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Annual International Conference of Nursing Doctoral Students

"KNOWLEDGE TRANSLATION INTO PRACTICE"

E-book of Abstracts

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PREFACE

The Nursing PhD Program of the University of Lisbon (UL) and Lisbon School of Nursing (ESEL) conducts an annual scientific meeting aiming to disseminate ongoing research in nursing and other health disciplines. This conference brings together individuals who are interested in furthering knowledge in order to develop the discipline and social contribution of nursing.

The theme of the 9th Annual International Conference of Nursing Doctoral Students was the *Knowledge Translation into Practice* and the Keynote Speakers were Professor Kathleen White (PhD, RN, NEA-BC, FAAN) and Professor António Vaz Carneiro (MD, PhD, FACP, FESC). PhD nursing students aim to develop the necessary skills to translate evidence gained through nursing research into practice and by doing so improving systems of care and generating quality measure outcomes to patients, families and communities.

Professor Kathleen M. White, from Johns Hopkins School of Nursing (USA) directs the MSN Program and coordinates the MNS Health Systems Management Track and the MSN/MBA dual degree option. She previously directed the Doctoral Nursing Practice (DNP) and Master's Programs and keeps a joint appointment as a clinical nurse specialist at Johns Hopkins Hospital, where she is a member of the EBP Steering Committee and an original part of the collaborative SON/JHH team that developed the widely published, award-winning *Johns Hopkins Nursing Evidence-based Practice Model and Guidelines*. Professor Kathleen White served as a senior adviser to several institutions and had several international practice leadership roles. She currently also serves on the Maryland Health Care Commission's Hospital Performance Evaluation Guide Advisory Committee, the Howard County General Hospital Board of Trustees, and the Maryland Patient Safety Center's Board of Directors.

Professor António Vaz Carneiro is a Medical Doctor holding specialist degrees in Internal Medicine, Nephrology and Clinical Pharmacology, with 40 years of professional experience in Portugal and the USA. He is also the Head of Cochrane in Portugal and is a Professor at the Faculty of Medicine, University of Lisbon (FMUL), where he leads the Center of Evidence Based Medicine and Public Health. He is a Clinical Researcher with special interest in the areas of secondary research (systematic reviews and metaanalyses), methodologies of translation of knowledge into practice and systems to support clinical, administration/management, health policy decision-making and to increase health literacy decision-making to increase health literacy of citizens.

The conference goal was to gather in this scientific event the best evidence in the area and also to promote a forum to explore issues of mutual concern for PhD students. At the conference, the PhD students were able to share doctoral projects of various nursing scientific areas, exchanging knowledge and research ideas. As a result, oral communications and poster abstracts were compiled in this document as a benchmark for nursing doctoral programs knowledge production

The Edition Coordination

PART 1 - LITERATURE REVIEW

Nurse’s strategies of clinical reasoning in critical care: a systematic review of literature

Mendonça, Susana; Lima Basto, Marta; Ramos, Ana

Introduction: In the last decades, organizations responsible for health care are challenged daily to achieve goals that guarantee excellence, safety and customer satisfaction. This commitment to quality of care has placed nurses new and extraordinary goals for the development and growth of the nursing discipline and profession. In order to meet these objectives, scientific evidence on the clinical reasoning process and decision making has been developed. These components have been shown to be quality enhancers in daily clinical practice as they ensure a better response to customer expectations and cost effectiveness in health care. Also, the factors that influence clinical reasoning have been associated with a greater effectiveness of the nursing intervention, preventing complications for the client, providing and guaranteeing to clients, family and community, safe, competent and quality care (Benner, 2001; Currey J. and Botti M., 2003, Elliott, 2010).

Aim and research question: what are the strategies of clinical reasoning of nurses who care for clients in a critical situation? Methodology: A systematic review of the literature with the PI[C]O was held in the EBSCO (CINAHL (Plus with Full Text), MEDLINE (Plus with Full Text)), with time limit between 2009 – 2015, of which 8 articles were selected.

Results: nursing clinical thinking strategies that emerged: relationship of trust with the client and family involvement, negotiation and commitment skills, critical-reflexive skills, recognition of similar situations, and hypothesis testing (Ramezani-Badr et al., 2009). In addition, the nurse assesses the risk-benefit for the client, evaluates organizational needs and research information in complementary sources.

Conclusion: Clinical reasoning strategies of nurses who take care of critically ill clients are a set of tools to construct clinical reasoning in a given circumstance. These strategies underlie a repertoire of professional skills and personal characteristics that allow them to develop their professional action, such as professional skills (relational skills, communicational, emotional, negotiation and commitment), professional experience and personal characteristics. These strategies seem to be structuring to the nursing

practice, since they contribute to the collection and selection of the information with the client and family and later to implement the interventions.

Keywords: Clinical Reasoning; Decision-making; Nursing care.

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Needs of fundamental care in elderly with dependence on self-care in long-term context: a scoping review

Ramos, Ana Filipa; Fonseca, César João; Henriques, Maria Adriana

Introduction: People with 65 years and over represents a growing global challenge, with increasing demographic representativeness, which requires new models for the provision, organization and allocation of health resources. There are several studies, national and international entities that suggest the study of the care needs of this age group, from the self-care profile, to the reorganization of health care.

Aim: To identify the fundamental long-term care needs of the elderly, with dependence on self-care, that are fundamental to ensure the maintenance of life and well-being.

Materials and Methods: A search was carried out at the EBSCO (CINAHL, MEDLINE, British Nursing Index), Scielo, LILACS, Open Access Scientific Repository in Portugal and Repository of the National Continuous Care Network, using PCC method (Scoping Review). Retrospectively until 2010 to February 2017, from which 17 articles were extracted.

Results: Functional, cognitive and emotional capacity emerge as variables of the competence for self-care. The competence for self-care is influenced by the sociodemographic characteristics and by several determinants: pressure ulcers, polypharmacy, falls and fractures, pain, nutritional status / hydration, respiration, recent hospitalization, behavioral change, depression and states of psychological imbalance, psychotropics, sphincter continence, catheterization / intubation, physical restraint / mechanical restraint, health literacy, infections and polypathology, which interact with each other.

Conclusion: Fundamental care needs in a long-term context have different domains: physical, psychological, financial, supportive, educational and psychosocial. The identification of needs has the potential to contribute to the development of long-term care, with impact on planning, performance and quality of nursing intervention.

Keywords: Elderly; Self-care; Needs of nursing care; Long-term care.

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PART 2 - COMPLEX INTERVENTIONS NURSING RESEARCH

A family intervention for symptom management in children with asthma: development and feasibility of a complex intervention

Félix, Andreia; Soares, Maria de La Salete; Henriques, Maria Adriana.

Introduction, Research Question and Aim: Asthma is the most common chronic episodic disease in childhood, is the main cause of hospitalization in children (Global Initiative for Asthma, 2016; National Observatory of Respiratory Diseases, 2015; Directorate General of Health, 2014; Sais et al., 2013). Its complexity implies adaptation needs in the child and family, making it relevant to know the profile of symptom management, understanding the needs and possibilities of intervention, emerging a concern: What is the feasibility of a Respiratory Rehabilitation Program in symptoms management of asthma in child? Objective: to develop and evaluate the feasibility of a complex intervention, focusing attention on children with asthma and parents, in the area of Respiratory Rehabilitation;

Methodology: The design of an intervention aimed at children with asthma and parents becomes complex, encompassing multiple components, integrating into Complex Health Interventions, multi-study and multi-method planning based on the guidelines of the Medical Research Council (Craig et al. And the Criteria for Reporting the Development and Evaluation of Complex Interventions in Health Care (CReDECI 2) (Möhler, Köpke & Meyer, 2015).

