famílias, relacionado com a distância geográfica ou um sistema viário de difícil acesso às unidades de saúde, bem como a ineficiência de pro-gramas de saúde de acordo com os fatores de risco presentes na população agrícola é uma das atividades do enfermeiro de família.

Objetivos
Descrever o papel do enfermeiro de família percecionado pelos agricultores, na promoção e vigilância da sua saúde.

Metodologia

Estudo misto com 150 agricultores com idades compreendidas entre os 19 e os 88 anos, com uma média de 55.3 anos (±13.9 anos), que praticam atividade agrícola. Para recolha de dados foi utilizado um questionário com caraterização sociodemográfica e das práticas agrícolas e três questões abertas acerca de: O que entende por enfermeiro de família? O que considera ser o papel do enfermeiro na saúde dos agricultores? O que entende por risco?

Resultados
Participaram agricultores do sexo masculino (51.3%) que vivem na região centro (84.0%) e com companheira/o (84.7%), com grau de escolaridade até ao 9ºano (73.3%) e face à situação profissional 62% encontram-se no ativo, o rendimento mensal não ultrapassa os 1500 euros por mês. Constatou-se que a maioria dos agricultores define o enfermeiro de família como alguém presente, prestável, bom ouvinte e bom profissional, no entanto alguns participantes não sabiam responder a esta questão, por vezes dizendo, que nem sabiam o que era o enfermeiro de família ou então associavam ao ajudante do médico.

Conclusões
Apesar de definirem positivamente o enfermeiro de família, ainda há participantes que não sabem responder, desconhecem o termo e não encontraram associação em relação do papel do enfermeiro e a saúde dos agricultores. Os enfermeiros de família devem intervir para minimizar os riscos a que esta população se encontra exposta.

Palavra-chave 1
Agricultores

Palavra-chave 2
Enfermeiro de Família

Palavra-chave 3
Risco

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Entidade(s) Financiadora(s)
Sem financiamento.

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Título

Perspetiva dos profissionais de enfermagem sobre as ações educativas de instituição hospitalar

Autores
Adriana Aparecida Paz*, Cíntia Eliane Costa Corrêa**, Giovana Puchalski Lopes***, Caroline Barbosa da Silva****, Julyhe Nunes Paulin*****, Ana Amália Antunes Lima******

Introdução
Investir em ações educativas (AEs) aos profissionais de enfermagem é fundamental para a qualidade assistencial dos sistemas de saúde. A Educação Permanente em Saúde (EPS) propõem que a aprendizagem seja significativa aos profissionais no local de trabalho considerando a cultura institucional (Brasil, 2018). Para o alcance da assistência qualificada e segura é imperativo que AEs sejam permanentes, de modo que auxilie no aprimoramento técnico-científico, potencializando a resolução de situações complexas e inerentes ao processo de trabalho em enfermagem (Pinheiro, 2017).

Objetivos
Identificar as necessidades e problemas das AEs realizadas em uma instituição hospitalar (IH) privada, de médio porte situada em Porto Alegre (Rio Grande do Sul - Brasil), utilizando o mapa de empatia na perspectiva dos profissionais de enfermagem admitidos há mais de dez anos.

Metodologia
Estudo transversal com a participação de 25 profissionais de enfermagem selecionados aleatoriamente. Estes receberam o convite para comparecer no local definido na IH e preencheram um instrumento autoaplicável. O mapa de empatia foi utilizado para identificar como as AEs são percebidas, sentidas, entendidas, vistas e desejadas ao se colocar no lugar do colega de trabalho (Nakagawa, 2019). Posteriormente, os dados coletados foram codificados, organizados, tabulados e interpretados pela estatística descritiva. O estudo foi aprovado sob o número 3.596.203.

Resultados
Observou-se que 22(88%) eram técnicos de enfermagem, 19(76%) do sexo feminino e idade média de 43±6,62 anos. Sobre as AEs 21(84%) participam; 20(80%) tem o interesse na ampliação de conhecimentos; 20(54,1%) entendem a importância das AEs na atualização dos conhecimentos; 9(31%) aspiram a qualificação do processo de trabalho; 10(31,3%) percebem a qualidade das orientações nas AEs; 6(22,2%) descreveram que os colegas falam da necessidade de AEs técnicas; 14(48,3%) relataram que se envolvem com as AEs; 7(28%) desejam que todos os turnos de trabalho tenham ofertas de AEs; e 14(56%) mencionaram como frustação a realização das AEs durante o exercício laboral.

Conclusões
A identificação das necessidades e problemas das AEs possibilitou desenvolver um novo programa institucional, o qual se alicerça nas premissas da EPS. Acredita-se que a participação de colaboradores neste novo programa poderá contribuir no aprimoramento de competências profissionais e na obtenção de melhores indicadores de qualidade assistencial e laborais.

Palavra-chave 1
Profissionais de enfermagem

Palavra-chave 2
Educação em enfermagem

Palavra-chave 3
Educação em saúde

Palavra-chave 4
Serviço hospitalar de educação

Palavra-chave 5
Educação continuada em enfermagem

Palavra-chave 6
Enfermagem

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Entidade(s) Financiadora(s)
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Title
Presimulation Activities Enhance Performance: A Graphic Novel

Authors
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Introduction
Simulation-based learning (SBL) is now a common pedagogical strategy used in nursing education (1). SBL involves presimulation preparation, prebriefing, a simulation activity, and debriefing (2). Presimulation preparation typically includes assigned readings from the literature intended to foster confidence and a safe learning environment. However, student-centered philosophies suggest that educators actively work to meet students where they are by reconfiguring outmoded practices and exploring creative pedagogical strategies that better aligned with the learner's worldview and interests (3).

Objectives
Thus, we conducted a study aimed to investigate the effectiveness of graphic novels, a popular literary genre that has been recently applied to formal education (4), in preparing learners in a nursing program to engage in SBL.

Methodology
A qualitative design was used to evaluate nursing students' experiences and perceptions of using a graphic novel to prepare for SBL. Prior to attending a SBL experience focusing on an opioid overdose, participants were provided with a graphic novel to read that was authored by the research team with a storyline similar to the simulation experience. Focus groups were conducted after the scenario with participants to explore their experiences and perceptions. Data was analyze using descriptive statistics and content analysis.

Results
There was a high uptake in the use of the graphic novel to prepare for the SBL experience and subsequently greater willingness to participate in the SBL experience. Greater than 90% of participants read the graphic novel (compared to 20-30% who typically read traditional preparation material). The participants reported positive responses to the features of the characters, the vibrancy of colors, the storyline, and the message. They concluded it was an engaging method of preparation. Participants expressed great confidence and preparedness for the simulation and reported reading the graphic novel many times and sharing it with family and friends.

Conclusions
Using a graphic novel as presimulation preparatory material was appealing to all age groups of learners, especially millennials. Findings indicate that graphic novels can be effectively used to support SBL. Further research is needed to formally compare learner's uptake of key knowledge using traditional preparation methods versus the graphic novel.

Keyword 1
Simulation-based learning

Keyword 2
presimulation preparation

Keyword 3
graphic novel

Keyword 4
nursing students

Keyword 5
opioid focused simulation

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Financing entities
The Ontario Tech University - Durham College Innovative Initiatives Fund

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Title
Psychoeducational intervention to promote adolescents' mental health literacy about anxiety in a school context

Authors
Tânia Manuel Moço Morgado*, Luís Manuel de Jesus Loureiro**, Maria Antónia Botelho

Introduction

Approximately 16% of children and adolescents suffer from some mental disorder (WHO, 2018) and the worldwide prevalence of anxiety disorder in children and adolescents is 6.5% (Child Mind Institute, 2018). Mental Health Literacy was defined as knowledge and beliefs about mental disorders that aid in its recognition, management or prevention and it is the knowledge linked to action which can benefit one's own mental health or that of others (Jorm, 2014).

Objectives
To design a psychoeducational intervention that promotes adolescents' anxiety mental health literacy in a school context; to validate the content of that psychoeducational intervention and to evaluate its feasibility.

Methodology
Medical Research Council Framework for development and evaluation of complex interventions (Craig et al, 2013) throughout development and feasibility stages: systematic literature reviews; health/education professionals and adolescents' focus groups; e-delphi with experts; feasibility study and a pilot study, quasi-experimental with evaluation before, after and 1 month follow-up. We used Questionnaire for Assessment of Mental Health Literacy (QuaLiSMental, Loureiro, 2015). Descriptive and inferential statistical analysis was performed and we used the IBM SPSS Statistics 25.0. Ethical issues were taken into account.

Results
The psychoeducational intervention has different methods and pedagogical techniques, consists of 4 sessions of 90 minutes each. In the pilot study, the sample consisted of 38,1% boys and 61,9% girls with an average age 14,76 years (SD=1,09), between 14 and 18 years. We observed the improvement of social anxiety recognition and of knowledge about mental first aid strategies and professionals who can provide help and the identification of prevention and self-help strategies.

Conclusions
Despite limitations on sample size and sampling method, clinical and statistically significant differences were observed. This psychoeducational intervention will improve anxiety literacy and help adolescents to recognize anxiety, to use prevention and self-help strategies, to ask professionals help and to aply mental first aid strategies with itself and to others.

Keyword 1
mental health

Keyword 2
health literacy

Keyword 3
anxiety

Keyword 4
adolescents

Keyword 5
schools

Keyword6
education

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Título
Qualidade de vida de idosos na atenção primária à saúde da região Centro de Portugal

Autores
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Introdução

A Organização Mundial de Saúde (OMS, 2002) define qualidade de vida como a perceção do indivíduo de sua posição na vida, no contexto de sua cultura e dos sistemas de valores da sociedade em que vive e em relação aos seus objetivos, expectativas, padrões e preocupações. Envelhecer de maneira saudável é fundamental para a qualidade de vida, nesse caso, temos o questionário de avaliação da qualidade de vida World Health Organization Quality of Life (WHOQOL), construído e validado pela OMS (2002).

Objetivos
Avaliar a qualidade de vida dos idosos atendidos numa unidade de saúde familiar (USF) do Concelho de Coimbra.

Metodologia
Estudo quantitativo, descritivo e analítico, realizado com 164 idosos atendidos em uma USF em Coimbra, Portugal. Para compor o tamanho da amostra foi realizado o cálculo de amostragem aleatória estratificada3 por unidade de saúde e sexo. O Teste T sudent foi utilizado para a análise inferencial sendo adotado o nível de significância de 0,05. O estudo foi aprovado pela Comissão de Ética em Saúde da Administração Regional de Saúde (ARS) do Centro de Portugal, recebendo parecer Nº 34.2017.

Resultados
A maioria dos idosos era do sexo feminino (53,4%), idade média de 76,8 anos, octogenários (46,1%), casados (57,4%), aposentados (65,9%) e grau de escolaridade incompleto (64,2%). Quanto a autoperceção de estar ou não doente a maioria dos idosos (60,8%) autorrefere não estar doente. Dentre as doenças autoreferidas, grande parte são doenças articulares (10,8%) seguido de Hipertensão arterial (5,7%). Em relação à qualidade de vida dos domínios do Whoqol-bref, obteve-se os scores em valores decrescentes: Domínio Meio ambiente (D4) (65,6), Relações sociais (D3) (62,5), Psicológico (D2) (62,4), Físico (D1) (60,6) Domínio Geral (DG) (58,2).

Conclusões
O estudo mostrou que a qualidade de vida dos entrevistados obteve os melhores scores no Domínio Meio Ambiente enquanto o Domínio Físico se mostrou o mais frágil. Esse resultado pode ser baseado nas profundas transformações dos sistemas de saúde ocorrida a partir de 2006 em Portugal.

Palavra-chave 1
Atenção primária de saúde

Palavra-chave 2
Envelhecimento

Palavra-chave 3
Qualidade de vida

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Entidade(s) Financiadora(s)
Esta pesquisa teve apoio da Coordenação de Aperfeiçoamento de Nível Superior (CAPES), Brasil.

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Título
Sentido de vida dos enfermeiros e Atitude integrativa das Famílias nos Cuidados

Autores
Mónica da Silva Ferreira*, Teresa M. Kraus Brincheiro Huttel Barros**

Introdução
As atitudes expressam a organização de sentimentos, crenças e valores, bem como a tendência para a pessoa se comportar de determinada forma. A importância que os enfermeiros atribuem à inclusão das famílias nos cuidados, é expressa nas suas atitudes, que influenciam a predisposição das famílias para participarem nos cuidados. O sentido de vida, tem sido associado a um funcionamento psicológico saudável, coping adaptativo-integrador e à competência para tomar decisões, apresenta-se como promotor do desenvolvimento humano e do cuidado integral.

Objetivos
Conhecer as atitudes dos enfermeiros, quanto à importância que atribuem à integração das famílias nos cuidados, identificar alguns fatores associados às atitudes dos enfermeiros quanto à importância que atribuem à integração das famílias nos cuidados, e avaliar a relação existente entre esses fatores e as atitudes dos enfermeiros.

Metodologia
Trata-se de um estudo transversal, descritivo-correlacional de cariz quantitativo. A amostra foi constituída por 317 enfermeiros de um Centro Hospitalar da Região Centro do País, sendo o método de seleção não probabilístico e intencional. A recolha de dados ocorreu durante os primeiros meses de 2019 com recurso a um questionário composto por questões sociodemográficas e profissionais, a escala da "Importância das Famílias nos Cuidados de Enfermagem-Atitudes dos Enfermeiros" (IFCE-AE) e a Escala dos Objetivos de Vida (EOV).

Resultados
Os enfermeiros revelam uma pré-disposição tendencialmente de abertura para a prática cuidativa, sensível às necessidades da pessoa e à necessidade de inclusão cooperativa da família no processo de cuidar, apresentando uma média total de 79,2 pontos na escala IFCE-AE, com 36,52 pontos na dimensão "Família como parceiro dialogante e recurso de coping", 31,54 pontos na dimensão "Família como recurso nos cuidados de enfermagem" e 11,14 pontos na dimensão "Família como fardo". Verifica-se que os enfermeiros que apresentam índices de objetivos de vida mais elevados, revelam em média, atitudes mais integrativas das famílias nos cuidados de enfermagem ($p<0,05$).

Conclusões
Os enfermeiros com maior índice de sentido de vida, apresentam maior predisposição para a integração das famílias nos cuidados. Estes dados reforçam a importância do desenvolvimento da Competência para o Cuidado Incondicional Proativo pelos enfermeiros, habilitando-os para a busca do próprio sentido de vida e para o acompanhamento nessa descoberta.

Palavra-chave 1
Enfermeiros

Palavra-chave 2
Sentido de Vida

Palavra-chave 3
Atitude

Palavra-chave 4
Família

Palavra-chave 5
Cuidados de Enfermagem.

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Entidade(s) Financiadora(s)
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Title

Sexual Health Knowledge, Attitudes, and Beliefs Among Nurse Practitioners and Certified Nurse Midwives Who Work with Adolescents in Non-acute Care Settings

Authors

Julia Minoia*

Introduction

Adolescents frequently experience perceived and actual barriers to sexual and reproductive healthcare related to confidentiality, access, and their relationship with healthcare providers. The purpose of this study was to determine whether there were any differences between Women's Health Nurse Practitioners (WHNPs) and Certified Nurse Midwives (CNMs) whose educational programs have a concentration in sexual and reproductive health, and Nurse Practitioners (NPs) from other specialties (Adult, Family, Pediatric, Psychiatric/Mental Health) regarding knowledge, attitudes, and beliefs toward adolescents' sexual health.

Objectives

1. Review current barriers to adolescent sexual health.

2. Compare adolescent sexual health knowledge, attitudes, and beliefs among Women's Health Nurse Practitioners and Nurse Midwives with Nurse Practitioners in other specialties.

3. Discuss strategies for competency-based curriculum in NP and CNM educational programs with positive outcomes for adolescent sexual health..

Methodology

A web-based survey was administered to NPs and CNMs (n = 204) recruited through National Association of Nurse Practitioners in Women's Health (NPWH) and Nurse Practitioner Association- New York State. Items from the Sex Knowledge Attitude Test (SKAT), Sexuality Attitudes and Beliefs Survey (SABS), and National Violence Against Women Survey (NVAWS) explored sexuality knowledge and attitudes, beliefs about addressing adolescent's sexual health, and experience of sexual violence. Bivariate analyses assessed associations between variables and content analysis examined qualitative data.

Results

Respondents to NVAWS questions (n = 171), 26% reported experiencing sexual violence. Regression analysis showed WHNP/CNM group having significantly more positive beliefs about addressing adolescent sexual health than the Other NPs group ($\beta = -3.36$, $p = .003$). Chi-square of attitude scores by region of U.S. indicated the South having the least positive attitude scores ($p < .01$). Religion ($\beta = 1.69$, $p = .04$) and religiosity ($\beta = -6.05$, $p < .0001$) were significant predictors of adolescent sexuality attitudes. The open ended question responses (n = 29, 17%) support quantitative findings of discomfort in addressing adolescent's sexual health.

Conclusions

NPs and CNMs are well positioned in non-acute settings to lead adolescent sexual health care. Study findings reinforce the need for competency-based adolescent sexual health curriculum in NP and CNM educational programs that promote professional values, compassion, and acceptance to provide adolescent-friendly services and improve sexual health outcomes.

Keyword 1

Adolescents

Keyword 2

Sexuality beliefs

Keyword 3

Sexuality attitudes

Keyword 4
Sexual health

Keyword 5
Sexual violence

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Financing entities
None

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Title
Simulation Technology and the Theory-Practice Gap.

Authors
Joset Brown*

Introduction
The theory-practice gap, a deficit in integrating theoretical concepts in the clinical environment, is typically experienced by graduate nurses with two-years or less experience as independent clinicians. The impact of this deficit results in a lack of competence and a manifestation of unsafe practices contributing to a risk to patient safety with the potential for adverse outcomes. Simulation technology is an active teaching strategy that engages the student in experiential learning and provides an opportunity to apply concepts into practice.

Objectives
The purpose of this study was twofold. The first goal was to explore the theory-practice gap as experienced by graduate nurses, and secondarily, to determine their perceptions of the use of simulation technology in pre-licensure programs to address the deficit prior to entry to practice.

Methodology
Cognitive constructivism was the conceptual framework that guided this study. A qualitative phenomenological design was used to explore the lived experiences of 13 graduate nurses employed at a community hospital in northern New Jersey recruited through purposive sampling. Semi-structured interviews were conducted utilizing a researcher-developed interview protocol based on the Casey-Fink Graduate Nurse Experience Survey.

Results
Interviews were transcribed verbatim, coded, and analyzed to identify four themes: (a) transition to practice, (b) teaching strategies (c) theory versus practice, and (d) simulated experiences. Data analysis revealed all the graduates experienced the theory-practice gap on the transition to clinical practice with variations in degree, a difficulty felt more intensely by those working in high acuity areas. The crucial finding was graduate nurses, regardless of pre-licensure preparation, experienced comparable hardships, and perceived the deficit could be reduced through the use of high-fidelity simulation.

Conclusions
Addressing the deficit during training, equips the nurse with an amplified ability to integrate theory, critically think, and make effective decisions to optimize patient outcomes earlier on entry to practice. Benefits of simulation lies in dedicated faculty, facilitated debriefing, and inclusion of realistic scenario-based experiences frequently throughout the training period

Keyword 1
Simulation

Keyword 2
Theory-Practice gap

Keyword 3
Graduate nurses

Keyword 4
Clinical practice

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Financing entities
N/A

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Title
Students' perceptions on psychiatric mental health clinical rotation

Authors
Faith Atte*

Introduction
The prevalence of mental illness and its potential debilitating sequalae calls for an increase in the number of nurses, yet few nurses elect to pursue a career in mental health. Research attributes this to the general lack of preparedness for the mental health field ultimately creating fear and stigma towards the mentally ill. Whereas much of the mental health nursing literature has focused on health care providers' perception of mental health, research on students' perceptions is still in its infancy.

Objectives
This study addressed this gap in knowledge by exploring students' perception of psychiatric mental health nursing clinical rotation and its influence on future career choice. This study was conducted over the course of 3 months. Thematic analysis was utilized to identify major themes

Methodology
The proposed study focused on guided reflective journals of approximately 22 third year nursing students before and after the mental health clinical rotation. The guided reflective questions included: 1). What is your perception of mental illness and persons with mental illness? 2). What concerns, fears or beliefs do you have regarding this clinical rotation? 3). What beliefs have changed about mental health nursing after the clinical rotation? 4). Would you consider becoming a psychiatric nurse?

Results
1). What is your perception of mental illness and persons with mental illness? Media Influence Unseen/Unheard 2). What concerns, fears or beliefs do you have regarding this clinical rotation? Fear of the unknown - "won't know what to say to these patients or that I will not know how to interact with them". Unpredictability of patients 3) What beliefs have changed about mental health nursing after the clinical rotation? Regular Human Beings 4). Would you consider becoming a psychiatric nurse? Yes - 70% No - 30%

Conclusions
Knowledge of these themes may assist faculty in developing a better learning experience for students that addresses the fear and stigma surrounding mental illness, potentially increasing the number of students choosing to become psychiatric mental health nurses.

Keyword 1
Mental health Clinical Rotation

Keyword 2
Nursing Students

Keyword 3
Beliefs

Keyword 4
Fear

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Financing entities
none

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Title
Team-Based Learning: A Quantitative Study examining Clinical Case Studies versus Concept Mapping

Authors
Deborah U Eti*, Emma Ukot

Introduction
The need for instructional strategies such as team-based learning (TBL) that engage the student, improve academic achievement, and enhance the transfer of learning to real-world encounters has increased dramatically, especially with the AACN (2019) predicting the need for an additional 203,700 new nurses each year through 2026.

