



# **5º Congresso Global de Investigação Qualitativa em Saúde**

**Qualitative health research.  
A force for change!**

***Investigação qualitativa em saúde.  
Uma força para a mudança!***

**Lisbon, 8 to 9 May 2017**

**Calouste Gulbenkian Foundation**

**Berna Avenue**

**Lisbon – Portugal**

***Lisboa, 8 e 9 Maio 2017***

***Fundação Calouste Gulbenkian***

***Avenida de Berna***

***Lisboa - Portugal***

**ORGANIZATION | ORGANIZAÇÃO**  
**Associação Portuguesa de Enfermeiros**



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5<sup>th</sup>



GLOBAL CONGRESS for  
QUALITATIVE HEALTH RESEARCH

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**Programa e Resumos – eBook**  
**Program and Abstracts – eBook**

**ORGANIZATION | ORGANIZAÇÃO**  
**Associação Portuguesa de Enfermeiros**



© Julho de 2017 (Versão Atualizada)

ISBN 978 – 972 – 98149 – 9 – 0

Título: 5º Congresso Global de Investigação Qualitativa em Saúde. Investigação Qualitativa em Saúde. Uma força para a mudança!

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Editor: APE – Associação Portuguesa de Enfermeiros

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Federal University of Juiz de Fora, Minas Gerais, Brasil



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LISBOA  
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DE LISBOA

University of Lisbon, Lisboa, Portugal



University of S. Paulo, Nursing School, São Paulo, Brasil

## PREFACE | PREFÁCIO

*Welcome to the 5th Global Congress of Qualitative Health Research!*

*By definition, the congress facilitates encounters among whom we haven't see for a long time and exchanges with others we had never met.*

*We wish you two days of healthy exchanges, as expected of an event on health!*

*The Scientific Committee analyzed 151 abstracts, of which 71 were oral presentations and 53 posters. Twenty-six were not accepted. The final number exceeded our expectations. Thus we have to ask for a strict time control.*

*The themes of the oral presentations were diversified with emphasis on children and family lived experiences, the experience of being cared for centered in quality of life / disease and immigrants' situation. It is worth noting the variety of methods and methodologic procedures presented for discussion.*

*Regarding the Program, highlights contact with well known international researchers and value Portuguese experience with qualitative research with four thematic panels, with researchers in various areas of knowledge.*

*Included is a workshop on ethnographic studies.*

*Hoping the exchanges facilitates thinking through several issues and turn in to a force for change in the sense of using the new knowledge in clinical areas!*

*On behalf of the Scientific Committee I thank you for your contribution to this scientific event.*

Bem-vindo ao 5º Congresso Global de Investigação Qualitativa em Saúde!

O congresso pretende, por definição, o encontro entre pessoas que há muito não se viam e a troca de experiências com novos interlocutores.

Desejo-lhe dois dias de trabalho e convívio saudável, como se espera de um encontro sobre saúde!

A Comissão Científica analisou 151 propostas de resumos. Desses foram aprovados 71 para apresentação oral e 53 para *posters*. Foram rejeitados 26. O número ultrapassou as expectativas pelo que se pede um esforço para controlar o tempo das apresentações.

Os temas das comunicações orais foram muito variados, destacando-se os cuidados a crianças e as vivências das famílias, a experiência de ser cuidado centrado na qualidade de vida/na doença e a situação de imigrante. De realçar a variedade de métodos e procedimentos metodológicos apresentados para discussão.

Relativamente ao Programa, pretendeu-se proporcionar o contacto com convidados reconhecidos internacionalmente e valorizar a experiência portuguesa na utilização da investigação qualitativa em saúde através de quatro painéis temáticos com a participação de investigadores em diferentes áreas do saber. Foi incluído também um *workshop* metodológico.

Esperamos que o debate facilite a reflexão e seja uma força para a mudança no sentido da utilização clínica do novo conhecimento.

Em nome da Comissão Científica agradeço a todos o contributo para este encontro científico.