The Study A consists of a Systematic Review of Literature with the objective of identifying effective Respiratory Rehabilitation interventions tested to promote symptom management of asthma in children. The Study B, which is methodologically quantitative, exploratory-descriptive and cross-sectional, aims to: evaluate parents' knowledge about asthma, health literacy and perception of severity of symptoms; to evaluate the degree of perception about the severity of the symptoms and their relation with the degree of severity diagnosed and to analyse the relationship between the sociodemographic characteristics and the disease with the knowledge about the disease, the health literacy and perception of the severity of symptoms. The Study C aims to validate the children-Asthma Control Test scale for the Portuguese population. The Study D, quasi-experimental, will evaluate the feasibility of the intervention, developed based on studies A, B and Focus Group with experts, presenting educational and respiratory rehabilitation component, adapted to the child and parents.

Conclusion: This Project will have the potential to optimize the symptoms management of children with asthma.

Keywords: Childhood asthma, Complex interventions in nursing care, Health literacy, Symptom management

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Development of a psychoeducational intervention program in oncology according to the complex interventions

Barreto, Otília; Henriques, Maria Adriana

Introduction: The diagnosis of cancer disease has a great negative impact on both the patient and his / her family. This disease implies the adoption of coping strategies in order to cope with it. Some people need the specialized intervention of health professionals to adopt effective strategies to deal with the disease. This work is an integral part of the doctoral thesis in nursing - *Caring for the Adult Person with cancer disease and his family: Construction of a Psychoeducational Program*.

General Objective: To develop a program of psychoeducational intervention in oncology, according to the methodology of Complex Interventions. Specific Objectives for the congress: To make known the psychoeducational program developed according to the methodology of the complex interventions.

Methodology: The development of the psychoeducational intervention program followed the guidelines of the MRC. Thus, after two Systematic Literature Reviews, the intervention was modeled with the participation of expert peers, in order to identify the components of the intervention and its structure and content. An individual interview and a focus group were conducted. The experts are nurse specialists in mental health and psychiatric nursing with experience in oncology. Subsequently, the psychoeducational program was applied by two specialist nurses in the area of mental and psychiatric nursing and with experience in the field of oncology.

Results: The final result of this process of construction of the psychoeducational program gave rise to a multifamily group intervention program. The objective of the program is to promote the adaptation of the person with cancer and his family to the disease. The program consists of six weekly sessions lasting 90 minutes. This is a closed group. The program's contents cover the concept of cancer, the demystification of this disease, adaptation to cancer, strategies to deal with anxiety and stress, family adaptation to cancer and lastly the resources of support that can appeal throughout the process of disease. The program has an educational and emotional aspect. The program is prepared to be applied to people with cancer that are at the stage of diagnosis of the disease.

Conclusions: The development of a program of psychoeducational intervention in oncology can contribute to the adaptation to oncological disease. The results that emerged throughout this construction process allow us to conclude that this specific intervention in the area of mental and psychiatric health nursing can appear as a working tool for nurses who develop their professional activity in this area. Now, after the analysis made to the feasibility study developed, we intend to outline a piloting study of the psychoeducational program.

KEYWORDS: Psychoeducational program; Nursing oncology; Development of a complex intervention

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Adolescents’ Mental Health Literacy in school context

Morgado, Tânia; Loureiro, Luís; Rebelo Botelho, Maria Antónia

Introduction: Mental Health Literacy (LSM) was defined as knowledge and beliefs about mental disorders that aid in its recognition, management or prevention (Jorm et al, 2012). In a study carried out, anxiety predominated in 66.3% of adolescents between the ages of 13 and 17 who used the urgency of a pediatric hospital from 2011 to 2014 (Trinco & Santos, 2015). The National School Health Program 2015 (PNSE, 2015) presents the promotion of health literacy as a general objective and anxiety as an area of intervention in adolescence, evidencing the need to develop projects and programs to promote health literacy of adolescents in school settings.

Research question: What is the feasibility of an educational intervention to promote mental health literacy on adolescent anxiety in a school context?

Objective: To identify the feasibility of an educational intervention to promote mental health literacy on adolescent anxiety in school settings.

Methodology: We used the complex interventions of Medical Research Council (Craig et al, 2013), using mixed methods throughout the stages of development and viability: 1) literature review; 2) focus group with adolescents; 3) e-delphi with experts; 4) Identification of mental health literacy on adolescent anxiety in school settings; 5) feasibility study of educational intervention: quasi-experimental, before and after; 6) pilot study of educational intervention: quasi-experimental with control group, before, after and 1-month follow-up. We used the "QuALiSMental" questionnaire (Loureiro, 2015), the IBM SPSS Statistics 20 and the content analysis (Bardin, 2015).

Results: The "ProLiSMentAl" educational intervention was designed and implemented, consisting of 4 sessions of 90 minutes using different methods and pedagogic techniques. In the studies of viability and piloting, the improvement of social anxiety presented vignette; the identification of prevention and self-help strategies; knowledge of first aid strategies and of professionals who can provide help. Statistically significant differences were observed before and after the intervention, which, despite limitations on sample size and sampling method, revealed the clinically significant impact of the "ProLiSMentAl" educational intervention.

Conclusion: This study shows the clinically significant impact of the intervention. We hope this educational intervention will contribute to the training and increase of the LSM of the adolescents that allows them to access, to understand and to use the information on the mental health and to help them in the prevention, the recognition and / or the management of the anxiety.

Keywords: Health Literacy, Mental Health, School Health, Adolescent, Complex Interventions

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PART 3 - QUALITATIVE NURSING RESEARCH

Photovoice as method of data collection in qualitative research

Ferreira dos Santos, Mª Anabela; Pereira Lopes, Mª dos Anjos; Rebelo Botelho, Mª Antónia

Introduction: In qualitative research the visual methods for data collection are increasingly used. Phothovoice is a method increasingly used in qualitative research by increasing the possibility of capturing participants' perceptions and experiences of collecting and analysing photographs captured by the participants themselves.

Objective: To disclose the use of the Photovoice data collection method.

Methodology: The concept of Photovoice is approached taking into account the theoretical underpinnings and applicability of the method. As an example, it will be presented as a method of data collection in a study aimed at broadening the understanding of the transition to motherhood after 35 years. In this study, in order to access the maternity experience of the participants, we collected photographs and conducted semi-structured interviews. Some changes and adaptations were introduced to the Photovoice technique described by its designers, due to the specificity of the study and the participants. Participants were initially informed of the theme and purpose of the study and use of Photovoice. They were asked to choose moments they considered to have contributed in some way to their adaptation to motherhood, to photograph them and to describe them orally or in writing. No limitations were imposed on the number or material to be photographed, it was only suggested that they preferentially photograph objects or places related to the motive that led them to take that photograph, rather than faces, in order to preserve identity and maintain the anonymity of the participants. It was not necessary to distribute cameras or instruct the participants about their use because they all had portable phones with coupled cameras that they could handle. In a second phase, in-depth interviews were conducted in which the captured photos and themes were discussed, analysed and validated with the investigator. In this phase called photoelicitation, the modified SHOWeD technique was used, placing specific questions to the participants about the photographs captured by them, to describe them and to analyse them critically, in order to respond to our objectives.

The data analysis was performed according to the construction methodology of Grounded Theory recommended by Kathy Charmaz. For the selection of the participants, in the initial sampling we defined inclusion criteria, and later the theoretical sampling was used. In the data analysis we used the method of constant comparisons in the initial coding, focused and theoretical. The analysis of the photographs captured by the participants and their elicitation during the interviews contributed to the identification of the categories of the study, namely: "Conscious of the desire to be a mother", "Choosing the right moment", "Confronting the dark side "," Caring for oneself "and" Being another".