Objectives
A lack of research exists on application exercises that should be used in TBL. Based on the social constructivist theory which focuses on active learning, collaboration, and knowledge construction, this study compared the use of clinical case studies versus concept mapping application exercises on the learning outcomes of nursing students

Methodology
The study used a quantitative, nonexperimental, descriptive comparative design that compared test scores of undergraduate nursing students. To measure learning outcomes, participants instructed with the TBL strategy took an online pretest in the beginning of the study and a posttest in week four.

Results
The results revealed no statistical significance in the mean posttest scores when either the case study or concept mapping application exercises were used, meaning that students who used case study application exercises did not perform better than those who used concept mapping. However, a significant difference was seen when the pretest and posttest scores of students in the TBL group were compared, indicating improved learning outcomes for both groups. An investigation of the posttest further indicated that concept mapping application exercises were more effective in teaching content related to sexually transmitted diseases, compared to the other four content areas.

Conclusions
The research study demonstrates that studies related to the individual elements of the TBL instructional strategy such as application exercises are both viable and essential. The research study further adds to the field of instructional design and nursing education on how data can improve population health in practice and academia.

Keyword 1
Team-based Learning

Keyword 2
Clinical Case Studies

Keyword 3
Concept Mapping

Keyword 4
quantitative, nonexperimental, descriptive design

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Financing entities
N/A

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Title

The Level of Confidence and Readiness for Practice Among Graduating Nursing Students: A Comparison Between the Dedicated Education Unit and Traditional Clinical Model

Authors

Persephone Vargas*, Kimberly Dimino**, Leo-Felix Jurado***, Joset Brown****

Introduction

In the traditional clinical nursing education model, the faculty brings a group of students to a clinical facility wherein the faculty provides direct supervision as the students apply knowledge and skills learned in the classroom to the patient. To improve nursing education, a different clinical nursing educational model, called the Dedicated Education Unit (DEU) was developed. The DEU differs from traditional clinical education model in the strength of the academic-clinical partnership and the organization of clinical teaching roles.

Objectives

The purpose of this study is to investigate the self-reported level of confidence and readiness for practice among graduating nursing students in the DEU and the traditional clinical model.

Methodology

This is a quantitative study using a pre-test/post-test design. The graduating nursing students completed the Casey-Fink Survey in the beginning of the rotation. The students were assigned to be in a DEU or traditional clinical experience. At the end of a 14-week clinical experience, the students completed the Casey-Fink Survey and the Nursing Anxiety and Self-Confidence Scale (NASC-CDM). T-test was used to analyze the difference between the pre-test and post-test in the two clinical groups.

Results

141 students completed the survey (DEU=64, Traditional group=77). Using the Readiness for Practice Survey pre-test, there was no statistically significant difference between the 2 groups ($p=.84$). For the post test, the DEU students' mean was higher compared to the traditional students' in all four subscales ($p<.05$), which showed that the DEU students were more prepared for practice. Using the NASC-CDM, the anxiety level was significantly lower in the DEU group compared to the traditional clinical group ($p<.05$). The self-confidence was significantly higher in the DEU group compared to the traditional clinical group ($p<.05$).

Conclusions

The study shows that the students in the DEU had more confidence, less anxiety and were more prepared to practice compared to students in the traditional clinical experience. The DEU is an approach to clinical education that can enhance graduating student nurses' preparedness to practice as professional nurses.

Keyword 1

Dedicated Education Unit

Keyword 2

Innovative Clinical Education

Keyword 3

Graduating student Nurses

Keyword 4

Readiness for Practice

References 1

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Financing entities
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Title
Utilization of VoiceThread as a Teaching/Learning Pedagogy

Authors
Leighsa Sharoff*

Introduction
Online educator facilitation, promoting student-centered learning development, requires integration of a variety of active participatory and self-directed learning processes. One such educational teaching strategy is VoiceThread (VT) integration, both as a tool for course content and assignments. Given today's pedagogical arena, there is an expectation for creative innovative teaching encouraging thoughtful engagement, fostering a sense of community while instilling proactive interactions and participation. Exploring both educators' and students' perception of this pedagogy is necessary to understand its implications in education.

Objectives
This presentation will discuss one educators' utilization of VT in a graduate nursing online genomics course, sharing the educators' perspective and those of students. In addition, utilizing VT as an orientation tool for both face-to-face didactic and online courses will be discussed.

Methodology
Six-question survey link emailed, at the completion of the course: (1) Did you enjoy this assignment? (2) Did you view any of your colleagues VT presentations? (3) Do you feel there was an increase in your retention of the knowledge gained from this VT risk assessment assignment? (4) Did you experience difficulty developing and/or uploading your VT assignment? Were the issues quickly solved? (5) Did you listen to my VT and (6) Any additional comments/feedback and feedback on your assignment.

Results
A total of six graduate students responded with extremely positive feedback. All students enjoyed the VT assignment; majority viewed their colleagues VT presentations and all agreed it increased their knowledge retention. Some student comments were: "Thank you…for coming up with these innovative methods of learning" and "It allowed us to educate each other from the perspective of a patient; it was an example of a different method that we can maybe use to teach patients". The educator enjoyed listening to the VTs, as it was an active process providing opportunities to hear students in an otherwise non face-to-face course.

Conclusions
E-learning educators need to be cognizant of the dynamics of instilling a sense of community, while developing complex-reasoning skills. VoiceThread, a new asynchronous video sharing tool, embraces 21st Century students' desire for social media activities while promoting proactive engagement that is necessary in an online environment.

Keyword 1
VoiceThread

Keyword 2
Online learning community

Keyword 3
Participatory culture

Keyword 4
Technology

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Financing entities
No financing entities to claim

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Title
Working with Nursing Student as Co-Researchers

Authors
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Introduction
Research is not a popular topic with undergraduate student nurses. It is seen as something detached from nursing. Classroom teaching is not the most effective way of inspiring students to engage in research and so an experiential method of learning one research method was trialled. With a drive internationally to engage the public in research, this project merged the need for a new learning strategy with public engagement. This paper reports on a project carried out in June 2018.

Objectives
The aim was to involve student nurses as co-researchers in a simulated study. This involved a four day training over time in which the students would learn about focus groups (day 1), conduct a focus group (day 2), analyse the data (day 3) and disseminate results to participants (day 4).

Methodology
Following ethical approval, students and faculty from the undergraduate programme were recruited via an on line appeal. Fourteen students and 8 faculty volunteered. The University have local people willing to participate in events and 27 volunteered. Seven focus groups of 1 faculty member, 2 students and 3-4 people were formed. The topic centred on what long term care services should provide. After the event the students were taught rudimentary thematic analysis (day 3) and conducted a feedback day (day 4).

Results
The results of this project showed that the students were enthused by taking part in research. All students reported they enjoyed the process immensely and expressed the desire to conduct research studies in their careers. They reported that the process made research theory comprehensible as they were involved in ethical considerations concerning care of participants, the setting up of focus groups to ensure people felt welcome and managing groups to ensure everyone had a chance to speak. A further benefit was in learning how to undertake a thematic analysis in an equitable way to all those who contributed.

Conclusions
The project was manageable because only small numbers of student agreed to participate. However, such a project could be implemented throughout the academic year to ensure every can partake in this form of experiential learning. This method of teaching is directly transferable to any higher education institution globally.

Keyword 1
Research training

Keyword 2
Experiential learning

Keyword 3
Nursing curriculum

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Financing entities
This project was funded by the university's teaching and learning committee

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Historical and cultural nursing and healthcare issues

Title
Air Force Nursing Executive Leadership Impact on Health Care 2004-2008

Authors
Robbie Victoria Hughes*

Introduction
Recorded history allows us to recognize our past and can contribute to the present and future nursing practice. Although the impact of the military nurses on global health has been going on for over a century, there is very little information found within the nursing literature

Objectives
This study explores the development and impact of Air Force nursing in its historical, social, and global context between the years of 2004 - 2008.

Methodology
The oral history method was used to explore and record the professional life experiences of a great military nurse leader's personal stories and experiences. In compliance with the Oral History Association guidelines, Institution Review Board permission, informed consent, and audiotaped interviews were obtained by the investigator.

Results
The United States Air Force Nurse Corps has contributed to global healthcare via humanitarian medical support, medical disaster relief, aeromedical patient transport, advances in technology, and nursing education during times of war, peace, and natural disasters.

Conclusions
Strong, visionary nurse leadership impacts the global health community in times of peace, war, and natural disasters. The policies implemented by nurse leaders can have lasting impact on the quality of patient care.

Keyword 1
Air Force Nursing

Keyword 2
History Military Nursing

Keyword 3
Air Force Global Impact

Keyword 4
Major General Rank

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Financing entities

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Title
Defining cultural competence in nursing and healthcare provision: a concept analysis paper

Authors
Saras Henderson*

Introduction
Literature shows a lack of clarity around the concept of cultural competence (Garneau & Pepin, 2015). Improving clarity can assist healthcare providers to better understand the concept and provide care that is culturally appropriate and equitable (Campinha-Bacote,2011). Williamson and Harrison (2010) report there is much variation in the interpretation and application of cultural competence among healthcare providers. A contemporary understanding of cultural competence is warranted. We therefore conducted a concept analysis of cultural competence using Rodgers (2000) evolutionary method.

Objectives
To develop a holistic understanding and capture the essential elements of the concept of cultural competence, the objectives are: 1. Identify current theoretical and operational definitions of the concept of cultural competence. 2. Identify and describe the constructs that are antecedents, defining attributes, and consequences of cultural competence in healthcare.

Methodology
Rodgers evolutionary method was used as it allows for inductive analysis whereby meaning, usage and application are the primary drivers in concept development (Tofthagen & Fagerstrom, 2010). Rodgers six steps of analysis were used. 1. Identify and name the concept and surrogate terms; 2. Select the sample; 3. Collect data to identify the attributes and contextual bases of the concept; 4. Analyse data to identify characteristics; 5. Identify an exemplar concept and 6. Identify implications and hypotheses for further development.

Results
The findings identified cultural openness, awareness, desire, knowledge, sensitivity, and, encounter as antecedents of cultural competence. Defining attributes were respecting and tailoring care aligned with clients' values, needs, practices and expectations and providing equitable and ethical care. Consequences of cultural competence included satisfaction with care, better adherence to treatments and improved health outcomes. A finding of note is that the antecedents and attributes of cultural competence appear to represent a superficial level of understanding, sometimes only manifested through the need for social desirability. An element in sustaining competence is the healthcare providers' capacity for a higher level of moral reasoning.

Conclusions
We highlight how moral reasoning transcends across antecedents and attributes and plays a major role in assisting healthcare providers to better understand and promote a sustainable enactment of culturally appropriate healthcare. Further research to explore cultural competence with moral reasoning embedded within its antecedents and attributes needs to be conducted.

Keyword 1
cultural competence

Keyword 2
culturally appropriate healthcare

Keyword 3
healthcare providers

Keyword 4
moral reasoning

Keyword 5
nursing

References 1
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Financing entities
A seed fund by Griffith University (Australian $2,500) supported this work.

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Title

Deliberate Self-harm among Adolescents in Thailand: Prevalence and Its Influencing Factors

Authors

Arunothai Singtakaew*, Nujjaree Chaimongkol**, Pornpat Hengudomsub***

Introduction

Deliberate self-harm (DSH) is an intentional behavior of direct destruction or chopping of body tissues which causes non-fatal physical trauma to the extent that bleeding occurs or causes a bruise to appear and without conscious suicidal intent. DSH in adolescents is frequently encountered in a mental health problem.

Objectives

To examine prevalence of DSH in Thai adolescents, and determine its influencing factors, including, gender, family relationship, school connectedness, resilience, stress, and self-control.

Methodology

A multi-stage random sampling was used to recruit participants of 406 adolescents aged 10-19 years studying high schools in the north of Thailand in 2019. Research ethics was approved by the IRB of Faculty of Nursing, Burapha University. Six research instruments included self-report questionnaires of family relationship, school connectedness, resilience, self-control, stress, and DSH. Their reliabilities were between 0.82-0.89. Data were analyzed by using descriptive statistics and multiple logistic regression analysis.

Results

The results revealed that the prevalence of DSH was 83.3%. Adolescent gender (boy), school connectedness, resilience, family relationship, and self-control were significantly associated with DSH (p

Conclusions

The prevalence of DSH among Thai adolescents is high. An intervention to strengthen and enhance the family relationship, school connectedness, resilience and self-control among Thai adolescent to prevent DSH should be developed and implemented for both gender, specifically for boys.

Keyword 1

Adolescents, Deliberate self-harm,

Keyword 2

Family relationship,

Keyword 3

Resilience,

Keyword 4

School connectedness,

Keyword 5

Self-control,

Keyword 6

Boy, Thailand.

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Financing entities
Scholarship of a presentation at international conferences for graduate students of Graduate School, Burapha University.

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Title

Herbal Usage among People with Type 2 Diabetes Accessing a Primary Care Centre in Jordan

Authors

Amer Moh'd Al-Sahouri*

Introduction

There are strong cultural and historical beliefs in complementary or alternative medicine (CAM) to be used in the management of chronic conditions including diabetes in Jordan. Most of the literature reported experiences of patients using complementary therapies, especially herbs and plants for the management of diabetes

Objectives

To explore the reasons why glycaemic control is poor among a sample of people with Type-2 diabetes who use primary care services in Jordan.

Methodology

An ethnographic approach was used encompassing a mixed methods data collection strategy which included: 80 hours of participant observation in primary care setting, semi-structured interviews with 10 health care workers (HCWs) and 6 family carers, 8 focus groups with 38 patients with poorly controlled type 2 diabetes and documentary review of health promotion resources

Results

Approximately half of the patients (n=18) reported that they either used or were using herbs at the time of data collection There were no gender differences in using herbs. The most common sources of herbal information were family, friends and media. The most common reasons for using herbs were feelings of comfort, as a perceived cure and for lowering blood glucose levels. Okra was reported as the most common plant used by a fifth of patients who used plants. Patients did not report herb and plant use to HCWs due to fear of sanction. HCWs rejected the use of herbs.

Conclusions

There is a high prevalence of herbal use among patients with diabetes. The findings revealed the influence of family and friends on patients' decisions to seek complementary health care. Although most of the patients were satisfied with herbal usage, HCWs had negative attitudes towards the use of plants and herbs.

Keyword 1

Culture

Keyword 2

Belief

Keyword 3

Herbs

Keyword 4

Historial

Keyword 5

Okra

Keyword 6

Jordan

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Financing entities
None. Acknowledgement to Professor Joy Merrell and Doctor Sherrill Snelgrove for contributions in this research.

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Title
How to Use Social Media to Become an Influencer

Authors
Mona Shattell*, Melissa Batchelor-Murphy**, Rebecca Darmoc***

Introduction
In todays' world, many people obtain their news and health information through social media. In order to be part of the healthcare conversation, and to influence the conversation, nurses need to learn how to effectively use social media. Nurses are integral members of the health care team and can use social media to educate the public, connect with care and patient communities, influence policy, and promote the good work that nurses do.

Objectives
In this session, participants will learn the art of using Twitter - the most frequently used social media outlet for professional networking and conferences. This hands-on workshop will offer participants ideas on how to use Twitter effectively - to share publications, discus new clinical practice guidelines, and discuss policy.

Methodology
This session will be a hands-on workshop to define the difference between handle and hashtags, demonstrate a constructive and efficient tweet and hashtag, and identify the principles of social media etiquette.

Results
Twitter can help you enhance your professional brand and become an influencer. Nurses can use twitter to send messages for example, about flu vaccinations, cardiovascular month, and weekly mental health, aging, and social media tips.

Conclusions
After this session, you will engage with Twitter Followers, construct basic tweets using #hashtags and @Handles, and showcase or accelerate participants' professional engagements to the next level. @SigmaNursing @NursingNow2020 #WeGotThis.

Keyword 1
social media

Keyword 2
Influencer

Keyword 3
Twitter

Keyword 4
health policy

Keyword 5
public thought leadership

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Financing entities
None

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Title

Influence of socio-cultural factors on patients' diabetes management in Jordan

Authors

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Introduction

As populations in Jordan become more urbanized, and as lifestyles shift towards increased physical inactivity and increased food consumption, the prevalence of obesity and overweight is expected to rise. Lack of knowledge about healthy behaviors and the role of social activities that are associated with consuming a high calorie dense food, sedentary lifestyle and physical inactivity. There is also a cultural belief regarding a positive image of plumpness among most people in Arab countries

Objectives

To explore the influence of sociocultural factors on management of diabetes among a sample of people with type-2 diabetes who use primary care services in Jordan.

Methodology

An ethnographic approach was used encompassing a mixed methods data collection strategy which included: 80 hours of participant observation in primary care setting, semi-structured interviews with 10 health care workers (HCWs) and 6 family carers, 8 focus groups with 38 patients with poorly controlled type 2 diabetes and documentary review of health promotion resources.

Results

Sociocultural factors included: eating habits, emotional component of food, the stigma of the disease, social embarrassment with physical activity and medication and seeking complementary therapies. Approximately one-third of the patients (n=11) talked about the influence of social and cultural customs surrounding diet on adherence to their diet plan. Lack of an exercise culture in Jordan and social norms affected patients' efforts to engage in physical activity. Social embarrassment with insulin and metformin and how the social relationships were affected by taking medications. Approximately half of the patients (n=18) reported that they either used or were using herbs.

Conclusions

This study identified the influence of the socio-cultural context; social meaning of food and socio-cultural barriers restricted women to engage in outdoor physical activities. The findings will be used to inform policy and practice and specifically used to inform the development of an educational package including sociocultural aspects of diabetes.

Keyword 1

Culture

Keyword 2

Social

Keyword 3

Diabetes

Keyword 4

Herbs

Keyword 5

Embarrassment

Keyword 6

Norms

References 1
Barnard, N., Levin, S., Gloede, L., & Flores, R. (2018). Turning the Waiting Room into a Classroom: Weekly Classes Using a Vegan or a Portion-Controlled Eating Plan Improve Diabetes Control in a Randomized Translational Study. Journal of the Academy of Nutrition and Dietetics, 118(6), 1072-1079. doi:10.1016/j.jand.2017.11.017.

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Financing entities
None

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Título
Perfil e manejo da experiência de dor na perspetiva de indígenas de etnias da amazónia

Autores
Eliseth Ribeiro Leão*, Elaine Barbosa de Moraes**, Daniela Reis Dal Fabbro***

Introdução
A experiência dolorosa é complexa e sofre influência do contexto sociocultural. Apesar da existência de normas legais internacionais e nacionais para a proteção dos indígenas, persistem desigualdades na saúde, caracterizadas principalmente por barreiras de acesso geográfico e sociocultural. O Brasil possui uma população indígena com cerca de um milhão de indivíduos, sendo que 306 mil habitam a região amazónica. Nesse contexto, dados sobre saúde indígena são escassos e limitados, sobretudo, sobre a dor relacionada a agravos de saúde.

Objetivos
Conhecer as principais queixas álgicas de indígenas da Amazónia e as terapias utilizadas para o manejo e controle da dor; desenvolver uma cartilha com informações e aspectos culturais para o manejo da dor, para ser utilizada pelas equipes dos Distritos Sanitários Especiais Indígenas (DSEIs).

Metodologia
Trata-se de estudo descritivo-exploratório com abordagem etnográfica (etnoenfermagem). Foram realizadas duas expedições científicas à Amazônia nas quais foram estudados 90 indígenas – das etnias Matis, Marubo e Kanamary, do Vale do Javari (Amazonas) e Huni Kuin e Ashaninkas (Acre). Com auxílio de um tradutor indígena foram realizadas entrevistas semiestruturadas para levantamento da localização, etiologia, intensidade e duração da dor; fatores de melhora; fatores de piora e tratamentos utilizados, de forma a caracterizar a experiência da dor.

Resultados
A idade dos participantes variou entre 19 e 98 anos (mediana = 37). A maioria (78%) referiu algum tipo de dor pregressa, na cabeça (58%) ou no corpo (74%), sendo a dor articular em MMSS mais presente nos homens (p= 0,028) e a pélvica nas mulheres (p=0,002). Na entrevista 64 (71,1%) indivíduos referiram dor musculoesquelética, principalmente articular (96%). As dores descritas como “queimação” foram predominantes. A intensidade foi descrita como forte para 32% dos participantes, de caráter crônico (29%), que melhora com repouso (40%), medicina tradicional indígena (36%), e piora com atividade/esforço (73%). Cartilha bilíngue sobre dor foi elaborada.

Conclusões
Este é o primeiro estudo sobre a dor dos indígenas brasileiros. Foi elaborada uma cartilha, já traduzida para a língua Marubo e Nheengatu sobre os principais aspectos culturais da dor, reflexões sobre sua forma de mensuração e manejo com o objetivo de aproximar os saberes ancestrais e científicos.