Marta Lima Basto

## INTRODUCTION | NOTA INTRODUTÓRIA

*On behalf of the Portuguese Nurses Association and also individually, I welcome the opportunity of organizing and implementing this 5th Global Congress for Qualitative Health Research, which is being held for the first time in Portugal.*

*I greet all my colleagues at the table, as well as everyone present in this room. Welcome to Portugal. Welcome to Lisbon!*

*The dissemination of knowledge through publications, conferences and other means, has been one of the objectives of the Portuguese Association of Nurses since its creation in 1968. The publication of books on studies carried out by nurses, the publication of the journal "Nursing" and the International Conference on Nursing Research, whose 14th edition will begin in two days, confirms this purpose.*

*It was with great pleasure that this Association accepted the challenge of the organization of the 5th Global Congress for Qualitative Health Research, under the theme: qualitative health research, a force for change!, which will take place today and tomorrow and during the which we will have the opportunity to hear internationally recognized researchers and also other researchers who will come here to divulge their studies.*

*A special thanks to all of those who has collaborated in the organization of this congress integrating the scientific and organizing committees.*

*May this Congress be to your full satisfaction and that the results presented here are indeed a force for change in our practices.*

*Votes of excellent work and also take this opportunity to enjoy this beautiful and welcoming city that is Lisbon.*

*Good work and thank you for coming.*

Em nome da Associação Portuguesa de Enfermeiros e também individualmente, congratulo-me pela oportunidade da organização e concretização deste 5º Congresso Global de Investigação Qualitativa em Saúde, que pela primeira vez se realiza em Portugal.

Saúdo todos os meus colegas de mesa, bem como todos os presentes nesta sala. Bem-vindos a Portugal. Bem-vindos a Lisboa!

A divulgação do saber, através de publicações, conferências e outros meios tem sido um dos objectivos da Associação Portuguesa de Enfermeiros desde a sua criação em 1968. A publicação de livros relativos a estudos realizados por enfermeiros, a publicação da revista "Enfermagem" e a realização da Conferência Internacional de Investigação em Enfermagem, cuja 14ª edição terá início dentro de dois dias, confirmam este propósito.

Foi assim, com muito agrado que esta Associação aceitou o desafio da organização do 5º Congresso Global de Investigação Qualitativa em Saúde, subordinado ao tema: investigação qualitativa em saúde uma força para a mudança!, que decorrerá nos dias de hoje e amanhã e durante o qual teremos a oportunidade de ouvir investigadores internacionalmente reconhecidos e também outros investigadores que aqui virão divulgar os seus estudos.

Um agradecimento especial a todos os que colaboraram na organização deste congresso integrando as comissões científica e organizadora.

Que este congresso seja do vosso inteiro agrado e que os resultados aqui apresentados constituam efectivamente uma força para a mudança nas nossas práticas.

Votos de excelente trabalho e aproveitem também esta oportunidade para desfrutar desta linda e acolhedora cidade que é Lisboa.

Bom trabalho e obrigado por terem vindo.

João Fernandes  
President of the Portuguese Association of Nurses  
Presidente da Associação Portuguesa de Enfermeiros



## PROGRAM|PROGRAMA

8<sup>th</sup> MAY/8 DE MAIO 2017

	Auditorium/Auditório 3		
9h30 – 10h30	<i>OPENING SESSION/SESSÃO DE ABERTURA</i> <b>Qualitative methods to study the intangible in clinical care</b> <b>Métodos qualitativo para o estudo do intangível nos cuidados clínicos</b> <i>Key Note Speaker/Conferência por</i> Lauren Clark (Utah University, USA)		
10h30 – 11h00	Coffee Break/Intervalo		
11h00 – 12h30	<i>THEMATIC PANEL/PAINEL TEMÁTICO</i> <b>Uncertainty and risk in health</b> <b>How do people who seek health services and health professionals deal with uncertainty?</b> <b>Incerteza e risco na Saúde</b> <b>Como é que as pessoas que procuram os serviços de saúde e os profissionais lidam com a incerteza?</b> <i>Moderator/Moderador</i> Paulo Granjo (ICS-Universidade de Lisboa)		
12h30 – 13h45	Lunch/Almoço		
13h45 – 15h00	Auditorium/Auditório 3	Room/Sala 1	Room/Sala 2
	<i>Oral Presentations</i> Comunicações Orais TABLE/MESA 1	<i>Oral Presentations</i> Comunicações Orais TABLE/MESA 3	<i>Oral Presentations</i> Comunicações Orais TABLE/MESA 5
15h00 – 16h15	<i>Oral Presentations</i> Comunicações Orais TABLE/MESA 2	<i>Oral Presentations</i> Comunicações Orais TABLE/MESA 4	<i>Oral Presentations</i> Comunicações Orais TABLE/MESA 6
		Posters Exhibition	
16h15 – 16h30	Coffee Break/Intervalo		
16h30h – 18h00	<i>THEMATIC PANEL/PAINEL TEMÁTICO</i> <b>Communication in health</b> <b>Relevance of information, technologies and interpersonal communication in health care.</b> <b>Comunicação em Saúde</b> <b>Importância da informação, tecnologias e comunicação interpessoal nos cuidados de saúde</b> <i>Moderator/Moderador</i> Natália Ramos (Universidade Aberta, Lisboa)		
20h00	Dinner with Fado (register until 8th May 12am)/Jantar com Fados (inscrição até às 12h do dia 8 de Maio)		