Conclusion: Photovoice has proved to be an important method of data collection because it allows access to the perspective of the participants and better understand the meaning that the phenomenon of motherhood has for these mothers over 35 years. Using Photovoice at the same time as Grounded Theory has been shown to bring reciprocal benefits.

Keywords: Photovoice; Delayed motherhood; Grounded Theory

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Self-care in the elderly with urinary incontinence: Interdisciplinary and collective action

Arco, Helena; Costa, Arminda

Introduction: Urinary Incontinence incorporates the dimensions of health and illness, care, person, environment and aspects of social life. When we look the incontinent body, we must pay attention to the physical, cultural and social aspects. Nurses through the holistic approach plays a significant role in the intervention for the construction of self-care, carried out by the interdisciplinary team. The role must have in attention the person, with their cultural ways of life. In a perspective of nursing care and taking into account the sociocultural aspects, the aim off this work is to understand the construction of the process of self-care for the elderly with urinary incontinence as an integrating entity of the actor's culture and contexts on convalescence care, knowing that interdisciplinary is present in everyday action.

Methodology: Our approach was a fieldwork-based methodological approach (ethno methodological) with insertion in a concrete reality of care, using participant observation of about 48 individual and group ethnographic interviews. We carried out data collection and analysis for two years.

Results: The ethnographic work showed a daily life, where we discovered the dimensions underlying the construction of self-care. Aging, vulnerability and issues related to illness, dependence and dirty bodies were present in quotidian life. Values, symbols and culture interfered with the modes of action and how different professionals planned and performed daily care. They had always in mind the needs and expectations, but also the respect for the dignity of the person. Nurses who performed intimate care, especially in situations where it was fully compensatory, establish bridges with other technicians (doctors, therapists, assistants, maintenance workers or even other patients) in order to prevent tensions and protect vulnerabilities. We also found that trust was essential in the provision of care, whether the person was in rehabilitation or needed long-term care.

Keywords: Elderly; Incontinence, Self-Care

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Act in a limit situation: of nursing staff to nurses’ decision making

Gonçalves, Tânia; Rebelo Botelho, Maria Antónia; Granjo, Paulo

Introduction: Nursing caretaking takes place in a highly complex context, in which nurses are confronted with a multitude of limit-situations. Inadequate nursing staff represents an example of limit-situations in which nurses are called to act on behalf of the patient’s well-being. In such situations, while being confronted with their own limitations, nursing professionals will face failure, assuming the responsibility of providing answers.

Nursing staff has been referenced in literature as one of the determining factors in the quality and safety of the healthcare with an impact on health results. Albeit an external organisational factor for the nurse, given those factors are not determined by themselves, they pose a limit-situation to which the nurse provides meaning.

The domain of decision-making foundation is integral to this study, more so in inadequate nursing staff, while considering the nurses’ professional undertaking as a result of decision-making processes based on ethics and deontology. Thus, we formed the following hypothesis: how do nurses make decisions and act upon them in limit-situations concerning inadequate nursing staff, taking the decision-making process and its foundations into account?

Two specific objectives were defined: understanding which decisions are made by nurses in inadequate nursing staff situations; and understanding how do nurses form their nursing decision in this specific caretaking scenario.

Methodology: The processes in which decision-making takes place are complex and to this extent they cannot be studied based on deterministic positivism, therefore the chosen methodology for the study embodies a qualitative, exploratory and descriptive approach, resourcing to procedures inherent to ethnography such as participant observation and interview. The context in which the present study will take place, will be a general medicine service in a general hospital. After selecting the context, the data collection and reduction will take place, followed by the conclusions and data verification.

Keywords: Limit-situation, Decision-making process, Nursing staff.

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"Respect" for Personal Autonomy: from the conception built by nurses to care (preliminary results)

Veiga, João, Rebelo Botelho, Maria Antónia

Background: Personal autonomy is defined as the "ability of a competent individual to govern his or her own life and make choices based on available information."

The SLR allowed us to conclude that the investigation about the indicators capable of measuring the respect for personal autonomy did not correspond in its comprehensive analysis of the concept. It is intended that the present study will contribute to bridging this gap.

Goals: Identify the categories that map the concept of "personal autonomy" built by nurses and to guide the nursing care and constitute ethical fundamentals of their actions.

Results: Taking into account the purpose of the study and the volume of information to be treated, it was decided to focus the analysis in the category of "nurse action". The most representative transcriptions were identified, this selection being the basis of the theorizing sketch carried out.

The discourse analysis of the nurses interviewed seems to point to a conception that covers the main attributes of the theoretical concept of autonomy, namely: Independence; decision-making capacity; ability to judge; knowledge; self-determination (Faden, R., & Beauchamp, T., 1986).

We emphasize the recurrent reference to the role of the significant family / person, in a perspective supported by several authors, in which their influence is manifested even if it directly does not exert any dominance or condition the patient's decision (Kutner, Vu, Prindiville, & Byers, 2000; Fried, Bradley, Towle, & Allore, 2002). This data allows us to question the limits of independence in decision-making, which in the explanatory and analytical models that dominate bioethical thinking, with substantial influence on nursing ethics, seem to us to assume that individuals are historically isolated monads and the choices that available dependent on a fixed and unchanging set of options.

In a legal framework where caregiving is legitimated by consent, even when anticipated in a statement for future consideration, the surprising results of a study which concludes that 78% of patients prefer that when they are incompetent the decision about care

should to be taken by family. Only 22% expresses the will in which their advance directives are fully respected (Puchalski et al., 2000).

Preliminary findings: It is confirmed the tendency found at the beginning of the analysis, which identifies a discursive ambiguity, making the conception of autonomy oscillate between a deontological (respect for autonomy) and consequentialist (promoting the patient's good) ethics; In the interviewees' discourse we can identify the appreciation of the role of the significant family / person as a fundamental element in respect for "personal autonomy", even when the decision-making capacity is not compromised.

Keywords: Personal autonomy; Nursing care; Nursing ethics.

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The living experience of Feeling Unsure.

Pereira, Nuno; Rebelo Botelho, Maria Antónia

Introduction: Feeling unsure is a universal living experience, phenomenon that arises from the inherent core knowings of living quality (fortifying wisdom, discerning witness, and penetrating silence), the whatness, that set forth guidance to sciencing and living the art of human becoming (Parse, 2013, 2014). Thereby, it is a phenomenon valuable to be explored through nursing research, following the human becoming paradigm, unique to the nursing discipline. Feeling unsure is a phenomenon always present in living quality, thus, unveiling it, means discovering the whatness of life.

Research Question: What is the structure of the living experience of feeling unsure?

Objective: To unveil the essence of the living experience of feeling unsure of the CRC survivors after treatment with curative intent.

Methodology: The Parse research method was chosen, a phenomenology-hermeutic research method specific of the discipline of nursing, now called Parsesciencing (Parse, 2016), which is used to unveil the meaning of the universal living experiences of living quality, through the study of the person's descriptions of the living experiences, following a three staged process: dialogical engagement (dialoging-engaging), extraction-synthesis (distilling-fusing), and heuristic interpretation (heuristic interpreting) (Parse, 2001, 2005, 2011, 2014, 2016). The participants were recruited, after approval of the study, in an Oncology hospital of Lisbon, Portugal. Ten participants were selected in a purposive sample, sample size recommended and considered adequate according to Parse (1999, 2005).

Results: The primary results found were three core concepts of feeling unsure, that are the following: Disquiet uneasiness with ambiguous trepidation; Arduous endeavouring; Diverse alliances. Thereby, the living experience of feeling unsure is disquiet uneasiness with ambiguous trepidation arising with arduous endeavouring surfacing with diverse alliances.