Palavra-chave 1
Dor

Palavra-chave 2
Saúde de Populações Indígenas

Palavra-chave 3
Medicina Tradicional

Palavra-chave 4
População indígena

Palavra-chave 5
Indígenas

Palavra-chave 6
Enfermagem Transcultural

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Entidade(s) Financiadora(s)
Fundação de Amparo à Pesquisa do Estado de São Paulo (FAPESP)

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Title
The health implications of violence and green space on urban communities

Authors
Gibran C. Mancus*, Jacquelyn Campbell**, Phyllis W Sharps***

Introduction
Aggression and violence are positively associated with anomalously warm temperatures. Based on predicted changes in global carbon dioxide emissions and their influence on climate change, violent crime related to climate change is predicted to increase over the coming century. Green space in communities has been found to have an inverse association with aggression, violence and ground level temperatures. Green space is a modifiable factor that can support the resilience of communities to health impacts of climate, including aggression and violence.

Objectives
While positive associations between green space and resilience among children and non-Hispanic whites have been found, little is known about the impact on African American women. This study explored the resilient potential of urban dwelling African American women residing in neighborhoods with different levels of green space.

Methodology
This was a quantitative descriptive study of women living in Baltimore City, Maryland in the United States of America. Data included 10 in-depth interviews of key informants (n=7) and exposed informants (n=3) representing communities with high and low levels of green space, along with public and historical records, field notes, and satellite images were analyzed. The thematic analysis of the interviews was built on individual and community level data aggregated within geographic information system software.

Results
We found inequity in environments, including levels of greenness, traffic proximity, vacant property and violent crime. Analysis of the qualitative data identified barriers and facilitators to potential green space supported resilience. Barriers were a combination of the physical and social environment including traffic patterns, vacant property and crime. Facilitation depended on the social capital of individuals and communities to influence their environment. Green space was a catalyst for community building and promoting feelings of calmness. Creation of green space by community members out of vacant lots creates space for people to come together and build community.

Conclusions
Green spaces may offer the opportunity for passive engagement of non-threatening stimuli, promoting a sense of calm. Findings suggest the importance of nurturing existing green spaces, especially in neighborhoods living with systematic institutional oppression, segregation and disinvestment, resulting in communities who struggle to leverage influence over their environment.

Keyword 1
Green Space

Keyword 2
Violence

Keyword 3
Climate Change

Keyword 4
Resilience

Keyword 5
Environmental Justice

Keyword 6
Geographic Information Systems

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Financing entities
We have no disclosures to report.

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ViPER Posters

Clinical Pratice

Título
Adaptação do survey children with special healthcare needs ao português brasileiro

Autores
Jéssica Renata Bastos Depianti*, Thaís Guilherme Pereira Pimentel**, IVONE EVANGELISTA CABRAL***

Introdução
As crianças com necessidades especiais de saúde – CRIANES ou como também conhecidas na literatura internacional como Children with special health care needs fazem parte do grupo infantil que apresenta maior chance de desenvolver uma condição física, de desenvolvimento, comportamental ou emocional crónica. Na busca de identificar esse grupo e suas demandas especiais de saúde, adequou-se um instrumento à língua portuguesa brasileira para uso em contexto hospitalar pediátrico.

Objetivos
Adaptar culturalmente o instrumento National Survey of Children with Special Health Care Needs para o português brasileiro adequando-o as crianças com necessidades especiais de saúde em hospitalizações prolongadas.

Metodologia
Estudo metodológico com 2 revisões integrativas, baseou-se em 3 etapas propostas por Guillemin et al, precedido de etapa 0, quando fez-se seleção de perguntas (267 distribuídas em 11 secções), tradução semântica das respostas e criação do Comité de Referendo. Nas revisões integrativas, buscou-se legislações que tratam do direito da criança e sistema de saúde para contextualizar as adequações à realidade brasileira, retornando 43 textos lidos na íntegra.

Resultados
Permaneceram 7 secções (5 do instrumento original e adicionado 2 secções (1 e 7) com 167 perguntas; destas, 48 exigiram adequação e 119 mantiveram-se com a formulação original. 1 refere-se à caracterização da criança e família; 2, estado de saúde e funcionalidade; 3–outras doenças; 4–cuidado centrado na família e compartilhamento na tomada de decisões; 5–impacto na família; 6–renda família; 7–cobertura vacinal.

Conclusões
Instrumento atende a especificidade da população que permanece longo período hospitalizada, podendo garantir melhorias no cuidado prestados a essas crianças e subsídios para criação de políticas públicas.

Palavra-chave 1
Metodologia

Palavra-chave 2
Criança Hospitalizada

Palavra-chave 3
Enfermagem Pediátrica

Referências bibliográficas 1
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Entidade(s) Financiadora(s)
Fundação de Amparo à Pesquisa do Rio de Janeiro (FAPERJ)-Brasil.

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Titulo
Aplicação do índice de incontinência anal em pacientes com incontinência fecal após Acidente Vascular Cerebral

Autores
Thelma Leite de Araujo*, Ana Cecília Menezes Lopes, Samantha Matos Borges, Liana Quéren Alves Lima Silva, Emilia Soares Chaves Rouberte

Introdução
Incontinência fecal (IF) diferentemente de Incontinência anal (IA) uma vez que diz respeito somente à perda involuntária de fezes, enquanto IA se refere à queixa de perda involuntária de fezes e/ou flatos. Dessa forma, em pacientes com Acidente Vascular Cerebral (AVC), importa investigar as duas alterações, porque o mecanismo da defecação é controlado pelo Sistema Nervoso Central (SNC) e danos provocados por doenças, como o AVC, poderem acarretar alterações e comprometer o funcionamento do trato gastrintestinal.

Objetivos
Verificar a gravidade da IF por aplicação do Índice de Incontinência Anal (IIA) em pacientes após AVC em acompanhamento ambulatorial em dois hospitais de referência no tratamento e cuidado de doenças cerebrovasculares no Ceará/Brazil.

Metodologia
Estudo transversal, realizado de novembro de 2018 a abril de 2019, com 28 participantes com AVC e IF. Adotou-se o IIA, intrumento desenvolvido para determinar se a IF refere apenas às fezes ou perda simultânea de fezes e flatos, classificando a gravidade das perdas em escores de 0 (completa continência) a 20 (franca incontinência). Escores de 0 a 7 referem-se à IF leve, de 8 a 13 à IF moderada e de 14 a 20 correspondem à IF grave.

Resultados
Houve predomínio das categorias situações moderada (57,1%) e grave (10,8%) nos pacientes avaliados; demais manifestaram situação leve (32,1%).

Conclusões
A aplicação do IIA demonstrou a gravidade da IF em pacientes com AVC servindo de base para intervenções de profissionais, como enfermeiros, coloproctologistas, cirurgiões gerais e do aparelho digestivo, que atuam nesta área, de forma a reduzir os desconfortos da falta de controle das eliminações, propicionando melhor qualidade de vida.

Palavra-chave 1
Incontinência Fecal

Palavra-chave 2
Acidente Vascular Cerebral

Palavra-chave 3
Índice de Incontinência Anal

Referências bibliográficas 1
Jorge, J. M. N., & Wexner, S. D. (1993). Etiology and management of fecal incontinence. Ohio: Diseases of the Colon & Rectum.

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Entidade(s) Financiadora(s)
CNPq/Processo nº 312921/2018-7: Cuidado Integrado na Promoção da Saúde Cardiovascular. CAPES.

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Título
Bases para a construção de diretrizes de diálogo de enfermeiros (as) com famílias de crianças com leucemia em redes sociais.

Autores
Camille Xavier de Mattos*, IVONE EVANGELISTA CABRAL**

Introdução
Os enfermeiros (as) vêm participando e interagindo em redes virtuais, com pessoas que vivem uma condição crônica, porém de forma tímida. O uso de mídias sociais, fundamentado em conhecimento científico e integridade ética, pode se constituir uma potencial ferramenta de diálogo e de promoção da saúde pública, pelos enfermeiros(as). Portanto, intensificar sua participação nessa rede importa refletir sobre como comportar-se na web para atender às necessidades e demandas de pacientes, de forma ética e responsável.

Objetivos
1) Selecionar postagens de familiares usuárias de Facebook institucional, que abordam necessidades de Saúde e demandas de cuidados de crianças com leucemia; 2) Articular as melhores evidências e boas práticas com as necessidades de Saúde e demandas de cuidados.

Metodologia
Pesquisa qualitativa, desenvolvida com dinâmicas de criatividade e sensibilidade (Corpo-saber, Mapa Falante) do método criativo e sensível. Nove enfermeiros pediatras e oncológicos participaram das dinâmicas em três encontros, sendo que sete deles elaboraram o diário de campo virtual. Aplicou-se a Análise de Conteúdo categorial de Bardin aos dados. Projeto aprovado pelo Comitê de Ética em Pesquisa, Parecer Número 2.850.824.

Resultados
As postagens abordam necessidades de saúde relacionadas a acesso a tecnologia, vínculo, promoção da autonomia e boas condições de vida de crianças com leucemia. As demandas de cuidados mais recorrentes para acesso a tecnologia foram tratamento do câncer e transplante de medula óssea. Em recursos para alívio do sofrimento destacam-se a brinquedoteca, manifestações de espiritualidade, fé, Deus e vínculo com os profissionais de saúde e com a Instituição. Busca de informações relacionadas às campanhas de medula óssea e sinais e sintomas do câncer infantil promovem autonomia. O brincar da criança relaciona-se com qualidade e boas condições de vida.

Conclusões
O Facebook é um espaço virtual, heterogêneo e dinâmico. Nele, familiares compartilham experiências e procuram apoio. É uma rede social em que as pessoas buscam informações, tiram dúvidas, criam vínculos e se fortalecem. Esta rede social pode ser uma importante ferramenta de diálogo com familiares de crianças com leucemia.

Palavra-chave 1
Enfermagem pediátrica

Palavra-chave 2
Criança

Palavra-chave 3
Leucemia

Palavra-chave 4
Redes sociais

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Título
Conhecimentos dos doentes renais crónicos na fase pré-dialítica: scoping review

Autores
Rosa Dilar Pereira da Costa*, Filipa Marina Cardoso de Aguiar**, Carina Aguiar Gouveia dos Santos***

Introdução
Baixos níveis de conhecimento em Saúde reduzem a capacidade do doente para a autogestão da doença. A literatura refere que um número significativo de doentes renais apresentam défices de conhecimentos em todos os estádios da doença com impacto negativo nos ganhos em Saúde para o doente, nomeadamente, não adesão ao tratamento, hospitalização e morte.

Objetivos
Identificar estudos sobre os conhecimentos dos doentes renais crÃ³nicos não submetidos a tratamento de substituição da função renal através da revisão de estudos sobre conhecimentos na doença renal crónica visando a identificação de gaps na literatura, direcionar a investigação futura e ampliar o conhecimento neste domínio.

Metodologia
Realizou-se uma pesquisa sistemática através das bases de dados eletrónicas (MEDLINE, CINHAL, pubMed, Nursing&Allied Health Colection: Comprehensive, Cochrane Database of Systematic Reviews). Na realização da scoping review recorremos ao modelo de Arksey e O'Malley (2005). Com base nos critérios de inclusão e exclusão dos X artigos pesquisados obtivemos X artigos para análise. A pesquisa foi realizada entre novembro e dezembro de 2019.

Resultados
Foram analisados X estudos em resposta à questão e aos objetivos definidos. Os estudos apontam que os baixos níveis de conhecimento estão associados a agravamento da função renal, baixo nível educacional, reduzida capacidade de decisão e dificuldade na autogestão da sua condição de saúde. Os estudos também demonstraram que o défice de conhecimentos sobre a doença renal estava associado a maior consumo de cuidados de saúde, nomeadamente idas ao serviço de urgência frequentes, eventos cardiovasculares e redução de ganhos em saúde para o doente.

Conclusões
Mais investigação é necessária na identificação do défice de conhecimentos sobre doença renal na fase pré dialítica e sua relação com autogestão da doença. Esta scoping review sublinha a necessidade de desenvolver um instrumento específico que avalie os conhecimentos sobre a doença renal e intervenções de autocuidado desenvolvidas pelo doente.

Palavra-chave 1
conhecimento, doença renal crÃ³nica

Palavra-chave 2
doentes renais crÃ³nicos

Palavra-chave 3
comportamentos de autogestão

Palavra-chave 4
educação para a saúde

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Entidade(s) Financiadora(s)
Não aplicável

Título
Contributos da adaptação e utilização da Lista de Verificação da Organização Mundial Saúde para o Parto Seguro: uma scoping review

Autores
Maria João Baptista dos Santos de Freitas*, Marisa Monteiro**

Introdução
O parto é um processo complexo e não isento de risco de morbilidade/ mortalidade materna e/ou fetal. A utilização de instrumentos padronizados de verificação de processos de cuidados inerentes ao trabalho de parto e puerpério imediato, conferem qualidade e segurança aos mesmos. Contudo, necessitam de estudos de adaptação ao contexto a que se destinam prévios à implementação, ancorados na identificação das principais causas de morte materna, perinatal e nas condições do ambiente de cuidados (incluindo os recursos humanos e materiais).

Objetivos
Mapear as evidencias disponíveis sobre os contributos da utilização da Lista de Verificação da Organização Mundial Saúde para o Parto Seguro (LVOMSPS) e da sua adaptação a diferentes contextos.

Metodologia
Revisão sistemática da literatura segundo o método do Joanna Briggs Institute. Foram considerados os critérios de inclusão: Identificar os contributos da utilização da Lista de Segurança da OMS para o parto seguro (Conceito) da grávida em trabalho de parto (População) e da sua adaptação ao contexto clínico (Contexto). As bases de dados selecionadas foram a CINAHL, MEDLINE e ACADEMIC SEARCH. Os dados extraídos foram triados e analisados pelo título, resumo e texto completo, por dois revisores e agrupados em categorias.

Resultados
Incluíram-se sete estudos na scoping review. Verificou-se que: os custos associados à implementação da LVOMSPS eram reduzidos, tendo sido fácil a adesão dos profissionais (Nababan et al, 2017), promovia o uso de práticas seguras, menor duração do internamento, melhoria da satisfação das parturientes, menores taxas de mortalidade materna e neonatal (Sepctor et al, 2012). Reconhecem melhoria na comunicação, no trabalho multidisciplinar e na identificação de áreas de melhoria para a gestão dos recursos (Albolino et al, 2017). Contudo é critico a adaptação da LVOMSPS e novos estudos para compreender a interação entre qualidade, contexto e resultados (Semrau et al, 2018).

Conclusões

Com esta revisão, foi possível identificar as inúmeras vantagens da utilização da LVOMSPS, tanto para a díade mãe/filho, como para os profissionais que a usam como garantia de uma assistência com qualidade. Evidenciou-se também, a necessidade de adaptar a LVOMSPS ao contexto, para melhor eficiência e resposta a necessidades locais.

Palavra-chave 1
Mulher e Parto

Palavra-chave 2
Lista de Verificação

Palavra-chave 3
Qualidade

Palavra-chave 4
Segurança

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Entidade(s) Financiadora(s)
Sem entidade financiadora

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Title

Does non-pharmacological methods improve pain among the Substance Use Disorders Population?

Authors

Mishiko L. Redd, Nancy S. Goldstein*

Introduction

Management and treatment of chronic pain among individuals with substance use disorder (SUD) presents complex issues associated with public health crisis (Substance Abuse and Mental Health Services Administration (SAMHSA), 2019). According to SAMHSA (2019), there is increased likelihood of opioid addiction and chronic pain to co-occur. Globally, chronic pain is estimated to affect about 50 percent of the world's population, with an estimated 10 percent of population being newly diagnosed each year (de Souza, et al., 2017; Raffaeli & Arnaudo, 2017).

Objectives

Treatment of chronic pain with opioids alone is not beneficial due to the increased likelihood of addiction or overdose (Ballantyne & Sullivan, 2015). The purpose of this presentation is to describe the impact of non-pharmacological methods (physical therapy and/or exercise) in managing chronic pain within the substance use disorder population.

Methodology

A search strategy was conducted using the question "What is known about physical therapy and/or exercise improving chronic low back pain in the substance use disorder population?" A comprehensive literature search was applied to PubMed and adapted to CINAHL plus and Embase. The following key search concepts were selected: pain AND physical therapy AND substance use. Medical Subject Heading (MeSH) terms and other controlled vocabulary equivalents were applied in the search. Relevant titles and abstracts were retrieved for full text.

Results

Articles were retrieved (n=759) from: PubMed (n=104), CINAHL plus (n=220), and Embase (n=435). Duplicates were removed leaving full text articles (n=475). Articles screened for inclusion (pain, physical therapy, substance use, articles >2009) and exclusion criteria (articles < 2009, non-English language, non-peer-reviewed articles, book chapter, conference proceedings, and non-human subjects). Five publications met criteria: four randomized control trials and one quasi-experimental study. All studies discussed significance of chronic and low back pain. Two studies focused on substance use disorder with physical activity intervention for low back pain. Emerging concepts included use of non-pharmacological treatments and SUD patients suffering with chronic pain.

Conclusions

Research suggests limited evidence is available to make a concise conclusion of how physical therapy and/or exercise can assist in improving chronic low back pain for the SUD population. Further research is needed to explore the result of consistent physical therapy and/or exercise decreasing pain levels of the SUD population.

Keyword 1

Substance use disorders

Keyword 2

Chronic Pain

Keyword 3

Physical therapy

Keyword 4

Exercise

Keyword 5

Alternative pain treatment

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Ballantyne, J.C., & Sullivan, M.D. (2015) Intensity of chronic pain — the wrong metric? New England Journal of Medicine, 373:2098-2099. DOI:10.1056/NEJMp1507136

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Financing entities
There are no relevant, material, or financial interests related to this research.

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Título
Efetividade do polihexametileno-biguanida (PHMB) associado ao alginato de prata no tratamento de úlceras por pé diabético.

Autores
Valéria Aparecida Masson*, Marilene Neves da Silva**, Gislaine Vieira Damiani***, Annibal Rossi****, Aniele Fernandes Rodrigues Grosseli*****, Alessandra Fumiko Yatanabe de Campos******

Introdução
Atualmente o Diabetes Mellitus (DM) representa um sério problema de saúde pública devido aumento da prevalência, morbidade e mortalidade. Dentre suas complicações destacamos o pé Diabético, que é "infecção, ulceração e/ou destruição de tecidos moles associadas a alterações neurológicas nos membros inferiores (Andrade, 2010). A inclusão do PHMB associado a coberturas com prata mostra-se relevante para o tratamento de feridas contaminadas, de modo a promover uma ação terapêutica específica e evitar o crescimento de microrganismos (Butcher. 2011).

Objetivos
Relatar a efetividade do PHMB associado ao alginato de prata no tratamento de úlcera por pé diabético.

Metodologia
Trata-se de estudo descritivo exploratório de relato de experiência com três sujeitos com úlcera por pé diabético submetidos ao protocolo de tratamento com PHMB associado a cobertura de alginato de prata. A coleta de dados ocorreu por meio de acompanhamento e aplicação de instrumento de avaliação com variáveis de evolução da lesão. Os resultados foram registrados em prontuário e a análise dos efeitos do tratamento foi realizadas por registro fotográfico e as imagens foram analisadas no software imageJ(Rasband, 2012)

Resultados

Caso 1: mulher 43 anos, diabética, com doença arterial obstrutiva periférica, após trauma com objeto contuso, apresentou ulceração infectada do pé direito na região plantar, média e lateral. Cicatrização em 5 meses. Caso 2: Homem, 53 anos, diabético descompensado, apresentou ulceração e infecção no dorso do pé esquerdo por sapato apertado. Cicatrização em 4 meses. Caso 3: Homem 48 anos, diabético descompensado, sepse com foco cutâneo, apresentou ulceração no dorso do pé esquerdo e região plantar por corpo estranho. Cicatrização em 5 meses.

Conclusões
O PHMB associado ao alginato de prata apresenta resultados positivos para o reparo tecidual e controle da infecção no tratamento de úlceras por pé diabético podendo ser indicado como recurso para potencializar processos biológicos envolvidos com a reparação do tecido cutâneo, com ação terapêutica na descontaminação e controle da infecção.

Palavra-chave 1
Enfermagem

Palavra-chave 2
pé diabético

Palavra-chave 3
cicatrização

Palavra-chave 4
ferimentos e lesões.

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Entidade(s) Financiadora(s)
Hospital Unimed Capivari

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Title
Effects of traditional Chinese exercise on cancer-related sleep disturbance: current evidence and directions for future research and practice

Authors
Liqun Yao*, Jingyu Tan, Catherine Turner, Tao Wang, Xianliang Liu

Introduction
Sleep disturbance is one of the major symptoms experienced by cancer patients (First, 2013). Up to 75% of patients had experienced sleep disturbance (Irwin, 2013). Traditional Chinese exercise (TCE) is widely utilised by cancer patients to relieve sleep disturbance. In the past decade, the number of studies on TCE for cancer-related sleep disturbance (CRSD) has been increasing (Myers, et al., 2019; Vanderbyl et al., 2017). However, relevant research evidence has not been systematically summarised

Objectives
This systematic review aimed to summarise and critically assess the effects of TCE on sleep disturbance in cancer patients.

Methodology
A systematic search was performed in the eleven databases from their inception to July 2019. Randomised controlled trials (RCTs) assessing the effects of TCE on CRSD were included. The primary outcome was the change in cancer-related sleep quality as measured by questionnaires. The secondary outcome was adverse events related to TCE intervention. The Cochrane risk of bias criteria was used to evaluate the methodological quality of all the included articles. Descriptive analysis was used to narratively summarise the study's findings.