**9<sup>th</sup> MAY/9 DE MAIO 2017**

	<i>Auditorium/Auditório 3</i>	<i>Room/Sala 1</i>
9h00 – 10h30	<p><i>THEMATIC PANEL/PAINEL TEMÁTICO</i>  <b>Health and migrations</b>  <b>How can we respond to health challenges of migrants and refugees?</b>  <b>Saúde e Migrações</b>  <b>Como responder aos desafios colocados aos migrantes e refugiados?</b>  Moderator/Moderador  Ana Fernandes (ISCSP – UNL)</p>	
10h30 – 11h00	<i>Coffee Break/Intervalo</i>	
11h00 – 12h15	<p><i>Oral Presentations</i>  Comunicações Orais  TABLE/MESA 8</p>	<p><i>Oral Presentations</i>  Comunicações Orais  TABLE/MESA 7</p>
12h15 – 13h30	<p><i>Oral Presentations</i>  Comunicações Orais  TABLE/MESA 9</p>	<p><i>Oral Presentations</i>  Comunicações Orais  TABLE/MESA 10</p> <p><i>Posters Exhibition</i></p>
13h30 – 14h30	<i>Lunch/Almoço</i>	
14h30 – 16h00	<p><i>THEMATIC PANEL/PAINEL TEMÁTICO</i>  <b>Health policies and strategies</b>  <b>How can we respond to health challenges?</b>  <b>Políticas e estratégias de Saúde</b>  <b>Como responder aos desafios da saúde?</b>  Moderator/Moderador  Isabel Loureiro (ENSP, UNL)</p>	<p><b>WORKSHOP</b>  <b>How to make ethnographic case studies in health care?</b>  <b>Como conduzir estudos de caso etnográficos na área da saúde?</b>  Moderator/Moderador  Paulo Granjo (ICS- U de Lisboa)  <i>*For interested participants there is a possibility of using the workshop as empirical material for a case study.</i></p>
16h00 – 16h30	<i>Coffee Break/Intervalo</i>	
16h30h – 17h30	<p><i>CONFERENCE/CONFERÊNCIA</i>  <b>Towards the optimization of prevention, care and recovery: qualitative approaches to the experience and knowledge of users of healthcare systems</b>  <b>Para a otimização da prevenção, dos cuidados e da recuperação: abordagens qualitativas da experiência e dos saberes dos utilizadores dos sistemas de saúde</b>  Denise Jodelet  Directeur d'Etudes at the Ecole des Hautes Études en Sciences Sociales, Paris  <i>Debate between/Debate entre</i>  Denise Jodelet e Luísa Lima  ISCTE – Instituto Universitário</p>	
17h30 – 18h00	<i>CLOSING SESSION/SESSÃO DE ENCERRAMENTO</i>	

## KEY NOTE SPEAKER ABSTRACTS | RESUMOS DAS COMUNICAÇÕES DOS CONVIDADOS ESPECIAIS

### ▪ Janice Morse

**RN, Professor at Utah University, USA**

**Leader of the global congress movement**

Welcome to Lisbon!

Welcome to the 5th Global Qualitative Health Research Conference.

The title of the conference is **Qualitative Health Research, a force for Change!** Significant topic, and I know you will enjoy wonderful sessions.

I congratulate Dr. Marta Basto and her Committee for all of their organizational work, bringing all of you here today, and I thank the Portuguese Nurses Association for sponsoring this conference.

The Global Congress Qualitative Health Research is not a formal organization: There are no membership requirements and no fees. We are not tied to a single discipline, nor single university nor to a single country. So, it may best be described as a movement. GQHR belongs to you and it will become whatever you wish and need it to become.

Presently, the GQHR program consist of international conferences.

The first on the theme “Beyond the Boundaries” was held in Seoul, South Korea, Organized in 2011 by Dr. Kyung Rim Shin, and Ewah Womens University.