Conclusion: The purposes of this study were fulfilled until now, and new knowledge and deep understanding of the phenomenon was unveiled. From these primary results of this study three core concepts emerged: disquiet uneasiness with ambiguous

trepidation, arduous endeavouring and diverse alliances. Thus, feeling unsure is a significant universal living experience of living quality.

Keywords: Feeling unsure; Living experience; Living quality; Parse Method; Human becoming paradigm.

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PART 4 - QUANTITATIVE NURSING RESEARCH

“Translation, cultural adaptation and psychometric testing of the portuguese version of Iceland-Expressive Family Functioning Questionnaire (ICE-EFFQ)”

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Sveinbjarnardóttir, Eydís Kristin; Henriques, Maria Adriana

Introduction: In presence of disease in a family member, several changes may occur in family functioning. In order to attend to family needs, valid and reliable instruments that measure family functioning, therapeutic change and the effect of nursing interventions, are needed in both clinical and research contexts.

Aim: The aim of this study is to perform the linguistic and cultural adaptation of the Iceland-Expressive Family Functioning Questionnaire (ICE-EFFQ) to European Portuguese and to determine its psychometric properties.

Methods: In the ICE-EFFQ adaptation process, the translation-backtranslation cycle was carried out by four independent bilingual experts, followed by cultural component analysis, which involved a meeting of external experts and a longitudinal screening of concepts and construct. The Family Expressive Functioning Questionnaire (QFEF), Portuguese version of the ICE-EFFQ was applied to 121 family members with recent experience of family depression. The instrument psychometric properties were verified through validity and reliability, with the program SPSS Statistics, IBM (v.23).

Results and discussion: In the construct validity, was used the exploratory factor analysis in principal components (PCA) followed by varimax rotation with Kaiser normalization (KMO = 0.834 and χ2 = 620.824; p <0.001). Were extracted four factors with eigenvalues> 1.00 (Kaiser criterion and Cattell test), which explained 55,580% of the total variance. The items saturation in each factor was> 0.40. Internal consistency of factor I, Communication (0.79), and factor III, Problem Solving (0.71), was average, of factor II, Expression of emotions (0.68), and factor IV, Cooperation (0.60), reasonable and of the overall scale (0.86) good. The scale showed good temporal stability (0.75). The item-total correlation coefficients varied between 0.37 and 0.60, except for item 1 with 0.23.

Conclusions: The QFEF presents psychometric properties with satisfactory indexes in both validity and reliability studies. It can be used to measure the effectiveness of family centered health care and can be applied in clinical and research contexts to Portuguese families facing acute or chronic disease of one of its members.

Keywords: Family Expressive Functioning; Psychometric Testing; Family Nursing; Calgary Family Assessment Model.

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Children with asthma: parents health literacy and knowledge about disease

Félix, Andreia; Lopes, Bruno; Henriques, Maria Adriana; Soares, Maria de La Salete

Introduction: Asthma is a chronic and inflammatory disease of the airways characterized by episodes of reversible bronchial obstruction (Global Initiative for Asthma, 2016). It is the most common chronic disease in childhood (National Observatory of Respiratory Diseases, 2015) and is associated with high morbidity and is the main cause of hospitalization in children in Portugal, being a public health problem (Directorate General of Health, 2014a, GINA, 2016).

Children's asthma causes changes in the family context, in terms of health costs and the impact of the disease condition on daily life (Ferreira, Brito & Ferreira, 2010).

DeWalt et al (2007) states that asthma control is partially conditioned by parental health literacy, indicating that low parental literacy may be associated with increased school absenteeism, increased number of uncontrolled symptoms, increased use of rescue therapy and less knowledge about asthma.

Research question: In this sense, as a starting point we present the following research question: What is the feasibility of a Respiratory Rehabilitation Program in symptoms management of asthma in children?

This study aimed:

- Identify parents' level of knowledge about asthma and the level of Health Literacy;
- Analyze the relationship between sociodemographic and disease characteristics with parents' level of knowledge about asthma and the level of Health Literacy.

Methods: Methodologically, this study is quantitative, exploratory and transversal scope. For the evaluation of parents' knowledge about asthma, the instrument used was the Asthma Knowledge Questionnaire (AKQ), validated for the portuguese population. The instruments used for the evaluation of Health Literacy are the European Health Literacy Survey and the Newest Vital Sign, also validated. Parental caregivers of children aged 6 to 11 years with asthma diagnosed for at least 6 months were considered illegible for this study. The data collection was carried out in 6 Health-Centers of Alto Minho and in the Pediatric Consultation of a Hospital of the North.

Results: Of the sample were included 60 parents, with a mean age of 39.18 years (SD 6.12, range: 26-59), mostly mothers (91.70%). The children were mostly girls (53.30%), with disease duration of 5.87 years (SD 2.60; Range: 2-10).

The AKQ mean score was 61.60% of correct answers (SD 12.22; Range: 28-88).

Pearson's correlation analysis showed that there is a statistically significant relationship between the average level of parental knowledge and the time of disease evolution (pvalue = 0.004). There were no statistically significant differences in the mean level of knowledge with other variables.

The results of the evaluation of Health Literacy, evaluated by the HLS-EU-PT instrument, show that parents of children with asthma have Limited Literacy, with a mean score of 31.13 (SD 3.50; Range: 23,40-42, 20), considered of Problematic Literacy. The evaluation of Literacy, through NVS concludes that there is a Limited Literacy Probability (2.93 SD1.42; Range: 0-6).

Conclusions: This study demonstrates the low level of parents' knowledge about asthma, confirming the improvement of knowledge with the increase of the time of illness, and, therefore, based on the level of knowledge presented, is described by Archibald, Caine, Ali , Hartling & Scott (2015). It is necessary to inform the parents about the disease, reiterating the importance of the family in the Symptom management of asthma in children, based on identified needs, a premise proven by Yeh et al. (2016).

Health Literacy, as a determinant of health, allows us a window of opportunity to intervention in the promotion of health in the sense of empowering to an active role in the symptom management, constituting itself as a health producer (Holman & Lorig, 2000). These results lead us to reflect on the educational processes and programs, namely their adjustment, their characteristics and needs, and these should be developed for the person and not in a standard way (Hoover et al, 2012).

Keywords: Child's Asthma, Asthma Knowledge, Health Literacy

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Effectiveness of a Nursing Intervention Program in the management of symptoms and adherence to antiretroviral therapy in people with HIV / AIDS

Henriques, Eunice; Gaspar, Maria Filomena

Introduction: Symptoms are the most common reason why people seek health care because they are their primary concern as well as caregivers. Effective symptom management is considered an essential component of nursing care practice for different clinical conditions, but it is of a particular character in chronic diseases (Sidani, 2001), as is the case of HIV Infection. Although there are no studies on nurses' intervention in symptom management, although several models and explanatory theories have already been developed in relation to symptom management, there is a need to transpose these models into care practice in order to produce impact in the complexity of the symptom experience and in its relation to adherence to antiretroviral therapy. Research question: What is the effectiveness of a nursing intervention program in the management of symptoms and consequently adherence to antiretroviral therapy in the person with HIV / AIDS Infection?

Objectives: Study I: Evaluate the most common symptoms found in the participants and their intensity as well as the most common strategies found for anxiety, depression, diarrhea, fatigue, nausea, neuropathy, pain and fear; Assess adherence to ART (antiretroviral therapy); Evaluate self-perceived stigma. Study II - Phase 1: Evaluate the frequency and intensity of the 5 main symptoms found in Study I as well as strategies used for that symptoms; Evaluate adherence to ART; Introduction of the Manual of symptom management strategies. Study II - Phase 2 - Evaluation of the frequency and intensity of the five symptoms as well as strategies used for that symptoms after the use of the Manual; Assess adherence to ART after using the Manual. Methodology: This is a quasi-experimental, longitudinal study with pre and post intervention evaluation.