Results
Ten published studies and three ongoing clinical trials were included. TCE has a significantly better effect on sleep disturbance than the usual care. However, contradictory findings were reported in three studies, in which TCE was compared with other exercises. Only one trial compared true TCE with a sham intervention. The true TCE group was not significantly better than the sham group in managing sleep disturbance. In addition, no statistically significant difference can be found between the TCE group and cognitive behaviour therapy for insomnia (CBT-I) group in terms of sleep disturbance management, although the result trend favoured the TCE group.

Conclusions
The results indicated TCE could be an effective approach for the improvement of CRSD. However, the research evidence is inconclusive given the limited quantity and methodological quality of the included studies. Rigorously designed large-scale, sham-controlled RCTs are warranted to further explore the role of TCE in the management of CRSD.

Keyword 1
sleep disturbance

Keyword 2
cancer

Keyword 3
traditional Chinese exercise

Keyword 4
systematic review

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Financing entities
This systematic review was supported by the Australian Government Research Training Program (RTP) scholarship

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Title
Examining Nurse Satisfaction Using the Digital Patient Summary Report during Bedside Handover

Authors
Imelda Principe*

Introduction
Studies had shown that communication failures have often been implicated in adverse patient outcomes with communication breakdowns causing nearly 70% of sentinel events. Patient safety is at risk when there are breakdowns in communicating the relevant information for patient care. Digital patient summary serves as a tool for nurses to use during bedside handover report. The literature indicated that a digital patient summary improves the quality, safety and efficiency of patient care.

Objectives
The purpose of this project was to explore whether the use of a digital patient summary during bedside handover impacts nurse's satisfaction. Digital patient summary facilitates accurate report delivery during handover.

Methodology
The pilot study of implementing the digital patient summary for bedside handover was done in the acute care services of the facility. A post implementation survey of the bedside handover process was conducted after one month and two months to examine registered nurses' (RN) (n = 50). Staff nurses completed the survey at 1 month and 2 months post implementation of the digital patient summary to examine the impact of its use during bedside handover related to nurse's satisfaction.

Results
Matched pair t tests revealed a significant increase in scores noted during the second month. Specifically, these significant increases in scores were "Bedside handover report provides time for the incoming RN to verify patient's health issues that need to be addressed at once (p = .05)", "I am satisfied with the handover report process conducted at the patient's bedside (p = .01)," and total score (p = .03). The survey results found that RNs were more satisfied with the use of digital patient summary during the second month.

Conclusions
The integration of a digital patient summary assisted nurses to find patient information easily in the EMR. The use of digital patient summary during bedside handover report prevents communication gaps between incoming and outgoing nurses.

Keyword 1
Handover communication

Keyword 2
Bedside handover report

Keyword 3
Nursesâ€™ satisfaction

Keyword 4
Patient safety

References 1
Jeffs, L. (2014). Patient's views on bedside nursing handover. Journal of Nursing Care Quality, 29(2), 149-154.

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Financing entities
The author had financially supported herself throughout the conduction of this study.

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Title
Family Centered Care: A Student-Led Quality Improvement Project

Authors
Kimberly Dimino*, Kristen Myers, Gabriel Morton**, Kevin Deleon***, Markie Serafini****, Bea Fernandes*****

Introduction
Family Centered Care in pediatrics is based on the understanding that the family is the child's primary source of strength and support. Research shows that parents perceive their role in their hospitalized child's care differently than health professionals do. Providing opportunities for parents and caregivers to support each other enhances patient and family experiences and improves patient outcomes.

Objectives
The purpose of this quality improvement project implemented by student nurses in an inpatient setting was to enhance Family Centered Care and better support parents' during their child's hospital stay. The project was implemented to determine if a formalized initiative would enhance Family Centered Care in the hospital.

Methodology
The unit was a pediatric unit in an urban area in Northern NJ. In collaboration with nurses and child life, students created and installed a temporary tip board intended to elicit tips and notes for parents by parents. The board had slips of paper in pockets that could be used to add a note, with stickers to add to notes that parents liked. Students and unit staff monitored the board. Students conducted brief interviews with parents who utilized the board.

Results
Over a course of 7 days, 9 notes were added to the board. Handwritten notes, 7 English and 2 Spanish, were notes of encouragement, "you are doing a great job," support, "take a walk" and "don't' feel guilty for taking a break," and gratitude, "thank you to our nurses" and "thank you for washing your hands." Themes from parent responses to the question, How did the Tip Board make you feel?, included reduced stress, feeling comforted by others in similar situations, and feeling supported and cared for by staff, especially as it pertained to spirituality, culture, and overall well being.

Conclusions
A family centered care quality improvement project was successfully implemented by student nurses in collaboration with nurses and a child life team on a pediatric unit. The positive results of this project have resulted in a more formalized Parent to Parent Tip Board on the pediatric unit.

Keyword 1
Family Centered Care

Keyword 2
Supporting parents

Keyword 3
Hospitalized children

Keyword 4
Pediatric nursing

Keyword 5
Multidisciplinary approach

Keyword 6
parent to parent support

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Financing entities
none

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Title
Improving Consistancy of Communication Among Caregivers Through Interprofessional Collaboration

Authors
Carrie Maloney Robertshaw*

Introduction
There is strong evidence that the quality of communication among the care team and between patients/families and health professionals has a significant impact on outcomes and patient/family care experience. Effective education is essential to educate and empower patients and families to assist them with a safe transition to the community.

Objectives
Kaiser Foundation Rehabilitation Center (KFRC) identified the opportunity to improve the perception of consistent communication among care providers as indicated in the care experience survey after discharge. To address this issue, an interdisciplinary team was formed using evidence-based approach to improve the perception of consistency of communication in acute rehabilitation.

Methodology
Formed a team from all disciplines; employed performance-improvement methodology; defined outcome, process and balancing measures; Creation of weekly Team Goals so that all care team members, patients and families can understand goals of care; therapist/nurse hand-off in front of patient; care boards in room designed to include elements important to patient; welcome and tour for family members by nurse leader to orient what to expect and amenities for comfort and support

Results
In 2019, KFRC achieved exceptional results, achieving 75.7% of survey respondents rating communication as indicated by the question "How often were the different therapists and staff consistent with each other in providing information and care?" a 9 or a 10.

Conclusions
This project promotes the model of patient and family centrism, designing care in collaboration with patients and families. Effective communication impacts care experience, quality and affordability.

Keyword 1
communication

Keyword 2
interprofessional

Keyword 3
patient

Keyword 4
collaboration

Keyword 5
acute rehabilitation

References 1
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Financing entities
NA

* Kaiser Permanente, Continuity of Care , Director

Title

Improving nursing practices related to the peripheral venous catheterization of oncology patients: an action research study in Portugal

Authors

Paulo Jorge dos Santos Costa*, Filipe Manuel Paiva dos Santos**, Anabela de Sousa Salgueiro Oliveira***, Pedro Miguel dos Santos Dinis Parreira****, Margarida Maria da Silva Vieira*****, João Manuel Garcia Nascimento Graveto******

Introduction

Obtaining peripheral intravenous access is one of the pillars of contemporary healthcare (Chopra et al., 2015). However, the insertion/maintenance of a peripheral intravenous catheter (PIVC) is not risk-free and there is evidence of recurrent local and systemic complications in up to 90% of the devices (Alexandrou et al., 2018). Although PIVC-related complications have been systematically studied across different clinical cohorts, there is an evident gap in the literature regarding its incidence and impact in oncology patients (Takashima et al., 2015).

Objectives

In Portugal, nurses are responsible for PIVC-related care. Thus, the research team intends to identify current clinical practices and technologies in use during the peripheral catheterization of oncology patients. Based on the initial findings, the research team will develop/implement a multimodal intervention, and assess its effectiveness in reducing associated complications.

Methodology

Through Action Research method (Kuhne and Quigley, 1997), three major phases of activities will be carried: i) Planning phase, where the current nursing practices and technologies used will be identified, as well as the most frequent PIVC-related complications; ii) Action phase, in which a multimodal intervention will be implemented to standardize and align nurses' PIVC-related practices to the latest scientific evidence and available technology; iii) Reflection phase, discussing the project’s results with the nursing team and the Institution’s Board.

Results

Integrated in the activities stipulated for the first phase (Planning), formal authorization was obtained for study conduction by the Instituto Português de Oncologia Coimbra’s Administration Board. The research team held several meetings with the nursing team from one surgical ward. After consultation with a panel of experts on vascular access, data collection instruments were created to be used in the project's succeeding activities. Currently, an Observational Prospective study is being carried with the support of the nursing team and ward manager.

Conclusions

The multimodal intervention to be developed is expected to substantiate the provision of higher quality and safe nursing care and constitute a good clinical practice with potential for replication in other clinical settings.

Keyword 1

Catheterization, peripheral

Keyword 2

Oncology nursing

Keyword 3

Action-research

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Financing entities
This project is financed by Fundação para a Ciência e Tecnologia through POPH/FSE funding (SFRH/BD/136487/2018).

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Title
Nurse-led Rapid Response Program – An Implementation Science Project

Authors
Megan Sauer*, Sarah E. Boisen**, Ana Cecilia Siller***, Promise Ariyo****, Vinciya Pandian*****

Introduction
Clinical deterioration of non-intensive care unit (ICU) hospitalized patients resulting in cardiopulmonary arrest (i.e., failure to rescue) is associated with very high mortality. Rapid response programs (RRP) have been established to decrease the mortality rate. Currently, data are lacking in regarding the effectiveness of RRP in low-resource environments. The Johns Hopkins University (JHU) partnered with Lagos University Teaching Hospital (LUTH) to establish an RRP in LUTH.

Objectives
The objective of our study was to understand the facilitators and barriers to the implementation of RRP.

Methodology
A survey of facilitators and barriers to the implementation of the RRP was conducted using open ended questions. Participants included nurses in the 3 wards where the RRP was implemented. Nurses were excluded if they were floating from another ward. Consolidated Framework for Implementation Research guided our project. Nurses were surveyed before we provided education about RRP and after the implementation of the project over 6 months. Themes related to facilitators and barriers were identified and summarized.

Results
A total of 43 nurses participated in the survey. 95% of them were female nurses. All of them were Nigerians. Mean age was 43.1 (Range 25 – 57). Eighty one percent of the participants had at least 5 years of nursing experience. Themes related to facilitators include the increased sense of team spirit, timely response of rapid response team, and availability of equipment. Themes related to barriers included staffing ratio, lack of adequate intensive care beds, and lack of advanced directives for patients with terminal diseases.

Conclusions
Nurses have the capability to lead a multidisciplinary RRP successfully in low-resource settings. While there are many facilitators, barriers do exist. Interventions to address these barriers must be developed in the near future to be able to continue to be able to decrease the mortality rate.

Keyword 1
Rapid Response Program

Keyword 2
implementation science

Keyword 3
multidisciplinary

Keyword 4
nurse-led

Keyword 5
low-resource setting

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Financing entities
Sigma Foundation and American Nursing Credentialing Center

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Title
Outpatient Emergency Preparedness: Assessing strategies for improving patient safety

Authors
Nancy S. Goldstein*, Vinay Parekh**, Anne Ruble***, Elise Bennett****

Introduction
Outpatient facilities such as family practice offices, psychiatric offices, and outpatient substance abuse treatment centers should be equipped to manage medical emergencies and facilitate transfer to the hospital. The rise of opiate abuse has substantially changed the dangers facing adult patients in the outpatient setting, and clinics must be prepared to address respiratory arrest due to opioid overdose.

Objectives
The objective of this project is to identify the emergency response initiatives which have been developed to address opioid overdose in the outpatient adult setting. This information will serve as a scaffold for the development of an emergency readiness plan for use in a single-center ambulatory SUD and/or psychiatric clinic.

Methodology
A scoping review was performed using MEDLINE/Pubmed database on August 20, 2019. The search query consisted of terms reflecting the setting and intervention within the research question, and additional articles were sought independently. Articles were screened by title and abstract and the full texts of all relevant citations were subsequently reviewed.

Results
No articles were found in the specified treatment setting, and the search was expanded to include emergency preparedness in all adult and pediatric outpatient environments. There were 214 records screened and 36 articles included in the qualitative synthesis.

Conclusions
No publications have specifically addressed the management of opioid overdose in the outpatient adult treatment setting. Literature from all outpatient adult and pediatric settings does reveal major themes in office emergency preparedness strategies: simulation training, rapid response team organization, the use of emergency action algorithms, equipment preparedness, and EMS coordination.

Keyword 1
Emergency preparedness

Keyword 2
Opioid rapid response team

Keyword 3
patient safety

Keyword 4
Strategy assessment

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Financing entities
N/A

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Título
Práticas de Enfermagem na prevenção da infeção urinária associada a cateter vesical

Autores
Filipe Manuel Paiva dos Santos*, Paulo Jorge dos Santos Costa**, Celeste Bastos***, João Manuel Garcia Nascimento Graveto****

Introdução
As infeções urinárias (IU) são das infeções mais frequentes a nível hospitalar e cerca de 80% delas estão associadas ao uso de cateter vesical (CV). Aproximadamente 26% das pessoas internadas, em algum momento, são submetidas a cateterização vesical. No entanto, cerca de 40% dessas cateterizações vesicais são realizadas sem qualquer indicação clínica. As infeções urinárias associadas a cateter vesical (IUACV) tem consequências negativas para a pessoa, para os hospitais e para sociedade.

Objetivos
Avaliar o impacte de uma intervenção que tem como foco as práticas de Enfermagem e a prevenção da infeção IUACV.

Metodologia
Projeto de investigação-ação, no âmbito de um doutoramento, com três fases definidas: na primeira fase será realizado um estudo observacional, prospetivo, com o objetivo de identificar as práticas de enfermagem relativas à inserção, manutenção e remoção do CV, e serão recolhidos dados para calcular indicadores relacionados com o uso de CV e IUACV. Na segunda fase será implementada uma intervenção que vise a melhoria das práticas. Na terceira fase será realizada a avaliação da implementação da intervenção.

Resultados
O projeto de investigação – ação inscrito na Unidade de Investigação em Ciências da Saúde: Enfermagem (UICISA:E). A investigação será desenvolvida num serviço de especialidades médicas de um Hospital de Oncologia de Portugal. O projeto está em processo de submissão à Comissão de ética do referido hospital.

Conclusões
Temos a expectativa que a intervenção melhore a decisão de submeter uma pessoa a CV e melhore as práticas de introdução, manutenção e remoção do CV.

Palavra-chave 1
Práticas de Enfermagem

Palavra-chave 2
Cateter vesical

Palavra-chave 3
Infeção urinária

Palavra-chave 4
Qualidade

Palavra-chave 5
Prevenção de infeção

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Entidade(s) Financiadora(s)
Não aplicável

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Title
Psychometrics of the Expected Knowledge (EKhp) and the Received Knowledge of Hospital Patients (RKhp) instruments

Authors
Saija Inkeroinen*, Helena Leino-Kilpi**, Jouko Katajisto***, Riitta Anneli Suhonen****, Kirsi Valkeapää*****

Introduction
Empowering patient education is crucial for patients with health problems, and its importance is acknowledged in international strategies (European Commission, 2017; World Health Organization, 2013). In patient education, received knowledge corresponding to expected knowledge seems to support empowerment of patients. To evaluate the empowerment in patient education, instruments are needed. Therefore, the Expected Knowledge of Hospital Patients (EKhp) and the Received Knowledge of Hospital Patients (RKhp) were developed (Klemetti et al., 2015; Rankinen et al., 2007).

Objectives
Objective of this study was to evaluate psychometrics of the EKhp and the RKhp with international data to enable international use of the instruments.

Methodology
The EKhp and RKhp are based on six elements of empowering knowledge: bio-physiological, functional, experiential, social, ethical and financial. Instruments have been used in numerous studies in Finland (Klemetti et al., 2015; Rankinen et al., 2007). In this study, instruments were translated into six languages and tested in seven European countries (Cyprus, Finland, Greece, Iceland, Lithuania, Spain and Sweden) in 2009–2012. Theoretical construct of the instruments was evaluated with confirmatory factor analysis and internal consistency was demonstrated with Cronbach's alpha.

Results
1595 orthopaedic patients from seven countries participated in the study. Confirmatory factor analysis supported the structures (40 items and six subscales) of instruments with few exceptions. R-squares of subscales were satisfactory in every country (range in the EKhp was 0.333–0.887, and in the RKhp 0.330–0.989). Both instruments had satisfactory internal consistency (Cronbach's alpha value for the whole instrument of the EKhp ranged between the countries from 0.87 to 0.99, and in the RKhp from 0.97 to 0.99).
Conclusions
Based on the psychometric evaluation, the EKhp and the RKhp are structurally valid and internally consistent instruments to evaluate patient education internationally. Instruments enable comparison of expected knowledge and received knowledge in patient education, thus providing unique and important information for nurses supporting empowerment of patients.

Keyword 1
Health Care Evaluation Mechanisms

Keyword 2
Nursing

Keyword 3
Orthopedic Nursing

Keyword 4
Patient Education as Topic

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Financing entities
The study was supported by several financing entities from participating countries.

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Título
Quais as necessidades espirituais que experienciam as pessoas quando passam pelo processo de luto: uma revisão sistemática de estudos qualitativos

Autores
Helga Martins, Tiago Filipe Cardoso de Oliveira Casaleiro*, Joana Romeiro, Sílvia Caldeira**

Introdução
O luto é evento comum e inevitável da vida pessoas e que deixa marcas profundas (Palmer, 2018). Em momentos particularmente difíceis da vida das pessoas a espiritualidade assume e desempenha um papel preponderante (Caldeira et al., 2013). O caminho e a experiência espiritual daqueles que vivem uma jornada de luto ainda é pouco conhecida, sendo necessário perceber quais as necessidades espirituais durante o processo de luto.

Objetivos
Sintetizar as necessidades espirituais das pessoas que vivem uma situação de luto em estudos qualitativos primários.

Metodologia
Revisão sistemática de estudos qualitativos segundo metodologia de Saini e Shlonsky (2012). Foi conduzida em março de 2019, uma pesquisa eletrónica nas bases de dados online: MEDLINE, PsycINFO, MedicLatina, LILACS, SciELO, Academic Search Complete e ATLA Religion Database®, com a estratégia de pesquisa: "(spiritual* AND (bereave* OR death OR grief OR loss OR mourn* OR sorrow)", no campo do resumo. Como critérios de inclusão foram considerados artigos referentes a estudos qualitativos originais e publicados em inglês, português, francês ou espanhol.

Resultados
Foram identificadas 12432 citações e, depois a remoção de duplicados e a análise independente pelos autores considerando aos critérios de inclusão, foram incluídos 24 artigos. Na descrição dos estudos incluídos, podemos constatar que a nível metodológico os estudos de natureza qualitativa são: fenomenológicos (n=12), descritivos e narrativos (n=6), grounded theory (n=3), etnográficos e um estudo de caso (n=1).

Em relação às necessidades espirituais no luto foram identificadas as seguintes: conexão; perdão; esperança e força; amor e relacionamentos harmoniosos; significado e propósito de vida; crenças pessoais e valores; práticas espirituais, relação com Deus ou divindade e confiança.

Conclusões
Os resultados de estudos qualitativos permitem identificar as necessidades espirituais das pessoas que experienciam um processo de luto. Os profissionais de saúde devem de ter a sensibilidade em relação às necessidades espirituais das pessoas que atravessam um processo de luto, de modo a prestar cuidados holísticos na sua prática clínica.

Palavra-chave 1
Espiritualidade

Palavra-chave 2
Luto

Palavra-chave 3
Revisão Sistemática

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Entidade(s) Financiadora(s)
Nada a declarar

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Título
Suspeição, investigação e definição do diagnóstico da leucemia linfoide aguda em crianças, no itinerário de cuidados.

Autores
Camille Xavier de Mattos*, Ivone Evangelista Cabral**

Introdução
No itinerário de cuidados, a suspeição, investigação e definição do diagnóstico são partes do percurso trilhado pela família das crianças com leucemia linfoide aguda (LLA), em busca de atendimento às necessidades delas e de seus familiares. No Brasil, a LLA é o câncer mais comum em crianças, menores de cinco anos de idade, com elevado índice de morbimortalidade naquelas crianças tardiamente diagnosticadas.

Objetivos
Identificar, na narrativa dos familiares, os sinais que os levaram a suspeição do adoecimento e busca do sistema profissional para iniciar a investigação e diagnóstico de LLA.

Metodologia
Pesquisa qualitativa desenvolvida com o método narrativo. Participaram sete familiares cuidadores de classes sociais A (quatro crianças) e C (uma criança). As entrevistas foram mediadas pelas técnicas de criatividade e sensibilidade "Mapa Falante" e "Corpo Saber", entre junho e setembro de 2016, em cenários da comunidade. Pesquisa aprovada pelo Comitê de Ética em Pesquisa com o Parecer nº 1.517.322. Os dados foram analisados segundo a análise de conversação.

Resultados
Inicialmente, os sinais de adoecimento (febre, prostração, cansaço, manchas pelo corpo e dor nos ossos) foram relacionados às doenças comuns da infância (viroses sazonais, dengue, mononucleose e artrite reumatoide). Todas as famílias administraram medicamentos prescritos por médicos. Cinco famílias iniciaram a investigação sobre o adoecimento da criança no serviço privado de saúde (consultórios, clínica de ortopedia e laboratórios). As boas condições de vida, facilidade de acesso a serviços de saúde e tecnologia de investigação, vínculo com o profissional de referência (pediatra) e autonomia financeira das famílias contribuíram para o diagnóstico da LLA no primeiro mês do adoecimento.

Conclusões
A narrativa das famílias de crianças, no itinerário de cuidados, pode ser uma ferramenta potente na detecção precoce da LLA, diferenciando-a das doenças comuns na infância. Deve-se valorizar a escuta das famílias, ampliando a semiótica e terapêutica na prática clínica, baseado na integralidade do cuidado.

Palavra-chave 1
Enfermagem pediátrica

Palavra-chave 2
Criança

Palavra-chave 3
Família

Palavra-chave 4
Leucemia linfoide

Palavra-chave 5
Narrativa pessoal

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Entidade(s) Financiadora(s)
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Title

The Effectiveness of A Nurse-Led Social Support Program to Prevent Postpartum Depression among Adolescent Mothers: A Randomized Controlled Trial

Authors

Bussara Sangsawang*, Wannee Deoisres**, Pornpat Hengudomsub***

Introduction

Postpartum depression (PPD) is a major public health problem worldwide that affects approximately 19% of adolescent mothers. Lack of social support is one of significant risk factors for developing PPD in adolescent mothers. Therefore, social support intervention which delivered by nurses to encourage family members for providing support to adolescent mothers after childbirth are crucial for preventing PPD.

Objectives

This study aimed to examine the effectiveness of a Nurse–Led Social Support Program (NLSS program) on the prevention of postpartum depression in adolescent mothers.

Methodology

A randomized, double-blinded, controlled trial was conducted. Forty-two adolescent mothers from a postpartum unit in a tertiary hospital were recruited and randomly assigned to experimental group (n=21) or control group (n=21). The experimental group received the NLSS program plus usual care. The control group received only usual care. Outcome was measured using Thai version of Edinburgh Postnatal Depression Scale (EPDS) at baseline, immediately post-intervention, followed-up at 6-week and 3-month postpartum. A repeated measures ANOVA was used to analyze the data.

Results

At the last follow-up, 20 participants were remained in each group. The data were analyzed based on the 40 adolescent mothers in both groups. Adolescent mothers receiving the NLSS program had significantly decrease the mean EPDS scores at posttest (p

Conclusions

The NLSS program was effective in preventing PPD among adolescent mothers. Therefore, nurses could apply the program to implement in nursing care for adolescent mothers during hospitalization, home visiting and telephone follow-up. Further studies should focus on determining the effectiveness of the program for preventing PPD in adult-mothers.

Keyword 1

Adolescent mothers

Keyword 2

Nurse-led social support program

Keyword 3

Postpartum depression

Keyword 4

Prevention

Keyword 5

Randomized controlled trial

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Financing entities
This study was funded by the Graduate School, Burapha University, Chonburi, Thailand.

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Title
Using Interpretive Description in research for applied health disciplines: a systematic review

Authors
Filipa Ventura*, Cecilia Larsdotter**, Joakim Öhlén***

Introduction
Underpinned on naturalistic inquiry and acknowledging the complexity, subjectivity, and contextuality of reality, Interpretive Description is a qualitative approach to study clinically born issues and construct clinically applicable knowledge. Interpretive Description builds upon phenomenology, ethnography and grounded theory but reflects the health professionals' clinical attitude of going deeper into the exploration of clinical phenomenon, their meanings and explanations towards evidence-based practice. It therefore allows combining descriptive and interpretive analysis in a non-categorical fashion (Thorne, Kirkham, & MacDonald?Emes, 1997; Thorne, 2016).

Objectives
Interpretive Description is widely adopted but as any other non-categorical research approach, great variety arises in empirical studies concerning its specific features. The current ongoing study aims to improve the understanding about Interpretive Description processes to construct clinically relevant findings in the context of applied health disciplines.

Methodology
This ongoing systematic review adheres to the Preferred Reporting Items for Systematic Reviews and Meta-Analysis statement (Moher, et al, 2009). The protocol is under registration at PROSPERO. PubMed, CINAHL and Web of Science were searched for empirical research with 'interpretive description' in the title or abstract. Theoretical or methodological studies, expert opinions and editorial letters were excluded. EndNote software supported study selection and NVivo assists data management and extraction. The Mixed Methods Appraisal Tool is used to assess study quality.

Results
Departing from the analysis of 243 eligible studies (excluded: 263 duplicates and 151 mismatch with inclusion criteria), the main outcome of this study will be a systematic narrative synthesis characterizing the knowledge derived from Interpretive Description studies, which ought to be clinically relevant per the methodology fundamental principles. Additionally, by eliciting the several components of Interpretive Description throughout the research process, a procedural map will be designed to facilitate the adoption of Interpretive Description in the research of clinically relevant issues of applied sciences. Subgroup analyses are expected depending on the themes emerging from the overall data synthesis.

Conclusions
Interpretive Description allows the study of complex clinical questions on the basis of the existing experiential knowledge towards the enhancement of evidence-based practice. This systematic review will assist in the identification of strengths and challenges of applying the methodology to generate practice-relevant and implementation-ready findings in a multidisciplinary context.

Keyword 1
Interpretive Description

Keyword 2
Systematic Review

Keyword 3
Narrative synthesis

Keyword 4
Applied Health Disciplines

Keyword 5
Qualitative Research

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Financing entities
Work of Filipa Ventura is financed by the Portuguese Foundation for Science and Technology, Portugal.

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Leadership, organizational management, and nursing workforce issues

Title
A Systematic Review of Evidence Based Strategies to Address Nursing Burnout

Authors
Josselyn Howell*

Introduction
Burnout is a global problem affecting healthcare providers and the nursing workforce. Burnout is characterized by three dimensions originally described by Maslach: feelings of energy depletion or exhaustion, increased mental distance or negativism related to one's job, and reduced professional efficacy. Nursing burnout is associated with decreased quality of patient care, increased patient infections and associated costs, reduced patient satisfaction, and poor nurse job satisfaction. Research on nursing burnout is gaining momentum as burnout gains recognition as a significant phenomenon.

Objectives
The purpose of this presentation is to systematically review current literature for evidence based practices to address nursing burnout. The Roy Adaptation Model will be used as a lens to systematically understand coping strategies and adaptation.

Methodology
A search of the terms "burnout" "nursing" and "coping strategies" was conducted using the following databases: CINAHL, PsycINFO, and PubMed. Due to limited results, the search was expanded to include "stress" "healthcare provider" and "coping strategies." Studies with rigorous research methods were analyzed.

Results
Seventeen studies exploring psychological coping strategies to address nursing and healthcare provider burnout were included in this review. Research was conducting on nurses and healthcare providers from a dozen countries. Four studies found mindfulness-based interventions to be highly effective. Support groups and stress management programs were found to significantly reduce burnout. Cognitive coping trainings related to emotional intelligence and other coping skills were also found to be beneficial. For continued efficacy, coping interventions should be maintained for one year, varied to address different stressors, and implemented at regular intervals. Further research is needed.

Conclusions
Strong evidence was found that mindfulness based stress reduction interventions reduce burnout symptoms. Cognitive behavioral trainings, stress reduction programing, and support groups may also help ease symptoms of burnout. Interventions should be varied in cognitive focus and maintained over a period of months for sustained benefit.

Keyword 1
burnout

Keyword 2
stress

Keyword 3
coping

Keyword 4
adaptation

Keyword 5
nursing

Keyword 6
mindfulness

References 1
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Title
Early Discharge: A Roadmap for Safe Transitions Back to the Community and Creating Hospital Capacity

Authors
Carrie Maloney Robertshaw*

Introduction
It is essential that patients receive care without delay and receive the right care at the right time. When patients and families are prepared for discharge earlier in the day, this can improve quality and safety. Early discharges have a positive impact on length of stay and patient flow.

Objectives
A Rapid Improvement Event was initiated to improve the discharge process and achieve a higher percentage of patients discharged by 1:00pm.

Methodology
A multidisciplinary team was formed including representation from physicians, nursing, continuity of care and nursing leadership. A project timeline with key milestones was established, outcome and process measures defined and goal to increase the medical center's monthly "discharge between 7a-1p" rate from 17% to 34% on Med Surg and Med Tele units. Processes were implemented to support this work including 3 daily huddles aimed at identifying and planning for the current day, and following days, early discharges.

Results
Prior to the start of the Early Discharge Rapid Improvement Event, only 17% of patients were discharged before 1:00pm. As of December 31, 2019, 23% of patients were discharged by 1:00pm.Communication and collaboration have improved between physicians, patient care coordiantors and nursing.

Conclusions
This project has promoted greater care coordination between all stakeholders and more intention around helping patients be prepared for DC before 1:00pm. This allows patients to return to their home or appropriate care setting earlier and creates capacity for patients in need of acute care.

Keyword 1
discharge

Keyword 2
community

Keyword 3
hospital flow

Keyword 4
hospital capacity

Keyword 5
prepare discharge

Keyword 6
transition

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Financing entities

NA

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Title

Improving Housing Referrals and Treatment Participation in an Outpatient Substance Use Disorder Treatment Program

Authors

Nancy S. Goldstein*, Claire M Tindula**

Introduction

Homelessness and SUDs have an established relationship, with an estimated one in five persons who are experiencing homelessness also having a SUD (SAMHSA, 2017). Addressing homelessness among those seeking treatment for SUDs is a key component in improving the health of affected individuals. However, access to housing within SUD treatment programs remains limited and has been identified by program clients and staff alike as an ongoing barrier to successful treatment (Ashford, Brown, & Curtis, 2018; Laudet, et al., 2009).

Objectives

The purpose of this project is to improve the coordination of housing services and treatment participation for clients of the SUD treatment center who are experiencing homelessness through the development of a database of housing resources, updated referral process, and staff training.

Methodology

A literature review performed as part of the problem identification and project development phases revealed four themes in relation to key elements in the coordination of housing for participants of SUD treatment programs. These themes, in addition to the challenges and priorities identified by center staff, shaped the interventions of revising the center's housing protocol and developing a reference guide for housing resources. Presentation and education about the guidelines and resource were incorporated into existing staff and clinical team meetings.

Results

Updated housing protocol went into effect September 2019 with presentations during staff and treatment team meetings (September and October 2019), and final draft of resource database shared November 2019. Data collected, for outcomes measurement by retrospective chart review, at baseline and following the intervention consist of demographic characteristics, co-occurring medical and psychiatric conditions, housing status, and treatment outcomes. Baseline treatment participation measured through urine screens and group attendance, hospital and emergency department visits, and program attrition on clients admitted to the center between November and 2018 and February 2019 and analyzed with post-intervention data gathered November 2019 to February 2020.

Conclusions

This project application provides an inclusive evidence-based practice model to a complex issue in the setting of a community-based SUD treatment center. It may also be used for application and comparison in similar settings, awareness and understanding of the effects of homelessness on SUD, and inspire further research and action.

Keyword 1

Substance Use Disorders

Keyword 2

Homelessness

Keyword 3

Housing referrals

Keyword 4

SUD Treatment participation rates

Keyword 5
Outpatient SUD Treatment Program

Keyword 6
Process Redesign/Resource Development

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Financing entities
There is no relevant, material, or financial interests that relate to the research.

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Title

Introduction of a transformational leadership style in a Swiss multi-site hospital, Ente Ospedaliero Cantonale (EOC)

Authors

Giovanna Pezzoli*, Sara Piattini**, Biegger Annette***, Willems Cavalli Yvonne****, monica bianchi*****, Cavatorti Shaila******

Introduction

Transformational leadership focuses on people, inspires and directs them towards shared visions and objectives and aims at taking individual responsibility (Bass, 1990). It is based on the principles of accessibility, visibility, direct communication, effective support (Koloroutis, 2015). Transformational leaders influence followers at all levels of the organization, changing their way of interpreting the world (Bass, 1985; 1998); they act on patient / caregiver satisfaction, on the active involvement of employees and on their well-being.

Objectives

Transforming culture: improve active participation / participatory management, accountability and involvement at all levels of the organization Supporting organizational, clinical and political-financial changes and challenges Increasing patient and co-worker satisfaction Developing Clinical and Shared Governance

Methodology

Patient and employee satisfaction survey through the Registered Nurse Forecasting in Europe (RN4CAST) study (2010), the annual questionnaires of the National Association for Quality Development (ANQ) about patient satisfaction. Interventions: training about vision, mission, goals and values of the EOC; interprofessional training on Leadership and Empowered Organization (LEO), on taking care of caregivers, Reigniting the Spirit of Caring (RSC) and on the relationship-based-care (CBR). Evaluations: RN4CAST replaced by MatchRN, participant observations, self-assessments and audits in the care units, ANQ questionnaire.

Results

The first analysis highlighted:

Critical interprofessional relationships, increase in activity, workload, complexity and patient turnover, lack of sensitivity about safety culture, lack of feedback and enhancement of employees, nurse emotional exhaustion.

Training results:

- 100% attendance of nursing staff at the LEO and introduction of the second edition
- 20% attendance of the caregivers at the RSC
- Monthly attendance of all new employees at the training on CBR.

The following surveys highlighted:

- general patient and employee satisfaction
- reduced emotional exhaustion, greater involvement and accountability of employees
- increased staff support from managers / leaders
- introduction of the feed-back, debriefing culture and speak up.

Conclusions
This enriching experience has allowed the creation of an international networking and of a scientific community between the hospital and the university, the development of the nurse profession, the introduction of advanced clinical practice roles (i.e. clinical nurse specialists), the implementation of Shared Governance and Unit Practice Councils.

Keyword 1
Leadership

Keyword 2
Trasformational leadership

Keyword 3
Shared governance

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Financing entities
N/A

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Title
Learning to lead: a scoping review of undergraduate nurse education

Authors
Rosa Dilar Pereira da Costa*, Monica Bianchi**, João Luís Alves Apóstolo***, Janet Mary Elizabeth Scammell****, Stefan Nilsson*****, Marie-Louise Luiking******

Introduction
Effective leadership is vital when promoting positive workplace cultures and high-quality care provision. Seemingly, newly registered nurses are not always well-prepared for leadership roles.

Objectives
This paper will present a literature review which aims to explore undergraduate students' preparation for leadership roles upon registration.

Methodology
Scoping review of primary research published in English between 2009-2019, utilising Arksey and O'Malley's (2005) framework. Nine papers met the inclusion criteria and were analysed to identify skills and behaviours developed in academic and clinical settings regarding leadership education.

Results
The review highlighted some agreement about the knowledge, skills and behaviours to be addressed in leadership education. What varied more was the pedagogical methods used to deliver this, the extent of its integration throughout the programme and the nature of collaborative academic practice working to ensure good quality clinical supervision.

Conclusions
Students must be exposed to positive leadership practices during clinical placements to facilitate theory-practice integration. Bullying negatively impacts on students' self-efficacy whereas positive role modelling from registered nurses supports development of leadership competence. Leadership theory and competence should be introduced early and revisited throughout the programme

Keyword 1
Education

Keyword 2
Leader

Keyword 3
Nurse

Keyword 4
Research

Keyword 5
Students

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Financing entities
N/A

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Título
Liderança como diferencial na empregabilidade do Enfermeiro: reflexão da trajetória

Autores
Hanna Xavier Silva*, Yara Meira Prata**, Julliana Felizardo Alves de Melo***, Rebecca Maria Oliveira de Gois****, Ângela Maria Melo de Sá*****, Gilberto Tadeu Reis Silva******

Introdução
O presente estudo parte da trajetória histórica da enfermagem como meio para contextualizar a liderança como habilidade que favorece a empregabilidade do enfermeiro. Entende-se que ser líder implica em amplas responsabilidades no sentido de representar e guiar uma equipe, a fim de atender as competências condizentes com cargos de liderança. Fator considerado como promotor da ampliação no campo de empregabilidade para os enfermeiros.

Objetivos
Conhecer o perfil dos enfermeiros que ocupam cargos de liderança em instituições públicas e privadas na cidade de Aracaju – SE; Identificar tempo de formação e o tipo de instituição que trabalha; Abordar sobre dificuldades encontradas enquanto líder na instituição onde trabalha.

Metodologia
Trata-se de uma pesquisa quantitativa, os sujeitos da pesquisa foram 20 enfermeiros que ocupam cargos de liderança em instituições públicas e privadas na cidade de Aracaju-Sergipe, Brasil. Esta pesquisa teve a aprovação do Comitê de Ética em Pesquisa sob o número do registro CAAE: 58833516.9.0000.5371. A coleta de dados aconteceu entre os meses de agosto a novembro de 2019. A análise dos dados deu-se através da tabulação no Microsoft EXCEL versão 2010 e analisadas com o programa SPSS versão 16.0.

Resultados
Sobre os dados coletados desacatam-se os relacionados ao tempo de formação sendo que dos 20 profissionais entrevistados, 8 (40%) possuem entre 10 a 14 anos de formação, 5 (25%) possuem cerca de 15 a 19 anos de formação e com mais de 20 anos de tempo de formação foram 7 enfermeiros representando 35% da amostra. Sobre o local de atuação, sendo a natureza pública ou privada da instituição, cerca de 9 enfermeiros sinalizaram que trabalham em instituição pública, representando cerca de 45% da amostra, 6 (30%).

Conclusões

Nota-se a importância de caracterizar o perfil de enfermeiros que ocupam cargos de liderança e os aspectos em comum na prática laboral que estão relacionados à formação universitária como possíveis desafios encontrados no sentido de suas carreiras.

Palavra-chave 1
Empregabilidade

Palavra-chave 2
Liderança

Palavra-chave 3
Enfermagem

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Entidade(s) Financiadora(s)

Não houve

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Title
Mental health training program for humanitarian setting workers

Authors
Luísa Micaela Teixeira Santos*, Wilson Jorge Correia Pinto Abreu**, Ana Paula Teixeira de Almeida Vieira Monteiro***

Introduction
70.8 million people worldwide were forced to move for survival issues (UNHCR, 2019). The forced displacement and the live in reception centers have a high impact on youth asylum seekers' mental health (Teixeira-Santos & Monteiro, 2018). Their support in European shelters is performed by non-health professionals and volunteers lacking mental health training (Burck & Hughes, 2018). The existing mental health training programs target one specific mental disorder, are created for health professionals and don't include people working with minors.

Objectives
The program aims to (i) develop and validate a mental health and well-being training program for people working with young asylum seekers, (ii) assess the program feasibility, adequacy, and significance through a pilot study in Greece.

Methodology
The project follows the framework for complex interventions of the Medical Research Council (Craig et al., 2008). A mixed-method approach will be applied to accomplish the objectives.

Results
It's expected that this program will be a replicable and sustainable training program for people working with young asylum seekers reception centers. This way, mental health nurses contribute to empower this worker to provide psychosocial support in multicultural contexts, to recognize and refer people who need mental health professionals support, and to health young asylum seekers to receive earlier appropriated care. Besides, Besides, this program represents a strong investment in the disciplinary development of nursing actions to improve the situation of people living complex life transitions that need to be supported.

Conclusions
People working with youth asylum seekers in humanitarian settings need to be training to support their extreme life transitions. This mental health program will contribute to empower workers to refer and provide psychosocial support to young asylum seekers living in multicultural contexts, supported by the mental health nurses train.

Keyword 1
asylum seekers

Keyword 2
complex nurse intervention

Keyword 3
mental health nursing

Keyword 4
mental health program

Keyword 5
culture competence

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Burck, C. & Hughes, G. (2018). Challenges and impossibilities of 'standing alongside' in an intolerable context: Learning from refugees and volunteers in the Calais camp. Clinical Child Psychology and Psychiatry 23(2):223-237

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Title
Nurses' job satisfaction in acute settings

Authors
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Introduction
Nursing job satisfaction is a multidimensional affective concept which represents an interaction of the employer's personal expectations, values, cultural and other environmental characteristics. Low job satisfaction has been identified as a significant factor which contributes to decreased quality of care and patient safety and is recognised as a major cause for the high turnover among nurses in acute settings. The latter contributes to severe nursing shortages, which represent a major global concern and challenge which societies need to address immediately.

Objectives
The purpose of the study was to identify the dimensions of job satisfaction perceived by nurses in acute setting as the most important, and to define nurses' actual level of job satisfaction within these dimensions.

Methodology
A non-experimental descriptive research design was used. The convenience sample included 152 nurses employed in acute care settings. The majority of them were female (77.3%) and 22.7% were male. Participants aged between 23 and 34 represented the largest part of the sample (47.4%). 52.6% were registered nursing assistants and 38.2% were registered nurses. The data were collected using a modified and revised Slovenian version of the McCloskey & Mueller Satisfaction Scale. Statistical analysis was performed using SPSS version 21.0.

Results
For nurses, the most important dimensions of job satisfaction were satisfaction with their co-workers (Mean=4.32; SD=0.97), scheduling (Mean=4.24; SD=0.82) and extrinsic rewards (Mean=4.17; SD=0.97). The midpoint of the Likert-type rating scale (3.00-3.49) represented balanced satisfaction. Satisfaction with extrinsic rewards (Mean=3.16; SD=0.97), co-workers (Mean=3.15; SD=1.10) and interaction opportunities (Mean=3.10; SD=0.97) were the dimensions which obtained the highest scores. Satisfaction with professional opportunities was the least important dimension of job satisfaction (Mean=3.80; SD=0.94) and respondents were also least satisfied with this aspect of their work (Mean=2.89; SD=1.02). Women were more satisfied with their jobs than men (F=1444.0; p=0.021).