Results: The five main symptoms found were anxiety, fatigue, fear and worry, depression and headaches. Phase 1 study II consisted of 116 participants whose inclusion criteria were participants in Study I with viral load levels> 200 copies / µl, CD4 levels <200 / mm3 and poor adherence to HAART. The sample was reduced to 73 participants with symptoms of anxiety (100%), fatigue (100%), fear and worries (98.6%), depression (94.5%) and headaches (68.5%). The majority (95.9%) reported never having failed the therapy, 24.7% took the therapy as they learned, "every time", 57.5% reported adhering to specific instructions and 28.8% reported having failed "there is more than three months ". As for the reason for not taking, at 15% was simply forgetting. In the second phase, of the 66 participants, 52.1% used the manual. 90.4% reported fear and concerns, 83.6% reported anxiety and fatigue, 79.5% depression and 47.9% headaches. Regarding the use of the manual of symptom management strategies, using the Wilcoxon test, the differences were shown to be statistically significant in the anxiety, fear and worry and fatigue symptoms confirming the theoretical construct that the use of the manual improved these three symptoms. On the other hand, the use of the manual helped to reduce the failures in antiretroviral therapy, with statistically significant differences.

Conclusions: With the use of the manual, differences were found to be statistically significant in the anxiety, fear and worry and fatigue symptoms confirming the theoretical construct that the use of the manual improved these three symptoms. On the other hand, the use of the manual has also helped to reduce the failure to take antiretroviral therapy.

Keywords: Management of symptoms, Adherence to antiretroviral therapy, Nursing intervention

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PART 5 - POSTERS

Orientation booklet for women undergoing radiotherapy treatment in the breast

Huhn, Andréa; Ribeiro, Gerusa; Vargas, Mara Ambrosina; Borges, Laurete

Introduction: Radiation therapy consists of high-voltage X-rays that cross the breast tissue and end up killing the outbreaks of malignant cells that have not been surgically removed. Therefore, conservative breast surgeries may indicate radiotherapy. The availability of technology for the treatment of breast cancer is of paramount importance for obtaining cure, especially in women where the incidence of the disease is higher (REIS, 2008). In understanding the importance of disseminating knowledge about irradiated breast skin care during radiotherapy treatment, the Federal Institute of Santa Catarina proposed a joint project to two clinics providing radiotherapy in southern Brazil to develop a guidance to women.

Problem: Women undergoing radiotherapy of the breast face the diagnosis of cancer and soon are submitted to procedures that modify the structure of the breast tissue, as well as interfere in their daily life.

Aim: To develop an informative and playful booklet for the use of women with breast cancer during radiotherapy treatment.

Methodology: A qualitative study carried out in two stages. In the first phase, a collective moment was held with the multiprofessional team that works in two radiotherapy clinics in the south of Brazil to highlight and consolidate points to be exposed in the booklet. They were part of the multiprofessional team, 2 doctors radiotherapists, 2 nurses and 6 Radiographers. After this step, an individual interview was conducted on 30 women with indication of breast radiotherapy, identifying doubts and / or needs during treatment. The analysis of the data was done through the content analysis based on Bardin (2010).

Results: From the data collection, two categories of analysis emerged: *Doubts related to radiotherapy in the breast and Change in the daily life of women submitted to radiotherapy of the breast*. The first take the opportunity to clarify doubts, as for example, "I can paint the hair while I carry out the treatment?". The second one observed anxieties and difficulties experienced by women, such as the uncertainty of reinsertion into the usual routine they had before radiotherapy and concern about the appearance of the irradiated breast. It was observed that the treatment received by the radiologist during treatment and the information that the nurses passed before the start of the treatment made the women feel welcomed and interested in taking care of the irradiated skin. Thus, an illustrative booklet was produced with information on radiotherapy and care of the skin of the breast, in an attempt to demystify effects and occurrences of the treatment.

Conclusion: At the end of the project, one can see how important it is for women undergoing radiation therapy to have adequate information and put it simply for their understanding, so the booklet was well accepted and the goal fulfilled.

The work of the multiprofessional team is also of great relevance, especially of the radiographers, who position the women and operate the equipment, as well as the nurses who guide the care, fulfilling their professional role with competence and quality.

Keywords: Breast neoplasm; Radiotherapy; Diagnosis.

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Practice of community mental health care with families affected by depression: Nature of care and context reality

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Introduction: In presence of depression in a family member, the family stress level is mediated by family's perception of the situation, the accumulation of stressor events, family's coping skills, the presence of moderating factors and the resources available to deal with the situation. Depression is a serious psychiatric disease that entails significant impact to individuals and families, namely, poor communication, decrease of intimacy, decrease of family interaction, decrease of affective involvement, increase of conflicts and difficulties on problems solving. Mental health nurses must attend to these family needs by implementing interventions focused on cognitive, emotional and behavioural changes in family functioning. An intervention focused on the identification and enhancement of family strengths, promotes the development of family capabilities and resilience and makes her less susceptible to see stressful situations as problematic. There are no intervention programs conceptually oriented to guide mental health nurses in implementing such interventions. Therefore, this study emerges as part of a broader project which aims to develop and evaluate an intervention program to promote family expressive functioning in families affected by depression.

Aims: The aims of this study are to characterize community mental health nurses' intervention with families affected by depression and contribute to the development of an intervention program for families affected by depression.

Methods: It was developed a cross-sectional, descriptive and exploratory study with a qualitative approach. Thirteen mental health nurses, in exercise of functions in direct care in primary health care of Madeira Island, adhered voluntarily to the study. Data were collected through focus group technique, with application of a sociodemographic characterization questionnaire and a semi-structured group interview. Data were analysed through content analyses technique, using a constant comparative analysis approach, after transcription of the video records content.

Results and discussion: From the transcription of video records, emerged four categories: Nursing Interventions, Nurse's Difficulties, Outcomes, and Perception of family' strengths and difficulties. When intervening with families affected by depression,

nurses demonstrate to focus their attention on families' comprehensive evaluation and involve themselves as facilitators of change by implementing interventions aimed to changes in the three domains of family functioning. Despite nurses' difficulties in practice, with great emphasis to the assistance to families with high expressed emotion and to the lack of resources and availability, they help families to find new solutions and relieve their emotional, physical and spiritual suffering related to their member's illness. Mental health nurses perceive the economic capacity, health literacy, cognitive ability and emotional involvement, as families' significant strengths, that promote balance and well-being. They also report nursing outcomes, underlining the improvement of knowledge, the stabilization of depression, the acquisition of skills, the improvement of affections and the improvement of family functioning, as main results they obtain.

Conclusions: This study clarifies mental health nurses' practice in primary health care, when assisting families affected by depression. It emphasizes the recognition of family members experience in facing the disease and the design of interventions focused on the enhancement and development of family's capabilities. It will contribute to model and develop a specific intervention program for families affected by depression, adapted to the nursing working contexts and to the families' living contexts.

Keywords: Family; Family Expressive Functioning; Depression; Family Nursing.

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Biosafety and patient safety in Nursing training: a study under the perspective of Ergology

Ribeiro, Gerusa; Pires, D. E. P.

Introduction: Providing safe care requires professional and institutional responsibility, with knowledge and attitude that promote safety. Considering the safety of the people who are cared for and of the professionals and workers who work in care institutions; the safety of practice environments and even the environment, which goes beyond the physical limits of these institutions. In this field, the issues of patient safety and biosafety have assumed more and more relevance and prominence. In view of the problematization of the study, the following research question was outlined: What professors and students of the last stages of technical and undergraduate courses in nursing in Brazil and of nurses in Portugal understand biosafety and patient safety, and how these topics are developed in theoretical and practical teaching/learning situations? To answer the questioning formulated the proposed research aims to understand, from the lines and self-confrontation, what teachers and students of the last stages of technical and undergraduate courses in nursing in Brazil, and the training of nurses in Portugal, biosafety and patient safety, and how these topics are developed in theoretical and practical teaching / learning situations.