Conclusions
Job satisfaction is shaped by intrinsic and extrinsic factors. Nursing management should become conscious of the factors influencing job satisfaction and address both, even though this may be challenging in the current working environment. Effective strategies to address recruitment and retention of nurses in acute setting need to be developed.

Keyword 1
job satisfaction

Keyword 2
predicting factor

Keyword 3
acute care

Keyword 4
hospital nurse

Keyword 5
professional development

Keyword 6
nursing shortage

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Title
PDTA as a tool for the introduction of APN

Authors
Giovanni Presta*, Davide Sari**, Monica Bianchi***

Introduction
PDTA (Care Pathways) is a tool that allows the management of the clinical organizational processes, the pathway of the cancer patient (Cartabellotta,2008;EPA,sd) and the improvement of the quality of care (Zon et al., 2016). The introduction of the role of the APN is a dynamic and complex process (Serena et al., 2015)

Objectives
To encourage the introduction of the role of the APN in the Oncological Specialist Centers of the Oncological Institute of Southern Switzerland through the use of the PDTA tool to allow all professionals to find common ways of taking care of patients and achieve better results for all involved.

Methodology
Two working groups were created: The first at a company level as it is necessary to have a broad-ranging vision and tasks that guide the work of the operating groups, providing, for example recognized indicators and guidelines. The second at an operational level with the task of adapting the indicators and guidelines to the specific nature of the organization and patients, transforming them into PDTA.

Results
The creation of these paths is useful for harmonizing the taking charge of the various professionals involved, and for creating an opportunity to encourage the introduction of the role of APN. In addition, the multidisciplinary development work of the PDTA has made it possible to clearly define and share the skills and activities that the APN can implement, avoiding overlaps with other professionals.

Conclusions
The introduction of PDTA in some of the departments at IOSI has helped the development of the nursing culture, strengthened the role of the appointing authority by creating greater collaborative practice among the professionals of the inter-professional team. All this has led to better patient care and more effective treatments.

Keyword 1
Advanced Practice Nurse

Keyword 2
Oncology Care Pathways

References 1
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Financing entities
We declare no financial entities.

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Título
Perceção dos enfermeiros do contexto da prática clínica sobre suporte organizacional e do enfermeiro líder na implementação da prática baseada na evidência: scoping review

Autores
Rosa Dilar Pereira da Costa*, Filipa Marina Cardoso de Aguiar**

Introdução
Grandes passos continuam a ser dados na compreensão dos fatores que influenciam a implementação da Prática Baseada na Evidência na prática clínica e da sua sustentabilidade no tempo. No entanto, apesar dos esforços por parte de toda a comunidade científica envolvida no processo e a explosão de publicações sobre estas questões nas últimas décadas, o compromisso com a PBE permanece um desafio, sobretudo no que respeita à transferência da evidência para a prática e à sua manutenção no tempo.

Objetivos
Conhecer a perceção dos enfermeiros da prática de cuidados quanto ao suporte do enfermeiro líder e da organização na implementação e sustentabilidade da prática baseada na evidência no contexto da prestação de cuidados.

Metodologia
Realizou-se uma soping review segundo a metodologia proposta pela John Briggs Institute. Pesquisaram-se 6 bases de dados, no mês de dezembro de 2019. Incluiu-se na pesquisa estudos empíricos publicados entre 2015-2020 nas línguas portuguesa, inglesa e espanhola, com foco nas barreiras e perceções dos enfermeiros da prática sobre a implementação da prática baseada na evidência, principalmente as barreiras relacionadas com a liderança e ambiente de trabalho. A seleção dos artigos foi decidida com base nos critérios de inclusão previamente definidos.

Resultados
Dos 199 artigos identificados na pesquisa online e manual, 7 estudos foram analisados. Identificaram-se várias barreiras percecionadas pelos enfermeiros do contexto da prática clínica relativa à implementação da prática baseada na evidência, nomeadamente: barreiras organizacionais e individuais. Os resultados apontaram diversos fatores organizacionais que podem limitar o desenvolvimento e implementação da prática baseada na evidência, nomeadamente, cultura de enfermagem, ambiente de trabalho e liderança.

Conclusões
Os estudos mostram que os enfermeiros percecionam a implementação da prática baseada na evidência positivamente. Apontam limitações individuais e organizacionais ao seu desenvolvimento e sustentabilidade no contexto clínico. São necessárias futuras investigações que abordem o grau de suporte institucional e de liderança na implementação da prática baseada na evidência.

Palavra-chave 1
Liderança

Palavra-chave 1
Enfermeiro gestor

Palavra-chave 2
Prática baseada na evidência

Palavra-chave 3
Barreiras organizacionais

Palavra-chave 4
Enfermeiros da prática

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Referências bibliográficas 3

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Entidade(s) Financiadora(s)
Não aplicável

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Título
Perceção da equipe multiprofissional frente ao clima de segurança do paciente em uma instituição privada no centro-oeste do Brasil

Autores
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Introdução
A cultura de segurança do paciente incentiva a confiança, promove o aprendizado e equilibra a responsabilidade individual e organizacional. Os líderes das organizações de saúde têm o poder de influenciar os comportamentos, crenças e práticas nas organizações. No entanto, a maioria ainda desconhece o clima de segurança da Instituição ou, mais especificamente, quais as suas maiores fragilidades e fortalezas, como substrato para criar uma cultura de segurança.

Objetivos
Avaliar o clima de segurança do paciente na perspetiva da equipe multiprofissional e investigar a associação entre os escores e variáveis sociodemográficas e profissionais.

Metodologia
Estudo transversal analítico, realizado em um hospital privado no centro-oeste do Brasil. Os dados foram coletados entre junho e agosto de 2019, por meio de instrumento com variáveis sociodemográficas e o Questionário de Atitudes de Segurança. A população do estudo foi composta por todos os profissionais da instituição e atendiam aos critérios de inclusão. Para análises, foram utilizados testes Kruskal-Wallis, Mann-Whitney, correlação de Spearman e teste Nemenyi. Estudo aprovado pelo Comité de Ética e Pesquisa, com número do Parecer: 1.887.147.

Resultados
Participaram do estudo 293 colaboradores. A maioria da população era do sexo feminino (72,01%), trabalhava no turno diurno (88,55%), idade média de 35,74 anos, (DP:10,67). O escore geral do clima de segurança na instituição foi 73,53. O domínio Satisfação no Trabalho obteve maior pontuação (83,28), enquanto a Percepção da gerência a pior (67,40). Variáveis como idade, tempo de formação, tempo de trabalho no setor e tempo de trabalho no hospital estavam relacionadas a melhor percepção de segurança (valores-p<0,050). Houve diferença significativa (valor-p = 0,015) entre o escore total SAQ e a capacitação em segurança do paciente nos últimos 12 meses.

Conclusões
O estudo evidencia a necessidade de melhoria do clima de segurança do paciente e dos elementos que podem influenciá-lo negativamente. Esses elementos preditores são essenciais para transformações na cultura de segurança, promovendo melhor gestão dos serviços, a qualidade da assistência, o clima de segurança e a redução de eventos adversos.

Palavra-chave
Segurança do Paciente

Palavra-chave 2
Cultura Organizacional

Palavra-chave 3
Liderança

Palavra-chave 4
Qualidade assistencial

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Entidade(s) Financiadora(s)
Estudo patrocinado pelos prÃ³prios pesquisadores

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Título
Qualidade de Vida no contexto da Atenção Primária à Saúde: aplicação do WHOQOL-bref entre profissionais de enfermagem no Município de Macaé -Brasil

Autores
Sheila Nascimento Pereira de Farias*, Karla Gualberto Silva**, Norma Valéria Dantas de Oliveira Souza***, Samira Silva Santos Soares****, Viviane Brasil Amaral dos Santos Coropes*****

Introdução
A qualidade de vida é bastante complexo por abarcar a subjetividade, e está relacionada a diversas questões multidimensionais como bem-estar geral, saúde, realização pessoal e profissional. No Brasil, a Atenção Primária à Saúde é considerada a porta de entrada dos usuários do Sistema Único de Saúde (SUS) com ações ao individuo, família e coletividade. Há destaque para a categoria de enfermagem que representa um elo entre a comunidade por meio da consolidação da Estratégia Saúde da Família.

Objetivos
Avaliar a qualidade de vida dos profissionais de enfermagem da Estratégia Saúde Família à luz da definição da Organização Mundial de Saúde (OMS). Discutir os determinantes de qualidade de vida à luz da definição da OMS.

Metodologia
Trata-se de um estudo do tipo exploratório, transversal e descritivo de abordagem quantitativa realizada com profissionais de enfermagem das ESF do município de Macaé/RJ/Brasil. Os dados foram coletados por meio de dois instrumentos: formulário de informações sociodemográfico e WHOQOL-bref da OMS. Os dados foram analisados por meio do Programa Statistical Package for the Social Sciences (SPSS) versão 17

Resultados
Fizeram parte da presente pesquisa, 85 profissionais de enfermagem sendo 39 enfermeiros e 46 técnicos de enfermagem. Predominou o sexo feminino (80%), a idade variou de 25 a 62 anos com média de 38 anos e 64,71% afirmam terem companheiro(a). Verificou-se que em relação ao vínculo de trabalho, 77,65% que são concursados e 22,35% são contratados; e 68,24% têm um vínculo de trabalho. Ao analisar os itens do WHOQOL-bref, os escores encontrados pelos domínios evidenciou a maior média para o domínio relações sociais e a menor média encontrada para o domínio ambiente ao observar toda a categoria de enfermagem.

Conclusões
O estudo permitiu analisar a qualidade de vida dos profissionais de enfermagem no contexto da ESF evidenciando o domínio ambiente com a menor média. Recomenda-se a necessidade por parte dos gestores, que atuam na APS de ações voltadas para a a qualidade de vida dos profissionais de enfermagem.

Palavra-chave 1
Qualidade de Vida

Palavra-chave 2
Atenção Primária à Saúde

Palavra-chave 3
Enfermagem

Referências bibliográficas 1
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Entidade(s) Financiadora(s)
CAPES/CNPQ

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Title
Quality of care: Interventions to improve a safety culture in the low and middle income countries

Authors
Vivian Schutz*, Binu Koirala**, Patricia Davidson***

Introduction
More than 5 million people die every year in low and middle income countries (LMIC) because of poor health care services. Patients die more from poor quality of care than from not having access to the health care system. Understanding barriers and facilitators is critical in identifying implementation strategies we conducted a scoping review to identify interventions that have been implemented in LMIC.

Objectives
To document barriers and facilitators to a safety culture in LMIC; To identify (or/and to discuss) in the literature what interventions (or best practices) have been implemented in the LMIC to improve quality of care for preventing harm to patients.

Methodology
This study is a scoping review focusing on summarizing issues impacting a quality of care agenda in LMIC and the barriers and facilitators to enable a safety culture. We chose to include the studies focusing on interventions, barriers and facilitators that have been implemented in LMIC to improve the quality of care, which was in English, full text over the past 10 years. It was used an amended PCC (Population; Concept and Context) to determine the eligibility of the studies.

Results
Following verification and data extraction there was a total number of 27 papers included in the scoping review that described intervention, barriers and facilitators for a patient safety culture implementation in the LMICs. All of the information on origin of the study, study population and sample size, study design, interventions, barriers and facilitators for a safety culture, and outcomes were extracted from all the papers. A detailed description of the study findings will be provided.

Conclusions
This study may have implications for the nurse practices, decision maker and administrators. Despite the numerous efforts of healthcare system, there is still several barriers for cultivating an effective and positive safety culture specially in LMICs that have lower resources. More interventions are needed to improve the quality of care.

Keyword 1
Patient Safety

Keyword 2
Quality of Care

Keyword 3
LMIC

Keyword 4
Safety Culture

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Financing entities
None

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Title
SLICC: Strengthening Leadership in Community Contexts

Authors
Caroline AW Dickson*

Introduction
Consistent with political drivers, community nursing services are being placed under pressure to measure quality, person-centred care. However the subjective nature of 'quality' poses a challenge, as is the lack of theoretical interpretations of person-centred care in current policy. Little is known about the quality of community services in particular. Eight unique person-centred KPIs and a measurement framework developed by McCance et al 2011; 2015; 2016) offer a robust way for leaders to measure person-centred care within community contexts.

Objectives
1. Strengthen collective leadership of community nurses through implementation of KPIs 2. Establish how KPIs can be used to develop practice 3. Establish views of stakeholders on appropriateness and relevancy of evidence generated by the KPIs as a measure of quality of service provision. 4. Feasibility testing of iMPACT app

Methodology
An evaluation approach derived from the work of the Medical Research Council, using the Person-centred Nursing model as theoretical framework (McCormack and McCance, 2017). Seven teams from different community settings were voluntary recruits from two health care organisations within UK and Northern Ireland. Research was conducted in three phases: Preparing participants to use iMPAKT app and refine KPIs; Implementation phase and; evaluative phase where experience of using iMPAKT App, being part of study and action plans generated were evaluated.

Results
Five major themes reflected participant's experience of using the iMPAKT App in practice and the overall experience of being involved in the project. Major themes were: giving a voice to experience; proud to be a nurse; facilitating engagement; realising person-centredness and leadership for person-centred cultures. Participants felt that using KPIs and iMPAKT App, not only helped them to evidence their practice, it was a catalyst for team engagement, dialogue and change. Teams were able to identify ways of developing practice together through action planning. They felt valued and pride hearing feedback from service-users, families and carers; enabled through effective teamworking.

Conclusions
The 8 person-centred KPIs and measurement framework may offer a means of measuring quality person-centred care, whilst enabling teams to work together to improve practice. The next step in this research programme is a larger evaluation study to demonstrate the positive contribution of nursing within community contexts.

Keyword 1
Community nurses;

Keyword 2
health visitors

Keyword 3
family health nurses

Keyword 4
person-centred practice;

Keyword 5
leadership;

Keyword 6
quality improvement

References 1
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Financing entities
Acknowledging funding through Burdett Trust

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Nursing and health education

Titulo
A brincadeira no cuidado ás crianças com necessidades especiais de saúde hospitalizadas: reflexões a partir de Colliére

Autores
Jéssica Renata Bastos Depianti*, Ivone Evangelista Cabral**

Introdução
O cuidado como um ato de vida inclui uma diversidade de atividades que promove a sustentação e/ou manutenção da vida, para um viver com todo seu potencial. Uma concepção teórica de Marie-Collière que nos mobiliza a refletir sobre as possibilidades do brincar integrado ao cuidado de enfermagem, às crianças com necessidades especiais de saúde (CRIANES) hospitalizadas. O brincar/brincadeira é uma dessas atividades promotoras do potencial delas ao invés de fixar-se em suas limitações funcionais e interacionais.

Objetivos
Destacar do modelo antropológico interpretativo de cuidado proposto por Collière os fundamentos para o brincar no cuidado de enfermagem às CRIANES; refletir sobre sua aplicabilidade no brincar dessas crianças durante a hospitalização.

Metodologia

Estudo analítico-reflexivo aplicado as obras “Cuidar a primeira arte da vida” e “Promover a vida”, como fonte primária. Como fontes secundárias os artigos sobre cuidado à criança publicados em revistas científicas indexadas em bases internacionais, nos últimos 10 anos. Os artigos disponíveis em mais de uma base, considerou-se aquela com maior capilaridade na comunidade científica de línguas latinas (português e espanhol). Incluiu-se artigos publicados em inglês, português e espanhol cujos textos foram lidos e analisados em par.

Resultados
O brincar é aplicado como um mediador do cuidado de manutenção da vida, na alimentação, banho e higiene corporal, por exemplos. É também uma atividade que pode ser mediada como o ato de cuidar, seja de manutenção, de apaziguamento, de estimulação e de confortação. Se for parte da assistência às CRIANES hospitalizadas, promovem bem-estar, segurança, conforto e felicidade. Segundo Collière (2003), cuidar é mobilizar em alguém tudo o que vive…todo o seu potencial de vida. Assim, a brincadeira no cuidado às CRIANES hospitalizadas se torna vivificante, ou seja, as convida a vida, um viver com felicidade.

Conclusões
Brincar é uma necessidade na vida de CRIANES hospitalizadas e um importante recurso na mediação do cuidado de enfermagem. Inserir a brincadeira ao cuidar de CRIANES permite que, da invisibilidade do seu ser criança, passem a ser vistas como centro do seu cuidado, tendo um valor inexorável à vida.

Palavra-chave 1
Criança Hospitalizada

Palavra-chave 2
Jogos e Brinquedos

Palavra-chave 3
Cuidados de Enfermagem

Palavra-chave 4
Enfermagem Pediátrica

Referências bibliográficas 1
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Entidade(s) Financiadora(s)
Conselho Nacional de Desenvolvimento Científico e Tecnológico (CNPQ)-Brasil

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Título
Atitude de Inclusão das Famílias nos Cuidados e Categoria Profissional dos Enfermeiros

Autores
Mónica da Silva Ferreira*, Teresa M. Kraus Brincheiro Hüttel Barros **

Introdução
A participação das famílias nos cuidados é influenciada pela atitude dos enfermeiros quanto à importância que estes atribuem à inclusão das famílias nos cuidados. Sendo as atitudes, expressões organizadas de sentimentos, crenças e valores, revelam a tendência da pessoa para se comportar de determinada forma. O inventário das atitudes dos enfermeiros e o estudo da sua relação com a categoria profissional, facilitará o reconhecimento de áreas suscetíveis à intervenção na capacitação para os cuidados antecipatórios geradores de ganhos em saúde.

Objetivos
Conhecer as atitudes dos enfermeiros quanto à importância que atribuem à integração das famílias nos cuidados; avaliar a relação existente entre as atitudes dos enfermeiros quanto à importância que atribuem à integração das famílias nos cuidados e a categoria profissional

Metodologia
Trata-se de um estudo transversal e descritivo-correlacional de cariz quantitativo. A amostra foi constituída por 317 enfermeiros de um Centro Hospitalar da Região Centro do País, sendo o método de seleção não probabilístico e intencional. A recolha de dados decorreu durante os primeiros meses do ano 2019, com recurso a um questionário, composto com um grupo de questões sociodemográficas e profissionais e a Escala da Importância das Famílias nos Cuidados de Enfermagem-Atitudes dos Enfermeiros (IFCE-AE).

Resultados
Trata-se de um estudo transversal e descritivo-correlacional de cariz quantitativo. A amostra foi constituída por 317 enfermeiros de um Centro Hospitalar da Região Centro do País, sendo o método de seleção não probabilístico e intencional. A recolha de dados decorreu durante os primeiros meses do ano 2019, com recurso a um questionário, composto com um grupo de questões sociodemográficas e profissionais e a Escala da Importância das Famílias nos Cuidados de Enfermagem-Atitudes dos Enfermeiros (IFCE-AE).

Conclusões
Verificou-se que as atitudes dos enfermeiros são, na sua maioria, de suporte/inclusão das famílias nos cuidados, estando esta atitude, positivamente, relacionada com a “categoria profissional”. O estudo reforça a relação direta entre formação e qualidade de cuidados, sendo os enfermeiro especialista/chefe, os que apresentam as atitudes mais cuidativas.

Palavra-chave 1
Enfermeiros

Palavra-chave 2
Cuidados de Enfermagem

Palavra-chave 3
Atitudes

Palavra-chave 4
Família

Palavra-chave 5
Categoria Profissional

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Entidade(s) Financiadora(s)
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Title

Design and Implementation of a Promoting Model of Skills for Reflective Practice in Undergraduate Nursing Students

Authors

Laura Morán Peña*, Yarisbeth Quezada Ramírez**, María Aurora García Piña***, Beatriz Paulina Espinosa Rivera****, Patricia González Ramírez*****, Laura Jímenez Trujano******

Introduction

The complexity of nursing care, the theoretical-practical disengagement that students face in real settings, and the academic training still impregnated with technical rationality, demand the design and implementation of an educational model that promotes critical thinking and clinical judgment skills. These lead to a reflective practice for problem solving and clinical decision making, as well as self-efficacy that allow a reflective act to provide safe and quality care. Virtual and simulated environments with deliberate strategies can support its development.

Objectives

1. To show the educational model designed to promote skills for reflective practice aimed at undergraduate nursing students. This includes anticipated virtual training and clinical simulation. 2. Evaluate the potential of the proposed strategies. 3. To generate a space for discussion and feedback of the model.

Methodology

A literature review on reflexive practice and critical thinking, judgment and clinical decision making and self-efficacy and nursing teaching strategies, was carried out through the databases: CINAHL, SciELO, ERIC, Medline and BVS (2014-2019). This allowed the development a model based on general theoretical-pedagogical support and those applied to the field of nursing, as a basis for development of virtual learning environments, simulation and classroom strategies and activities. It highlights the use of case analysis, thinking out loud and clinical simulation.

Results

The educational model supports four phases of intervention in environments for the learning of “Clinical Nursing” in the undergraduate: (1) Moodle platform: provides contact with objects of knowledge prior to the classroom session, incorporating multimedia. The instructional design concluded for testing. (2) In classroom: incorporates evidence on reflexive learning promoting strategies: case analysis, thinking out loud and reflection guides, (3) Simulated clinical experiences that support learning to assess three needs of the Henderson Model, through construction and validation of clinical scenarios. (4) Clinical practice in real scenarios: promotes the transfer of thinking skills to reflective action in real scenarios.

Conclusions

The training of reflective Nursing professionals demands the implementation of deliberate teaching strategies based on a pedagogical theoretical model that articulates and functions as their conceptual and methodological basis. Its implementation through an educational intervention with undergraduate nursing students is providing data on its effectiveness. This can affect the care.