Methodology: The research is of the qualitative type, oriented by the theoretical approach of the work process and theoretical-methodological of the ergology. In Brazil, the research will be carried out in two federal educational institutions, one of which is the pillar of professional education at the secondary level, including technical nursing education, and the other includes higher education, nursing graduation. In Portugal, the study will be carried out at the Porto Nursing School (ESEP). The participants will be the lecturers who teach theoretical and practical classes in the last phases of the nursing training courses, as well as students enrolled in the last phase of the courses. For data collection, data triangulation will be used, through documentary study, semi-structured interviews, observation and collective self-confrontation interviews. For the analysis of the data, obtained from the interviews and the documentary study, will be used content analysis that according to Bardin (2010). A computer program, Atlas.ti.® (Qualitative Research and Solutions), developed by Muhr at the Technical University of Berlin, will be used for this phase. The program makes it possible to store, encode and integrate qualitative data. The research is in the data collection phase and has been submitted to the research ethics committees of both countries. In Brazil nº 1.939.137 of 2017 and in Porto Ata nº 17 of 2018.

Keywords: Patient Safety; Education, Nursing; Exposure to Biological Agents; Education, Nursing, Associate; Education, Nursing, Baccalaureate.

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Medication management by older people in transition from hospital to home: Development and feasibility of Nursing interventions

Félix, Isa; Henriques, Maria Adriana

Introduction: Medication adherence is vital to ensuring optimal older people (≥65 years) outcomes because they often suffer from two or more long-term chronic conditions and, therefore, require treatment with multiple medications. Rates of nonadherence in older adults vary from 25 to 75%. The slow progress of the adherence rates seems to be the lack of comprehensive theoretical models to explain nonadherence and to lead to a potentially successful intervention. To date, interventions have shown only limited effectiveness in terms of improving both medication and clinical outcomes. This illustrates the need for methods that can pinpoint specific and effective intervention components to enhance adherence.

This project addresses a common problem – medication nonadherence of older people – by means of a systematic and theory-based approach to selecting and specifying components of a complex behaviour change intervention, which could be tested by a feasibility study. The study aims to develop an intervention to change medication adherence behaviour in transition from hospital to home.

Methodology: Methodologically the project resorts to mixed methods, grounded in the Medical Research Council framework to develop a complex intervention. We will follow the Behaviour Change Wheel (BCW) to conduct the data collection and analyses to access the determinants of adherence to multiple medication in older people (study I) and to define the most appropriate behaviour change techniques that could be included in an intervention (study II).

The study I is a quantitative and qualitative study. The older people (≥65 years), taking >3 medications and living at home are being recruitment during their hospitalization in medicine ward at a Hospital Centre. The sample size is 377 older people. Simultaneously, we are doing semi-structured interviews to the individuals who had more than 3 readmissions after they return to their home. The intervention functions and Behaviour Change Techniques to most likely affect behaviour change in the main intervention will be selected based on the COM-B analyses.

The aim of the second study is to modelling the intervention to change medication adherence behaviour. We will conduct a single *focus group* with nurses to decide about the major intervention components based on the previously studies results and based on the context.

We will test the feasibility of the intervention designed (study III). We will measure outcomes at baseline and after 3-month intervention like medication adherence, knowledge about medicines and capability to management the medicines. Consecutive patients admitted with the same inclusion criteria establish for study II and from the selected community health centre, will be screened for eligibility. It will be an intentional sample.

Acceptability to older people will be researched by *focus groups*, conducted at the end of the feasibility trial. Nurses will be researched by *focus groups* to identify the perceived impact of the intervention on adherence and self-management and recommended changes.

The research will contribute to new knowledge about the components of an intervention to change medication adherence behaviour in transition from hospital to home. The data collection is ongoing. This study might contribute to the evaluated of the effectiveness of an intervention in a RCT. The topic is highly relevant considering the world's ageing population.

Keywords: Medication adherence, Intervention, Behaviour change, Older people

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The use of platelet-rich plasma in the treatment of venous ulcers

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Introduction: The concern on widening the possibilities of research in Nursing with methods which bring evidences makes sense in favour of the Nursing practice and care, aiming health promotion and the well-being of individuals (FERREIRA, 2013). In this opportunity, it is highlighted the Nursing action field in the care of people with wounds, in the area of health promotion and treatment to re-establish the skin integrity. Therefore, the use of platelet-rich plasma (PRP) can be emphasized. A product derived from the centrifugation of whole blood, rich in growth factors and structural proteins (BOSWELL et al, 2012). It is taken from the patient´s own blood (autologous) and for this reason it poses no biohazardous risk regarding infectious and contagious diseases transmission (LACCI; DARDIK, 2010; VENDRAMIN; FRANCO; FRANCO, 2010). The study of the use of platelet-rich plasma (PRP) provides a wound treatment with low production cost and use when it is compared to the products available in the market, possibility of increasing the growth factors concentration in the wound bed, decreasing of the wound area in shorter treatment time, as well as it is an alternative when the conventional treatments available in the market are not successful.

Objectives: Set a protocol to obtain the platelet-rich plasma (PRP) from the blood of patients with venous ulcer; carry on the platelet plasma count obtained to perform dressings; quantify the growth factors concentration presented in the blood samples of patients with venous ulcers treated with PRP, relating to the process of tissue repair.

Methodology: experimental study, developed in human beings, with a sample of 36 participants divided into control and intervention with PRP, aiming the knowledge on the health intervention effect, with a setting of a treatment protocol using PRP. It is important to mention that the research project was approved by the Ethics Committee in Research of the Medicine College of the Fluminense Federal University – Rio de Janeiro, Brazil. Partial Results: The protocol to obtain the PRP is broken into the following steps: collect 20 ml of blood of the participant, centrifuge the whole blood at room temperature, add calcium gluconate, wait about 5 minutes until the formation of the PRP gel. The platelet count in the PRP is performed after its obtainment and the

values reached have been constant for each patient and do not reach the double of the patient baseline count.

Conclusion: Research ongoing and the technique chosen to obtain the product is due to the shorter production time, less use of devices and artefacts, less professional working hours, generation of plasma with constant amount of platelets for each patient and with texture clearly suitable for application on wounds. Decrease of the wound area in all participants. Development of intervention study considering the need to increment the production of evidences, aiming to discover new elements found in the PRP which can contribute for the decrease of the lesion area with a healing tissue of better quality.

Key words: Platelet-rich plasma; Wound healing; Nursing care.

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Patient (re)centered care in hygiene self-care dependence: contribution of Methodology Gineste-Marescotti (MGM®)

Inácio, Mafalda; d'Espiney, Luísa; Melo, Rosa Cândida de

Introduction: As the age advance, there is a risk of developing chronic and degenerative diseases, putting the elderly person in a fragility and dependence situation in their self-care. The families don´t have conditions and knowledge to keep the dependent elderly at home, moving him to a nursing home (Storti, Quintino, Michelato, Kusumota & Marques, 2016).

Problem: This sociodemographic context together with the new family configurations, have increase the need of nursing homes that promote autonomy and individualized care. However, the profile of institutionalized residents has evidenced an old population with high incapacity and dependence, and without positive evolution in the global physical autonomy (ACSS, 2015). On the other hand, in the context of care we have practices directed to technical efficiency and organization needs valorization, which guide the nurses to a practice away from the relational component. Thus, there is a tendency to move away from relational component in favour of the economics and technology principles as by the non-use of models care that can provide it (Simões, 2013). The MGM® has proved to be a valid response because it is capable to focus their attention on the potential of the person, stimulating him to participate actively in all the care and generating important gains on his autonomy and independence (Salgueiro, 2014).