Keyword 1

Nursing education

Keyword 2

educational model

Keyword 3

reflective practice

Keyword 4

undergraduate nursing students

Keyword 5
virtual learning environments

Keyword 6
clinical simulation

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Financing entities
Universidad Nacional Autónoma de México/DGAPA Proyecto PAPIIT IN304018

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Title

Development of a questionnaire to explore the nursing students' perceptions of Infection prevention and control learning in academia

Authors

Alexander Ward*, Eva Maria Picado Valverde**, Amelia Patrzala***, Marja Silen-Lipponen****, Maria Rosário Pinto*****, Pedro Miguel dos Santos Dinis Parreira******

Introduction

Across the European Higher Nursing Education Institutions (HNEIs) there is an emergent need to integrate Healthcare-associated Infections (HCAIs) prevention and control-related contents into the curricula, given that nursing students are expected to provide increasingly effective, safe and quality care. However, to the best of our knowledge, little is known about student nurses` perceptions regarding the HCAIs-related content lectured in HNEIs, as well as current challenges in their learning process within this thematic scope.

Objectives

To explore this gap in the literature, we aim to develop a questionnaire focused on nursing students` perceptions in this regard that can be applied to nursing students from different European countries.

Methodology

The questionnaire was developed in three phases: i) after a comprehensive literature review, a panel of researchers identified the most commonly mentioned HCAIs-related dimensions in this thematic scope, creating a list of items in English (alpha version); ii) this version was sent to an international panel of 12 PhD researchers/teachers in nursing and other allied scientific areas for restructuring/validation (Beta version); iii) the Beta version was then translated/culturally adapted to four European countries according to Beaton and colleagues` recommendations (2000).

Results

After the two initial rounds, a consensus was reached amongst the international panel of experts, resulting in the development of a Beta version in English, composed by 93 items answered in a 5-point Likert Scale, sustaining 10 HCAIs-related dimensions, which was then translated into European Portuguese, Spanish, Finnish and Polish. A small pilot (n=169 nursing students) of the Beta version was conducted in the four countries to validate the minor semantic and idiomatic modifications made during the translation process. After this process, all local experts reported a correct and accurate translation of the questionnaire to each language.

Conclusions

By exploring nursing students` perceptions of how HCAIs-related content is being lectured/taught across the different European HNEIs, this questionnaire will highlight existing gaps and potentially contribute to the improvement of the nursing curricula. Nonetheless, future validation studies are needed to test the psychometric properties of the questionnaire.

Keyword 1

Infection prevention; control learning

Keyword 2

Nursing curricula

Keyword 3

Nursing students` perceptions

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Financing entities
Authors would like to thank the ERASMUS+ Programme for the InovSafeCare Project funding (2018-1-PT01-KA203-047453).

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Title
Efficacy of a simulation-based educational intervention in the promotion of reflective thinking and self-efficacy

Authors
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Introduction
Nursing professionals make clinical decisions in complex situations, for this, they require the development of skills that allow an assertive response to uncertain problems. Reflective thinking underlies critical thinking, and together with self-efficacy, impact on the resolution of clinical problems, therefore, on the quality of care. For the above, it is important that these skills be promoted in nursing students and a strategy reported in the literature for their effectiveness is clinical simulation.

Objectives
Assess whether there are differences in the level of reflective thinking and self-efficacy among undergraduate students who receive educational intervention compared to those who do not. Estimate the levels of reflective thinking and self-efficacy in a group before and after an educational intervention that uses clinical simulation.

Methodology
Quasi-experimental pretest-posttest study with experimental group (n = 38) and control group (n = 30) made up of undergraduate nursing students. The educational intervention included three clinical simulation scenarios followed by a debriefing session, they were implemented prior to the insertion of students to clinical practice, in real care settings. Two instruments were applied, a) Reflective Thought and Simulation Survey (±.717) that evaluates four levels of reflection: habitual action, understanding, reflection and critical reflection, and b) General Self-efficacy Scale (±.840).

Results
The preliminary results showed that in the pretest and posttest the items with the highest score were 'understanding' (17.6 / 18.02) and 'critical reflection' (16.8 / 16.7), the least desirable level 'usual action' decreased in the posttest (13.6 / 12.8). Regarding the level of self-efficacy, an increase was found after the intervention (31.53 ± 4 / 32.53 ± 4.2), a higher score than the control group (32.17). The simulation-based educational intervention favored the development of the level of general self-efficacy and increased desirable levels of reflective thinking, however, it concerns that 'understanding' remains the highest.

Conclusions
The incorporation of clinical simulation into nursing educational practices requires a careful design for its implementation, following quality standards, whose evaluation show results of its effectiveness in the development of cognitive and emotional skills in students.

Keyword 1
Clinical simulation

Keyword 2
Nursing education

Keyword 3
Reflective thinking

Keyword 4
Self-efficacy

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Financing entities
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Título
Enfermeiro de família: o conceito na perspetiva dos estudantes

Autores
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Introdução
O enfermeiro de família é objeto de representação elaborada a partir do que sobre ele se veicula ou da experiência enquanto utente. Na formação estes processos cognitivos e as conceções que deles derivam são relevantes, interferindo no desenvolvimento de competências e na própria construção da identidade profissional futura. A compreensão do conceito de enfermeiro de família previamente detido pelos estudantes da Licenciatura em Enfermagem motivou o seu estudo, perspetivando a sua discussão futura no contexto formativo.

Objetivos
Os conceitos ajudam a saber o que se espera que façamos, dando-nos classificações que usamos para criar uma compreensão partilhada. Partindo do pressuposto que os conceitos não são estáticos, que incorporam continuamente novos conhecimentos, experiências, perceções e dados, definiu-se como objetivo: analisar o conceito preexistente sobre o enfermeiro de família.

Metodologia
Estudo exploratório. Inquiriu-se uma amostra de 44 estudantes do 2º ano da Licenciatura em Enfermagem, aplicando-se questionário com questão aberta no primeiro dia de aulas da unidade curricular de Enfermagem Comunitária e Familiar. Para analisar o conceito optou-se pelo Método Tradicional, com a adaptação proposta por Walker e Avant (2005), identificando os seus usos, atributos definidores e referências empíricas, isto é, as possíveis aplicações do conceito, características discriminatórias que mais frequentemente lhe são associadas e ocorrências que o ilustrem.

Resultados
Desconhecido para alguns estudantes (f=5), o conceito de enfermeiro de família é usado pelos restantes 39 na perspetiva de 'responsabilidade por famílias' (f=15), com atributos de 'Acompanhamento' (f=16), em 'proximidade' (f=8) com 'disponibilidade' (f=7), surgindo como referências empíricas 'seguir regularmente', 'apoio em qualquer situação' através de 'ensino', 'aconselhamento', 'orientação' e 'esclarecimento de dúvidas'. É também usado como profissional do 'Centro de Saúde' (f=10), tendo como atributos a 'prática colaborativa com o médico de família' (f=9) e 'cuidados no domicílio' (f=2) sobressaindo como referências empíricas as 'consultas', 'vacinação', 'tratamento de feridas', 'Rastreios', e 'educação para a saúde'.

Conclusões

O conceito detido mostra retenção de evidências do quotidiano, mescladas com apropriação de referenciais globais inerentes à Enfermagem. Constitui um indicador para a (re)apreciação das estratégias a usar para o desenvolvimento da sua apropriação especifica pelos estudantes durante a lecionação da unidade curricular de Enfermagem Comunitária e Familiar.

Palavra-chave 1
Enfermeiro de família

Palavra-chave 2
Conceito

Palavra-chave 3
Usos e atributos

Palavra-chave 4
Estudantes de enfermagem

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Entidade(s) Financiadora(s)
Não se aplica

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Título
Health Break: Preparing Nursing Students to Work with Individuals with Intellectual Disabilities

Autores
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Introdução
Student's exposure to individuals with intellectual disabilities is limited in the traditional clinical settings. Research shows that individuals with disabilities report dissatisfaction with personal experiences with healthcare professionals. Parents of children with disabilities have described their care as inexperienced, poorly organized and fragmented. In order to educate nursing students on interacting with individuals with differing abilities they need experience

Objetivos
The purpose of Health Break is to allow nursing students the opportunity to work with individuals with intellectual disabilities in a non-medical setting.

Metodologia
Guided by course objectives, sophomore nursing students spend 25 hours in community learning settings. During this process students implement projects caring for populations with a variety of health conditions in a community setting. Nursing students developed physical and mental health activities in conjunction with the Career and Community Studies program (CCS) at TCNJ. CCS is a college based program for individuals with intellectual disabilities

Resultados
Students benefited from this program by gaining experience with communication and exposure to populations that differed from their own. Students developed the ability to apply classroom knowledge to the "real world", improved social responsibility and citizenship skills.

Conclusões
All nursing students can benefit from early exposure to community engaged learning. By introducing patient encounters early in a nursing student's career, opportunities for longevity with community organizations may become apparent. Many students choose to continue their community engaged learning volunteer service throughout their college career.

Palavra-chave 1
Alternative clinical site

Palavra-chave 2
Intellectual disabilities

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Entidade(s) Financiadora(s)
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Title
Implementing Collaborative Testing with Exam Wrappers to Improve Metacognition

Authors
Kathleen Mullen*

Introduction
Strategies to increase metacognition in nursing students and other healthcare professionals have been a recent focus in the literature. Metacognition is an understanding of how to think and learn (Chen, Björkman, Zou, & Engström, 2019) Metacognitive skills of self-direction of learning and self-regulation of learning are correlated with critical thinking and problem-solving abilities, significant to academic success and clinical decision-making (Medina, Castleberry & Persky, 2017).

Objectives
Students in an accelerated master's direct entry prelicensure program demonstrated gaps in the metacognitive skills of efficiently self-assessing learning needs and selecting effective learning strategies. Collaborative testing and exam wrappers were implemented to improve self-assessment, self-direction, and self-regulation of learning metacognitive skills.

Methodology
Collaborative testing is an assessment and learning strategy utilizing peer interaction to analyze an item and the rationale for each potential answer, modeling self-assessment of knowledge (Hanna, Roberts, & Hurley, 2018). An exam wrapper is a post-assessment reflection tool prompting self-regulation of learning strategies (Butzlaff, Gaylle & Kelley, 2018). The maternity nursing course implemented collaborative testing and exam wrappers with three formative assessments during the course.

Results
Mixed methods evaluation with student surveys, student interviews, and summative assessments, provided insight into the effect of collaborative testing and exam wrappers on metacognition and learning behaviors in the course. Students reported satisfaction with collaborative testing. Evaluation of reflection on learning strategies was inconclusive

Conclusions
Results indicated additional focus on the concept and processes of metacognition prior to engaging in course content may further student motivation to utilize self-assessment and self-regulation of learning.

Keyword 1
Nursing education

Keyword 2
Metacognition

Keyword 3
Collaborative testing

Keyword 4
Exam wrappers

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Financing entities
None

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Title

InovSafeCare Model: Designing an Educational model for innovative Healthcare-associated Infections prevention and control in Nursing education

Authors

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Introduction

Given the current challenges regarding Healthcare-Associated Infection (HCAIs) prevention and control, a European Consortium of Healthcare Higher Education Institutions (HEIs) proposed the development of a pedagogical model comprised of innovative teaching and learning practices for nursing students - the InovSafeCare Model. This model focuses on developing students` competencies in HCAIs prevention and control, facilitating the learning of current best practice recommendations, encouraging critical reflection and the conceptualization of innovative solutions, and contributing to the improvement of care quality and safety.

Objectives

The InovSafeCare model was conceptualized with the objective of helping nursing students in the development of their competences on HCAIs prevention and control, through the stimulation of critical thinking and decision making. Moreover, the model also aims to motivate nursing students` creative and entrepreneurial spirit within this scope.

Methodology

A documental analysis of the current HCAIs-related content lectured across several European nursing HEIs was conducted, highlighting the main educational approaches/strategies used. To support the development of the model, empirical data will be collected through two questionnaires (for nursing students and teachers/tutors), qualitative and exploratory studies, and educational sessions with simulation scenarios, followed by group analysis and ventilations involving all relevant stakeholders.

Results

So far, the InovSafeCare Model incorporates as pedagogical strategies active lectures, tutorials, clinical practice-based simulation scenarios, and assessment tests focused on HCAIs-related content. The InovSafeCare consortium is currently analysing the results of 900 questionnaires applied to nursing students from Portugal, Spain, Poland and Finland, as well as the transcription of 6 individual interviews and 13 focal groups conducted, in a total of 77 nursing teachers and tutors from five European HEIs.

Conclusions

The InovSafeCare Model advocates for a constructivist active learning environment, encouraging nursing students` critical thinking on current HCAIs-related challenges and trends, enhancing their creativity, support self-directed learning and entrepreneurial skills.

Keyword 1

Active learning environment

Keyword 2

Healthcare-associated Infections

Keyword 3

InovSafeCare Model

Keyword 4

Nursing education

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Financing entities

Authors would like to thank the ERASMUS+ Programme for the InovSafeCare Project funding (2018-1-PT01-KA203-047453).

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Title

InovSafeCare Project: Educating nursing students for innovative infection prevention and control practices in healthcare settings

Authors

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Introduction

Structured education and training in the field of healthcare-associated infections (HCAIs) is recognized by the European Council as a key-action for nurses` professional development (Council Recommendation 2014/C 438/05 of December 6th, 2014). Therefore, in order to improve the quality of the current undergraduate nursing curriculum in this scope, a consortium of five Higher Education Institutions (HEIs) from four European countries, Portugal, Spain, Poland and Finland, conceived the InovSafeCare Project.

Objectives

The InovSafeCare project`s aims to develop the InovSafeCare Model; train nursing students, teachers/professors/mentors and other interested healthcare professionals in the InovSafeCare Model`s core and principles; motivate nursing students` entrepreneurial spirit as well as reinforce the collaboration between HEIs, healthcare Institutions and technological companies within this thematic scope.

Methodology

To achieved the main goals of the project, several activities will be conducted, which include: i) the development, adaptation and validation of two InovSafeCare questionnaires (for nursing students and teachers/tutors); ii) the conduction of focus groups and interviews for qualitative assessment; iii) educational sessions with simulation scenarios, followed by group analysis and ventilations; and iv) regional and international seminars to disseminate the project goals and results with the academic community of other HEIs and healthcare professionals.

Results

At the project`s end, it is expected that the InovSafeCare Model to be ready to help nursing students to improve their HCAIs prevention and control competences, critical thinking and entrepreneurial skills- Moreover, teachers will have access to pedagogical tools that will guide their educational approach on HCAIs prevention and control, enhancing the student`s abilities on how to explore and analyse the current realities existing in their teaching and clinical settings. Finally, the InovSafeCare Community will be established and expanded beyond the consortium and geographical settings, creating an open channel for the dissemination and discussion of current HAIs-related trends and challenges.

Conclusions

The consortium hopes that this innovative model and tools will improve the current pedagogical approach to HCAIs prevention and control in several European HEIs, helping to define essential key-competences and recommending best practices that will improve the quality and safety of nursing care.

Keyword 1

Healthcare-associated infections

Keyword 2

Infection prevention and control

Keyword 3

InovSafeCare Project

Keyword 4

Nursing curriculum

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Financing entities
Authors would like to thank the ERASMUS+ Programme for the InovSafeCare Project funding (2018-1-PT01-KA203-047453).

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Title

Mediating Role of Self-efficacy in the Relationship between Family Social Support and Self-care Behaviors Among Saudi Men with Hypertension

Authors

Ghareeb Bahari*

Introduction

With rapid improvements in the Kingdom of Saudi Arabia, hypertension has become a public health challenge. Over 50% of middle-aged adults were reported to be diagnosed with hypertension in 2017, with men being at greater risk. Poor hypertension self-care can lead to significant complications, such as heart failure, heart attack, or kidney failure. Self-efficacy and family social support are factors that may contribute towards better self-management. However, available literature to support this relationship in Saudi Arabia is limited.

Objectives

The purpose of this study was to examine the relationships between family social support, self-efficacy, and self-care behaviors among Saudi men with hypertension in Saudi Arabia. We also evaluated if self-efficacy mediated the relationship between family social support and hypertension self-care behaviors.

Methodology

This cross-sectional study was conducted on Saudi men who live with hypertension and being treated at Primary Healthcare Centers. The author collected data from May to August of 2018. The Hypertension Self-Care Profile and the Perceived Social Support from Friends and Family scales were used to measure the study variables. The author used multiple regression to analyze the relationships and Baron and Kenny's test to assess if self efficacy mediated the relationship between family social support and hypertension self-care behaviors.

Results

The author found that respondents (N=158) visiting Primary Healthcare Centers reported relatively high scores in both hypertension self-care behaviors (Mean=52.4, SD=9.53, range:19-76), self-efficacy (Mean=54.3, SD=11.0, range:19-76), and strong family support (n=136, 86.1%). The author also found family social support to be significantly, positively associated with both self efficacy ($r=.380$, $p<.001$) and hypertension self-care behaviors ($r=.353$, $p<.05$). Self-efficacy was also reported associated with hypertension self-care behaviors ($r=.681$, $p<.001$). In the regression analysis, the author reported only self-efficacy to be significant ($B=.632$, $p<.05$). Self-efficacy fully mediated the relationship between family social support and hypertension self-care behaviors ($B=.111$, $p>.05$).

Conclusions

Positive associations were reported among family social support, self-efficacy, and hypertension self-care behaviors. Interventions to enhance hypertension self-care behaviors could focus on increasing the individual's self-confidence to perform specific healthy behaviors. Family involvement in healthcare is also recommended as it can contribute to the performance of hypertension self-care behaviors.

Keyword 1

Behaviors

Keyword 2

Self-efficacy

Keyword 3

Family support

Keyword 4

Hypertension

Keyword 5
Mediation

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Financing entities
This study was not funded

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Title
Nursing Students' Experiences with the Computer Simulation-based Interactive Communication Education (ComEd) Program

Authors
Heeseung Choi*, Ujin Lee**, Ye Seul Jeon***

Introduction
Simulation-based education designed to foster communication skills has become an essential part of nursing education. However, nursing students' communication patterns in the simulated situations and how communication simulation education influence students' perceptions toward psychiatric patients and nurse-patient relationships have not been clearly understood.

Objectives
The present study aimed to (1) identify communication patterns in the simulated situations among nursing students who participated in the computer simulation-based interactive communication education (ComEd); and (2) explore changes in their perceptions toward communication with psychiatric patients after the ComEd.

Methodology
Students recruited from four nursing schools received the ComEd installed in tablets for 40 minutes. The ComEd included two cases (psychotic and depressed patients) and tailored debriefing sessions. Students interacted with the virtual patients and listed more than 10 words related to communication with psychiatric patients before and after the education. To identify students' communication patterns, each interaction with the patients were analyzed. Changes in students' perceptions were explored by analyzing pre- and post-education words using R program.

Results
Analysis of communication patterns among 66 nursing students (6 male and 60 female students) revealed that the non-therapeutic communication skills that they commonly used were 'giving reassurance', 'belittling feelings expressed', and 'changing the subject'. Also, students tended to focus on 'problem solving' rather than exploring or acknowledging feelings expressed by the patients. Analysis of 693 pre-education words and 689 post-education words demonstrated the changes in students' perceptions. While negative or symptom-related words (i.e., delusion, anxiety, fear) appeared frequently before the education, words related to therapeutic communication skills (i.e., reflection, clarification, questioning) appeared frequently after the education.

Conclusions
The present study revealed the non-therapeutic communication skills that students commonly used and demonstrated that computer simulation-based interactive communication education promoted positive changes in nursing students' perceptions toward communication with psychiatric patients. The findings contributed to the advancement of simulation-based nursing education.

Keyword 1
Nursing students

Keyword 2
Communication skill

Keyword 3
Simulation

Keyword 4
Psychiatric patients

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Financing entities
Basic Science Research Program through the National Research Foundation of Korea [grant numbers 2017R1D1A1B03033861]

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Title
Nursing students' healthy lifestyles behaviours

Authors
Sabina Licen*, Igor KarnjuÅ¡**, Mirko Prosen***

Introduction
A healthy lifestyle is a way of living which reduces the risk of falling seriously ill or dying early. Not all diseases can be prevented, but many deaths can be avoided, especially deaths from coronary heart disease and lung cancer. With many hours of clinical practice and other responsibilities, nursing students often do fail to live a healthy lifestyle. Therefore, developing and maintaining healthy lifestyle behaviours is fundamental to the protection of health.

Objectives
The purpose of the study was to identify the health-promoting lifestyle habits among nursing students and to examine the possible sociodemographic factors that might influence such habits.

Methodology
The non-experimental descriptive research design was used. The study was performed among the nursing students of the Faculty of Health Sciences, University of Primorska. The sample of the study consisted of 80 students who agreed to participate in the study. Data were collected using a questionnaire containing socio-demographic characteristics and the " Health Promoting Lifestyle Profile II". The number, percentage, Mann Whitney U test and Kruskal-Wallis variance analysis were used in the SPSS 25 statistical program for the data analysis.

Results
The highest score was 188 and the lower 47, indicating health-promoting lifestyle ranging from excellent to very poor. The results indicate that students have a good health-promoting lifestyle, with a score of 123. Better scores were obtained from females, from those living in student dormitories, from students whose parents had a college or university degree (as follows, Me = 123, SD = .75; Me = 128, SD = 1.11; Me = 125, SD = 1.10; all p> .05). The highest results were obtained by students who are professional or recreational athletes (Me = 138, SD = .97, p = .001).