Research Question: What are the MGM® contributions in autonomy reconstruction of institutionalized elderly with a dependence on hygiene self-care?

Objective: Evaluate the MGM® contributions in autonomy reconstruction of institutionalized elderly with a dependence on hygiene self-care.

Methods: The methodology chosen for the development of this study is action research and the data collection instruments are the questionnaire, questionnaire per interview and observation. The observation was non-participant, accompanying health professionals in the hygiene care.

Participants: Participants are healthcare professionals who provide care. And, the elderly person with dependence on hygiene self-care.

Results: After implementation the MGM® and data analysis, it is expected to obtain effective gains in care and in the person cared.

In the person cared: decrease dependence level and increase autonomy in hygiene self-care; increased involvement/collaboration in self-care; reduction agitation behaviour; increased calmness/tranquillity and acceptance of care; increased interaction/ communication, satisfaction, well-being and quality of life;

In healthcare professionals: Increased awareness of individual practice and person cared potential; increased responsibility and intentionality in the care relationship; increased motivation and job satisfaction.

Conclusion: The MGM® offers to nurses replicable procedures that are transversal to different care contexts and gives meaning to relation care through the humanitude pillars, providing care based on the ethical principles and art rules that guide the professional's healthcare performance.

Keywords: Care Methods Humanitude Gineste-Marescotti; Dependence on hygiene self-care; Frailty elderly person; Nursing

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Adaptation and validation of L'Échelle d'Interactions Infirmière - Patient - version 23 items (EIIP-23) for the Portuguese language and context

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Introduction: The Nursing-patient interactions translate a wide range of attitudes and behaviours in the humanistic, relational and clinical domains of nursing practice and are the main vehicles for promoting the quality of nursing care. Thus, the development of instruments to evaluate this dimension of nursing interventions is fundamental. It was the Translation, adaptation and validation for the Portuguese cultural context of L'Échelle d'Interactions Infirmière - Patient - version 23 items "(EIIP-23) (Cossette et al. 2008), which evaluates nursing care practice based on the attitudes and behaviours that emerge from the ten face factors proposed by Watson (2002), (Cossette et al., 2006). As a starting point we considered: What are the psychometric properties of the Portuguese adaptation of EIIP-23 for Portuguese nurses?

Objectives: Adapt culturally and linguistically to the EIIP-23 scale giving rise to the Portuguese version of the same; Evaluate the psychometric properties of the EIIP-23 scale in nurses.

Methodology: The EIIP-23 scale includes 23 items and evaluates 4 dimensions regarding clinical care, relational care, humanistic care, comfort care. The Importance and Frequency of items are evaluated by a Likert scale. We used the translation and adaptation method of Beaton, Bombardier, Guillemin, & Ferraz (2007) to obtain the Portuguese version of EIIP-23. This new version was tested for its psychometric properties in a sample of 118 nurses belonging to nine hospitalization services of a Local Health Unit.

Results and discussion: Reliability was ensured by determining internal consistency and was tested using Cronbach's alpha where 0.74 was obtained. The construct validity was performed through the Exploratory Factor Analysis in main components with orthogonal rotation by the Varimax method. In order to confirm the consistency of the factorial analysis, we performed the Kaiser-Meyer-Olklin test (KMO) of sample adequacy for the frequency variable, whose result was 0.700, for the importance variable KMO was 0.743. Simultaneously, we performed the Bartlett sphericity test for the two variables whose result was $p < 0.001$ for the level of significance.

Conclusions: From the analysis carried out, we can conclude that the scale EIIP-23-Portuguese version showed valid and adequate psychometric properties.

Keywords: Nursing; Validation study; Take care.

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SOCIODEMOGRAPHIC AND CLINICAL PROFILE OF WOMEN WITH BREAST CANCER IN BAHIA

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Introduction: Brazil is estimated to have 600,000 new cases of cancer in 2018, reflecting the profile of a country that has prostate, lung, breast, and colon and rectal cancers among the most incidents (Brasil, 2017). In women, the highest frequencies were found in the breast, intestine, lung, cervix and stomach (Ferlay et al, 2013). Information on the occurrence of cancer and its outcome may support national and regional cancer programs (Stewart & Wild, 2014).

Objective: To analyse the sociodemographic and clinical profile of women with breast cancer treated in a unit of high complexity in oncology in Bahia.

Material and methods: Descriptive, retrospective, quantitative study with a qualitative approach, using documentary analysis, based on data from the Hospital Registry of Cancer. The data collection was carried out between 2017 and 2018, after opinion no. 62709316.9.0000.5028-2017. The data were worked on in the program of the Statistical Package for Social Sciences (SPSS).

Results and Discussion: Data collection included the quadrennium 2010, 2011, 2013 and 2014. A total of 1,186 women with breast cancer were enrolled in the aforementioned oncology unit. The majority were black and brown women, with incomplete elementary education and coming from the interior of Bahia. The most relevant exams for diagnosis were imaging, pathological anatomy and tumour markers. Chemotherapy was the most common type of treatment, either alone or in combination. By the end of the first year, most women had stable disease, followed by those with disease progression and death. The age range in which there was a prevalence of initial staging and advanced staging was 40 to 49 years, followed by 50 to 59 years and 30 to 39 years. Infiltrating ductal carcinoma was the most common type of breast cancer, regardless of staging. There were 119 deaths (9.95% of the cases), 27 (2010), 32 (2011), 36 (2013) and 23 (2014). The majority of deaths occurred in the age group of 50 to 59 years, followed by 40 to 49 years and 30 to 39 years.

Conclusions: A high percentage of records with incompleteness were identified, mainly regarding the initial staging of the tumour (about 50% of the records). The lack of this

information in the medical record is worrisome, since staging defines the type of treatment4. It is hoped, with this study, to provide subsidies that give greater visibility to the patterns of breast cancer in Bahia.

Keywords: Breast neoplasms, Woman health, Health profile

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Control of TB contacts: Analysis according to the index cases characteristics in the state of São Paulo, Brazil

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Introduction: The tuberculosis contacts control activity must be considered an important tool for preventing illness and early diagnosis of cases with active disease in this population, and should be prioritized in Tuberculosis Control Programs (World Health Organization, 2008).

Research question: What are the characteristics of TB cases submitted to contacts control?

Objective: To analyze the characteristics of TB cases submitted to contacts control in the State of São Paulo (ESP), Brazil.

Methodology: Cross-sectional epidemiological study, conducted with cases of tuberculosis notified in the Control system of patients with tuberculosis of the ESP (TB-WEB) in 2014. The variables were related to the index case and comprises the: contacts identified, contacts examined, type of case, tuberculosis clinical form, bacteriological confirmation with sputum smear test, co-infection with HIV, directly observed treatment (DOT). For data analysis, descriptive statistics were used: frequency distribution, measure of central tendency and variability, as well as Chi-square test and analysis of standardized residue with a significance level of 5%.

Results: There were 12,005 TB cases reported with contacts in ESP in 2014. Each case presented a mean of 3.72 (± 3.61) contacts, and 7,040 (58.6%) had all your contacts examined or 3,798 (31.6%) none. Individuals who were not subjected to the contacts control were associated with recurrence and retreatment, as well as the presence of extrapulmonary tuberculosis, lack of info on bacteriological confirmation and co-infection with HIV/AIDS. Individuals who were subjected to contacts control showed statistically significant association with the accomplishment of the DOT.

Conclusion: One third of individuals were not submitted to contacts control and were associated with the retreatment/recurrence, extrapulmonary clinical form and HIV/aids. The importance of qualified human resources for TB diagnosis and registration is reinforced among the contacts of TB cases, as well as the importance of the TDO as a inducer of actions for contacts control.

Key-words: Tuberculosis; Health services evaluation, Contacts control

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Research with vulnerable participants: Ethical challenges

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Introduction: Research with young adult's couples at end-of-life involves several ethical challenges, in fact, appeal to participants to revisit experiences of loss it may increase their vulnerability. Nevertheless, it is essential to have access to their life experience, since it will allow us to know and understand how the person interprets his life and how it gives meaning to his experience (Cohen, 2000), believing that this knowledge will contribute to pattern future practices, ensuring that care is focused on people and their needs (Reid, 2009). This implies contacting and collecting data from those who lived the experience (Van Manen, 2014).

Recognizing the participants' vulnerability and incorporating it into the design and implementation of an ethically responsible study is key to ensure their protection. For that, researchers should carefully consider the relevance of their participation and the benefits and potential risks, implement relief measures whenever necessary and ensure the exercise of their autonomy in the curse of the investigation.

The researcher starts from the understanding of human vulnerability as an ontological condition, conceived in the light of the perspective of Luna (2009), the person has "layers of vulnerability", being these relational and dynamic. As such, in the interaction with the participants, commits itself to carefully analyse each layer of individual vulnerability, contextualizing it according to its situation. Recognizing that the context vary, changing the perception of its own vulnerability. In this way it assumes that each person has multiple layers of vulnerability, integrating the complexity of their situation, not stereotyping or stigmatizing.

Goals:

- Explain the understanding and the responsibilities assumed by the researcher towards the study participants;
- Describe the strategies of access to participants based on protecting the principles of autonomy, beneficence, non-maleficence and justice.

Results: The researcher recognize the increased vulnerability of participants, considering that increase her responsibility, in particular the participant's autonomy, considering that this is what guarantees against the feeling of impotence, having therefore defined that the contact with the participants will be in stages (telephone contacts):

- 1st propose participation in a study, giving them a period, never less than 24 hours, to decide;
- 2nd give oral information about study and its goals, providing complementary written information;
- 3rd propose to the participants that have agreed, one or more meetings, to obtain informed consent and book the interview

Throughout the interactions the researcher will assure that the participant's needs will be placed at first, will use a therapeutic dialogue, in which will evaluate if he is able to revisit the experience and share it (non-maleficence). If during the contacts or the interview additional suffering is identified, the researcher will implement therapeutic measures and propose the referral to specialized professionals (Beneficence). Confidentiality and anonymity (justice) will also be ensured.

Conclusion: A rigours and ethically responsible research, based on a meticulous plan that protect participants, can contribute to unveil "silences" that will enlighten nurses to improve their practices.

Keywords: Vulnerable Participants; Ethical Rigor; Qualitative Research.

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Development of mobile application to guide the neonatal nurses in the skin injury prevention in newborns

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Introduction: The care provided to newborns hospitalized in a neonatal unit requires the use of several technological devices and the adoption of different procedures that are critical to support the life of these neonates. This situation exposes them to different risks, including skin injuries. Around 25% of preterm infants will progress with sepsis, considering the skin is the main front door to sepsis, showing this is a problem of great relevance for neonatal care.

Clinical decision support systems are computer tools that help health professionals make decisions with impact on patient diagnosis and/or care. Besides, advances in smartphone technology have contributed to the development of increasingly sophisticated mobile applications, mainly in terms of access to information and troubleshooting, which can be observed every day, also in nursing practice.

Research question: How can we develop a mobile application for skin injury prevention in hospitalized newborns, presenting valid content and technical quality to support the clinical decision of nurses working in neonatal units?

Objective: To develop and evaluate the content and quality of a mobile application to support the clinical decision of nurses on skin injury prevention in newborns hospitalized in neonatal units.

Methods: Methodological quantitative study, also be using a qualitative approach. Data will be collected in four stages: (1) integrative literature review; (2) content validation; (3) mobile application development; and (4) evaluation of the mobile application quality based on ISO/IEC 25010-2011.The stage of content validation and evaluation of the mobile application quality will be conducted by a committee of experts: Twenty-four participants will be selected intentionally, divided into three groups: computer specialists, professors support nurses. The data will be analyzed in different ways, according to the study stage. (1) content analysis; (2) Committee Agreement Rate and content validity index; (3) descriptive analysis; and, (4) simple and inferential statistics. This study was approved by the Human Research Ethics Committee of the Federal University of Santa Catarina, under protocol: 2.229.207.

Preliminary Results: The study is currently between the second and third stages of development. An integrative literature review showed that systematic reviews of controlled randomized clinical trials are still scarce with the neonatal population, especially regarding skin lesion. Content validation by the board of experts will support the care procedures that will be part of the application. Quality assessment will ensure that the software works properly. Once it is finished, the application will be provided for free so that all Brazilian nurses can use it.

Conclusion: The authors hope that the developing application can guide neonatal nurses in the development of their praxis, providing safety to the care of hospitalized newborns, reducing risks of skin lesion and contributing to improving nursing care quality.

Keywords: Nursing; Infant; Newborn.; Prevention & Control; Decision Support Techniques.

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Transition from home care to institutional long-term care: multidimensional assessment of elderly people with dementia and their informal caregivers - study protocol

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Introduction/Problem: People with dementia and their informal caregivers can experience multiple transitions, namely transition from home care to long-term institutional care. The RightTimePlaceCare (RTPC) Project was created in 2010 involving eight countries (Germany, Netherlands, Sweden, UK, Finland, Estonia, France, and Spain) aiming to investigate the transition from home care towards institutional nursing care for people with dementia and their informal caregivers for best-practice strategies development. From the results of RTPC Project, emerged a great variability in the different countries, possibly related to different organization, provision and use of care in dementia, but also due social and cultural aspects, suggesting the existence of country-specific characteristics to be taken into account in the recommendations of best practice strategies. The present project proposes a study integrated in the RTPC Portugal Project, including the replication of the RTPC study WP3 (Verbeek et al, 2012) providing rationale for complex interventions development through patient centred clinical research. The main objectives of the study are: to assess the factors that influence the institutionalization of elderly person with dementia; investigate the circumstances and conditions of life of people with dementia and their informal caregivers in situation of recent admission in long-term institutional care, with emphasis: quality of care and quality of life of the person with dementia; b) caregiver burden and quality of life of informal caregiver.

Methodology: Mixed method longitudinal observational study. Baseline assessment and follow-up evaluation after three months. Evaluation reports will follow STROBE statement guidelines. Participants of the study are people with dementia (PwD) older than 65 years of age newly admitted to institutional nursing care facilities (i.e. within one to three months after admission) and their informal caregivers (IC) or next of kin (sample ≥ 50 PwD + 50 IC). Variables of the study take into account models predicting institutionalization for people with dementia, care demands and quality of care. In addition to WP3 RightTimePlaceCare replication, informal caregiver's perspective of the transition from home care to long-term institutional care is explored, and personality

characteristics of informal caregiver is assessed. The evaluation includes selected measurement instruments and audiotaped interviews, using different sources of information (person with dementia, informal caregiver, registered nurse and clinical record file). This study generates primary data on outcomes of long-term nursing care for people with dementia and their informal caregivers, focusing on the transition process from home care towards institutional care. Statistical analysis and content analysis will be conducted.

Results: Data collection phase, currently with the participation of 16 institutions, totaling more than 30 long-term nursing care facilities. So far, 50% of the minimum sample stipulated has been reached (data collection from November 2017 to February 2019).

Conclusion: The present study will contribute to reduce the scarcity of national studies in this research area, generating Portuguese primary data to support complex interventions development and evaluation, and allow cross-country comparisons.

Keywords: Dementia, Informal caregiver, Nursing, Institutional long-term care

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