Conclusions
Based on these results, it is advisable to motivate students to pursue healthy lifestyle behaviours by establishing a schedule and education in a way which will allow them to spend more time for health-promoting activities or by establishing training programs related to healthy lifestyle behaviours.

Keyword 1
Healthy Lifestyle

Keyword 2
Nursing

Keyword 3
Students

Keyword 4
Health Promotion

Keyword 5
HPLP II

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Financing entities
Faculty of Health Sciences, University of Primorska

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Título
Protocolo de humanização do nascimento por meio do parto cesárea

Autores
Maria Eduarda Lopes Riccordi*, Dirce Stein Backes**, Elisandra Medianeira Razera Nogueira Cassol***, Nadiesca Taisa Filippin****

Introdução
O Centro Cirúrgico é uma unidade, complexa e específica em um hospital, considerados cenários de alto risco, extremamente suscetíveis a erros. Compreende em um ambiente dominado por pressão e estresse e requerem da equipe de enfermagem atenção nos processos da assistência.

A humanização baseia-se em aspectos fundamentais referentes à medidas e procedimentos que beneficiem o acompanhamento do parto e nascimento, evitando práticas desnecessárias, que não beneficiam a mulher nem o recém-nascido, que podem gerar maiores riscos para ambos (Brasil, 2002).

Objetivos
Com base no exposto e no sentido de ampliar e promover o cuidado humanizado, objetiva-se apresentar o protocolo de humanização do nascimento por meio do parto cesárea.

Metodologia
Trata-se de um relato de experiência, visando apresentar o protocolo de humanização do parto e nascimento por meio da cesariana e a observação da acadêmica do curso de enfermagem, na disciplina de estagio final do curso de graduação. Foi observado a humanização na cesárea, um contato pele a pele logo nos primeiros minutos, a primeira mamada logo quando nasce e na sala de recuperação uma assistência rápida para o bebê estar sempre junto da mãe.

Resultados
O protocolo de humanização do parto cesárea e nascimento foi desenvolvido com participação da equipe multiprofissional do Centro Cirúrgico. As etapas do protocolo contemplam a assistência prestada desde o recebimento da gestante até a visita realizada pela enfermeira um dia após o parto cesáreo.

Com a observação da acadêmica, houve reflexão do processo de trabalho, principalmente nas atividades do enfermeiro. Observou-se que a humanização no parto gera suporte emocional, instrução e informação a respeito dos procedimentos que serão realizados. Também se deve oferecer liberdade de posição e movimentos e o controle da dor por métodos não invasivos e não farmacológicos.

Conclusões

Conclui-se que estágio corrobora com o conhecimento, desenvolvendo raciocínio crítico e melhora as habilidades de liderança, gestão e cuidado. O protocolo colaborou com a qualidade e efetivação da assistência e de novas possibilidades de cuidado, tornando-se um registro da assistência humanizada, a gerar indicadores que auxiliem na qualidade da gestão.

Palavra-chave 1
Centro Cirúrgico

Palavra-chave 2
Cesárea

Palavra-chave 3
Humanização

Palavra-chave 4
Enfermagem

Referências bibliográficas 1

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Entidade(s) Financiadora(s)

Universidade Franciscana

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Historical and cultural nursing and healthcare issues

Title
A window on the system: professional's views and approaches to working with teenage parents evident in Serious Case Reviews in the UK.

Authors
SARAH Bekaert*

Introduction
This analysis explores the multidisciplinary team's work with teenage parents in Serious Case Reviews (SCR) in the UK. Across recent decades young parents in the UK have been publically scrutinized. The feckless single mother stereotype persists, with unfounded accusations of immaturity and welfare dependence (Bekaert & Bradley, 2019). Young parents frequently face such perceptions in their interactions with health and social care professionals. Competing cultural expectations for childhood and parenthood are notable when a child of young parents suffers abuse.

Objectives
SCRs are multidisciplinary reviews conducted when a child has died or come to significant harm, to establish what can be learned in relation to the way in which professionals across discipliness work individually, and together, to safeguard children. The review explores how young parents are constructed within SCRs.

Methodology
SCRs are publically available in a repository curated by the National Society for the Prevention of Cruelty to Children. Reviews were selected through keyphrase searches: teen pregnancy/teenage parenthood/young parenthood. Fifty-two reports were reviewed. Drawing on a feminist data analysis method, the Listening Guide, a specific reading of the reviews was conducted to highlight narratives illustrating social structures and cultural contexts, with an a-priori focus on the construction of young parents in professional practice. Themes were reflexively developed from this analysis.

Results
Negative assumptions regarding young parenthood pervaded the documents. Youth was viewed as a vulnerability, although cumulative negative life events were evidence of vulnerability rather than youth itself. Whilst vulnerability was acknowledged there were parallel expectations of the parents, and specifically the young mother as protector of the child(ren) from adults that pose a risk, as coordinator of myriad appointments, and to comply with complex court orders (Scourfield, 2002). Whilst some professionals recognised the child status of one or both parents, protection of their child took precedence, with little concession in practice to the developing adolescent parent (Hanson and Holmes, 2015).

Conclusions
Cumulative negative life events, gendered and infantcentric professional practice can leave young parents unsupported in the face of complex difficulties compounded by parenthood. Trauma informed multidisciplinary practice that considers young parent's experience, individual and family needs and adolescent development can support their positive intentions in caring for their children.

Keyword 1
safeguarding

Keyword 2
child protection

Keyword 3
teenage parents

Keyword 4
teenage mother

Keyword 5
adolescence

References 1
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Financing entities
nil to declare

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Title
Cardiovascular Disease Risk Factors, Physical Activity, and High-density Lipoprotein in Rural Ecuadorian Women

Authors
Kathleen Hawkins*

Introduction
Non communicable diseases (NCD) such as cardiovascular disease (CVD) and diabetes are the leading causes of death and disability in many communities world-wide and account for 80% of deaths in low- to middle-income countries (World Health Organization [WHO]; World Statistics 2011; Geneva WHO, 2011). In 2014 (in Ecuador), CVD accounted for 25% of all deaths (all ages, both sexes) followed by cancers, chronic respiratory diseases, and diabetes [17%, 4%, and 4%] (WHO, 2014).

Objectives
Objective of this study is to investigate the sociodemographic determinants and cardiovascular disease (CVD) risk factor knowledge about physical inactivity and high density lipoprotein cholesterol and their potential interrelationships in rural Ecuadorian, women 18 years of age and older. Potential moderating effects of employment on physical inactivity will be analyzed.

Methodology
Correlative predictive secondary analysis will use selected de-identified data from the (2015) Parent Study entitled: Determinants, health literacy, heart failure risk factors, heart failure self-care knowledge, and heart failure self-care health behaviors and community, to determine if employment has a mediating/moderating effect upon knowledge of physical inactivity as CVD risk factor and moderate/ vigorous intensity physical activity. Permission to analyze data from Parent Study requested from Institutional Review Board of Azusa Pacific University and from owner of Parent Study.

Results
Study will add to body of knowledge about CVD risk factors in rural Ecuadorian women. With a significant increase in CVD mortality rates in Ecuador from 2012-2016, and still increasing (Balda, Canizares et al., 2018), additional knowledge about potential determinants is warranted. Physical inactivity is known to contribute to development of CVD. The rate of physical inactivity in urban Ecuadorian females was previously reported to be 29.3% [21.0-37.6] (World Health Organization, 2018). Therefore, this study will add to the knowledge base about CVD prevention in non-urban females and may benefit the development of health care practice, policy, and future research.

Conclusions
Current CVD morbidity and mortality in Ecuador is unsettling, consequently, interventions are needed that will increase CVD risk factor awareness. Current information of how income, age education, marital status, physical inactivity, and knowledge of CVD risk factors associated with HDL in rural Ecuadorian adult women is unknown.

Keyword 1
Cardiovascular disease risk factors

Keyword 2
High density lipoprotein

Keyword 3
Physical inactivity

Keyword 4
Moderating/mediating effects of employment

Keyword 5
Rural Ecuadorian women

Keyword 6
Non-communicable disease

References 1
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Financing entities
No financing entities.

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Title
Use of ecological momentary assessment to measure sleep in children

Authors
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Introduction
Sleep may affect behavioral and cognitive development as well as physical growth in younger children. Ecological momentary assessment (EMA) evaluates real-time data of behaviors or experiences in natural settings. EMA could enhance understanding of sleep and its relations with ecological factors in children.

Objectives
The purpose of this study was to explore feasibility of EMA which measures sleep of children.

Methodology
Integrative review was done with the research question to explore how EMA was used to measure children's sleep. Database search of PubMed, CINAHL plus, EMBASE and PsycARTICLES was conducted to search for relevant literature published between 2008 to 2018. The keywords used in searching the literature were ecological momentary assessment, sleep, and children. A total of nine studies was met the inclusion criteria.

Results
EMA was used to measure children's sleep in both objective and subjective data. Of 9 studies, 5 studies used EMA to assess repeatedly at certain points daily, while other 4 studies used EMA 24 hours continuously. Sleep was measured in duration, location, and perceived quality. The methods of EMA used in the studies were survey using cell phones (7 studies), e-diary (2 studies), photography food diary (1 study) and wearable devices (4 studies). The study participants ranged from 7-19 years old and no infants were studied.

Conclusions
This study confirms that EMA is feasible to measure sleep of children. We found sleep research in children using EMA was very limited. Future EMA studies on sleep may need to extend to younger children, especially infants. This study could provide a useful basis for developing specific intervention using EMA.

Keyword 1
Sleep

Keyword 2
Children

Keyword 3
Ecological Momentary Assessment

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Financing entities
The National Research Foundation of Korea (NRF) funded by the Korea government (MSIT) (NRF-2018R1A2B6005201).

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Title
Young people in conflict with the law and the interaction with practitioners: initial findings related to health care outcomes in the Scottish context

Authors
Camila Biazus Dalcin*, Fernando Fernandes**, Andrea Rodriguez***, Ana Karina Bezerra Pinheiro****

Introduction
Young people (YP) in conflict with the law have the worst health outcomes than the general population. Studies show that YP that were incarcerated will have worse physical and mental health outcomes (Barnert et al., 2017). One aspect is still to be considered in more depth, which regards the place of stigma (Hatzenbuehler, Phelan, Link, 2013) and symbolic violence (Bourdieu, 1989) as a factor that can impact on health outcomes for YP in conflict with the law.

Objectives
This study aims to explore how the interaction of YP in conflict with the law and service provision/practitioners can play a role in the reproduction of health inequalities. It was used the health care field as a social space where contact, tensions and power relations emerge.

Methodology
PhD thesis in progress, with a comparative study between Scotland and Brazil. It is a qualitative ethnographic study. In this paper, it will be discussed the field notes that were taken during a participant observation approach in Scotland between August 2019 to January 2020. The study setting was a community-based organization in Scotland working with YP released from prison that identify needs and address issues faced by YP. It was used thematic analysis for data analysis.

Results
The preliminary results show that the interaction of YP with services provision/practitioners can play a role in the reproduction of health inequalities because it can affect the experience of YP and service provision. It was possible to observe that social housing issues (judgmental practice) and mental health issues (long waiting list, lack of contextualization) demonstrated the complexity and multi demands that are presented by YP. These reveal the symbolic violence in which certain assumptions and beliefs about YP are reproduced by professional practice (Fernandes et al., 2018) and can be reinforced by the stigma associated to the 'offender' status.

Conclusions
Preliminary data show that interactions between YP in conflict with the law and service provision/practitioners can impact in the reproduction of health inequalities. Some areas that will be further explored are the reproduction of the assumptions about YP, symbolic violence and stigma issues in professional practice.

Keyword 1
Young People

Keyword 2
Health care

Keyword 3
Community Nursing

Keyword 4
Sociology

Keyword 5
Public Health

References 1
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Financing entities
Coordenacao de Aperfeicoamento de Pessoal de Nivel Superior - Brazil (CAPES).

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Symposiums

Title
Ensuring patient safety through the Fundamentals of Care Framework

Authors
Annamaria Bagnasco*, Milko Zanini**, Giuseppe Aleo***, Gianluca Catania****, Loredana Sasso*****

Introduction
Following the scandal of the Mid-Staffordshire NHS Trust and the publication of the Francis report, an international group of nursing leaders founded the International Learning Collaborative (ILC) to study and define the reasons that led nurses to underestimate the importance of providing fundamental care activities such as nutrition, respect for the person's dignity, and communication.

The Fundamentals of Care framework consists of three dimensions: building a relationship of trust; integration of the Fundamentals of Care; and the context (1).

Objectives
The aim of our study was to ensure patient safety to cancer patients by developing tools and interventions to providing adequate nutrition, therapeutic education, and informed consent.

Methodology
1. Development of a dedicated nutritional program for 28 head and neck cancer patients after undergoing maxillofacial reconstruction surgery. 2. Development and validation of a deck of 15 Barrows Cards (2) with the participation of 5 cancer nurses and 20 blood cancer patients, to educate patients manage anti-cancer treatment safely at home. 3. Validation of the Italian version of the Quality of Informed Consent (QulC-I) (3) with the participation of 292 cancer clinical trial patients from 7 cancer centres.

Results
Nutritional Program, better nourished patients showed presented higher levels of albumin, with reduced levels of infections and length of hospital stay. Educational intervention, item content validity for the Barrows Cards was 0.96 (range 0.8-1.0), therefore it was very good.

Also face validity was good because all the patients appreciated the tool and its educational effectiveness. Informed consent, content validity index was 0.84 (part A), and 0.95 (part B) and all items were clear. Internal consistency: Cronbach α 0.661 (part A) and 0.842 (part B). Test-retest ICC: 0.535, IC95% 0.452-0.617 (part A) and 0.64, IC95% 0.604-0.675 (part B).

Conclusions
These three interventions offer practical examples of how patient safety, respect for person's dignity and quality of care can be ensured through the provision of fundamental aspects of care, such as nutrition, patient education, and information through high quality informed consent.

Keyword 1
Fundamental care

Keyword 2
Nutrition

Keyword 3
Patient education

Keyword 4
Informed consent

Keyword 5
cancer patients

Keyword 6
safety

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Financing entities
None

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Título
Teorias de Enfermagem em Pesquisas sobre Cuidados com Crianças e Adolescentes

Autores
Ivone Evangelista Cabral*, Márcia Noélia Pestana Santos**, Camille Xavier de Mattos***, Jéssica Renata Bastos Depianti****

Introdução
Teorias e modelos de enfermagem contribuem para consolidar o estatuto da ciência de enfermagem. Nos campos da saúde da criança e do adolescente, tem-se vivido desafios na produção de conhecimentos estruturados a partir de teorias e modelos teóricos de enfermagem, uma vez que a maioria delas foram construídas a partir de estudos e experiências de cuidados com adultos. Todavia, para implementar o processo de enfermagem é fundamental sustentar o desenvolvimento das etapas nessas teorias e nos conhecimentos geradores de evidências.

Objetivos
Apresentar e debater exemplos de pesquisas que abordam os cuidados com crianças e adolescentes em cenários hospitalares e da comunidade (transição hospital-casa-comunidade), fundamentados em Marie Collière (tipologia de cuidados), Betty Neuman (modelos de sistema) e Peggy Chin (Peace and Power).

Metodologia
Estudo bicêntrico Brasil-Portugal sobre mapeamento de teorias de enfermagem aplicáveis às pesquisas sobre e com crianças e adolescentes. Dados produzidos em investigações qualitativas de uma pesquisa de bancada e três acadêmicas implementadas nos cursos de doutorado dos programas de pós-graduação da Escola de Enfermagem Anna Nery e da Escola Superior de Enfermagem de Coimbra. Implementou-se práticas individuais (entrevistas), grupais (dinâmicas de grupo) e observação como ferramenta de pesquisa. A análise temática de dados conformou um mapa de temas e conceitos.

Resultados
A tipologia de cuidados de Collière sitematiza demandas de crianças com necessidades de saúde especiais na garantida de manutenção da vida, em condições seguras e protetivas, e estimulo de potencialidades do desenvolvimento. Com o modelo de sistemas de Neuman compreende-se os fatores estressores e defini-se intervenções compartilhadas para manter o bem-estar de adolescente hospitalizado. O modelo de “Peace and Power” explica processos de mudanças emancipatórias na abordagem de grupos e favorece a produção de diretrizes de diálogo de enfermeiras com famílias de crianças com cancer, em redes sociais. Enfermeiras empoderadas promove autonomia e segurança de familiares no cuidado de crianças.

Conclusões
O paradigma de cuidados de enfermagem é formado pelo quadrilátero sujeito do cuidado, ambiente, enfermagem e saúde. Na prática clínica, modelos e teorias de enfermagem fundamentam as etapas do processo de enfermagem no cuidado à crianças e adolescentes. Nas pesquisas, fornecem o construto teórico do existir da enfermagem como ciência.

Palavra-chave 1
Enfermagem pediátrica

Palavra-chave 2
Teoria de Enfermagem

Palavra-chave 3
Ciência de Enfermagem

Palavra-chave 4
Criança

Palavra-chave 5
Adolescente

Palavra-chave 6
Pessoal de Saúde

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Entidade(s) Financiadora(s)
Conselho Nacional de Desenvolvimento Cientifico e TecnolÃ³gico. Edital Universal CNPq 2018.

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Title
Sharing Learning from Practice to improve Patient Safety (SLIPPS): a multinational project

Authors
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Introduction
Patient safety is a global concern. Health care learning occurs across academia and practice. Students encounter incidents of varying degrees, not always recognized or recorded (Steven et al 2014). Sharing Learning from Practice to improve Patient Safety (SLIPPS) is an EU co-funded project involving 5 countries; 7 universities; 6 associated health care organizations (Steven et al 2019). Project principles: education for patient safety is complex and socially situated; experiential placement learning is powerful; reflection on, and in, practice is important.

Objectives
SLIPPs drew on the untapped potential of student's lived experiences by;

- Gathering student experiences and reflections on placement learning events.
- Undertaking empirical research on the data gathered to further our knowledge of patient safety events and student learning
- Developing free tools and resources based on this data

Methodology
A SLIPPS Learning Event Recording Tool (SLERT) was specifically designed to enable students to record and reflect upon important learning events related to patient safety they encountered during clinical placements. The tool was pre-tested, piloted, and translated into 5 languages. 1:1 semi structured student interviews were undertaken in 4 countries and thematically analyzed (Saldana 2016) to evaluate students use of the SLERT. SLERT data were analyzed through descriptive and thematic methods as the basis for Simulation Scenarios.

Results
SLERT was used across 5 countries with students from nursing and health professions courses. Over 300 accounts were collected. The tool is embedded in several undergraduate programmes and data collection continues. Interview analysis found the tool functioned both as pedagogical device and data collection method; was easy to use; helped students think more logically and deeply. Students also reported enhanced personal learning and some took their learning back to practice settings. Data was used to develop educational resources including 5 simulation scenarios, for example one scenario based on the 'Nursing Education Simulation Framework' regards drugs administration in a medical ward.

Conclusions
Patient safety education is usually based on 'expert' knowledge, for students this can feel removed from everyday practice reality. SLIPPs 'inverted' the normal order by making student experience central to resource development. Analysis of tool use and scenario development indicates this is advantageous. This symposium includes 3 presentations about SLIPPs.

Keyword 1
Patient safety

Keyword 2
Experiential learning

Keyword 3
Nursing

Keyword 4
Simulation

Keyword 5
Reflective practice

Keyword 6
Practice placements

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Financing entities
The SLIPPS project was co-funded by the Erasmus+ programme of the European Union

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Title
Nursing Strike: Nursing Empowerment versus Nursing Duty

Authors
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Introduction
Nurses worldwide may be asked to strike for various reasons. Rare literature exists on what a strike is, what the conditions are for a strike, and how a nurse might decide whether to strike or to cross a picket line. This panel discussion will include representation from American staff nurse, manager, and researcher and response from Portuguese nursing organization representative. Strikes in various countries will be discussed. Duty to patients versus empowerment of nurses will be core issues.

Objectives
Upon attendance at this session, nurses will: 1. delineate the definition of nursing strike 2. define the requirements for a strike to occur 3. Analyze the consequences of a strike

Methodology
Hybrid Concept Analysis was done on the concept of "Strike" for nurses using 3 components, review of literature, stakeholder interviews to assess the applicability of the literature, and recommendations for practice. 52 articles and 6 books created a definition, what needed to come before a strike, what occurred during a strike, and what were consequences of a strike. 9 interviews were analyzed to support or oppose the literature. A strike was defined, with decision making assistance for the nurse presented.

Results
Strikes in the United States were defined as "a last resort effort, after significant bargaining on specific issues between nurses and management, which has not allowed for agreement, in which a work stoppage occurs and nurses leave the bedside." Interviews alone introduced the concept of duty to patients. Shared governance as a well working model of problem solving can act as strike prevention. A model case, contrary case and borderline case are offered. Recommendations for practice related to strikes, sympathy strikes, and strike prevention are presented.

Conclusions
Proposed is a one hour panel presentation in which an American researcher will give the background of a strike, and then the opinions of an American staff nurse and manager will be presented.. The Portuguese Nursing Association will respond.

Keyword 1
strike

Keyword 2
nurses

Keyword 3
duty

Keyword 4
empowerment

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Financing entities
none

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