In 2012, the 2nd conference, *Engaging people in health Promotion and wellbeing: New Challenges and opportunities for health research* was held in Milan, Italy, organized by Dr. Guen Graffigna and the Catholic University of Sacred Heart.

The 3rd Congress “Holistic caring in the Global Context” was held in Thailand, sponsored by Khon Kaen University, and led by Dr. Earmporne Thongkrajai.

2015 found the 4th Global Congress in Meriden Mexico, “Dialogues and Bridges for Intercultural health: chaired by Dr. Cesar Cisneros and Dr. Guqdalope Pech.

This brings us to the 5th conference we celebrate today in Lisborn, Portugal.

And the 6th conference which will be held next year, 12-15th March 2018, in Sun City, South Africa.

Each conference offers workshops, plenary sessions, panels, presentations and posters. Taken together they are an important mechanism for teaching qualitative research methods, for participants to increase their skills, and for the dissemination of qualitative research.

Qualitative health research is essential for building a solid understanding of people’s perceptions of health, health beliefs, attitudes, and behaviors, yet the question remains: How it will be done?

I charge you to continue to conduct qualitative research, to build a solid evidence base for the construction of qualitative health research. We must collaborate, synthesize, and compare these studies internationally, and cross-culturally. We must construct powerful theories to improve the health of all people of all nations.

Together, we can overcome the limitations of language, restricted databases, and communication. This is your charge as the Third Generation of qualitative researchers; with the support of the Global Congress for Qualitative Health Research.

Together we can conduct research to create a system that supports our collaboration.

To achieve this, we need an army of researchers. We need students. We need resources—qualitative health research texts, methods texts, funding, support from our deans and governments. We need a forum for discussing, disseminating, and synthesizing qualitative research: that is, The Global Congress for Qualitative Health Research. Then, moving arm in arm, globally, we can make a difference.

My best wishes for a wonderful and productive conference.

Thank you

Bem-vindos a Lisboa!

Bem-vindos ao 5º Congresso Global de Investigação Qualitativa em Saúde.

O título do congresso é **Investigação Qualitativa em Saúde, uma força para a mudança!** Um tópico significativo e sei que vão apreciar as sessões.

Parabéns à Marta Lima Basto e à sua Comissão pelo trabalho de organização, para vos ter aqui hoje e obrigada à Associação Portuguesa de Enfermeiros pela iniciativa.

O Congresso Global de Investigação Qualitativa em Saúde não é uma organização formal. Não há deveres de sócios nem pagamento de cotas. Não estamos ligados a uma única área do saber, nem a uma única universidade, nem a um único país. Portanto a melhor descrição é de movimento. O GCQHR pertence-vos e será o que desejarem e necessitem que venha a ser.

Atualmente o nosso programa consiste em congressos internacionais.

- O primeiro, sob o tema “Para além dos limites” teve lugar em Seoul, Coreia do Sul, organizado em 2011 pelo Dr. Kyung RIM Shin e Ewah Womens University.

- Em 2012, o segundo congresso, *Entusiasmando pessoas na promoção da Saúde e bem estar: Novos desafios e oportunidades para a investigação em saúde*, teve lugar em Milão, Italia, organizado pelo Dr Guen Graffigna e a Universidade Católica do Sagrado Coração.

- o 3º congresso “O Cuidar holístico no Contexto global” foi realizado na Tailândia, apoiado pela Universidade Khon Kaen e liderado pelo Dr Earmporne Thongkrajai.

- 2015 teve o 4º Congresso Global em Mérida, México “Diálogos e pontes para uma saúde Intercultural” organizado pelo Dr. César Cisneros e Drª Guadalopec Pech

- Isto traz-nos ao 5º congresso que hoje celebramos em Lisboa, Portugal.

- E o 6º congresso terá lugar no próximo ano, 12-15 março 2018 em Sun City, África do Sul.

Cada congresso oferece *workshops*, sessões plenárias, painéis, comunicações e *posters*. No seu conjunto são um importante mecanismo para ensinar métodos de investigação qualitativa, para os participantes aumentarem as suas capacidades e para disseminar a investigação qualitativa.

A investigação qualitativa é essencial para a construção de uma compreensão sólida das perceções que as pessoas têm da saúde, crenças relativas à saúde, atitudes e comportamentos. No entanto a questão permanece. Como é que isso se faz?

Desafio-os para continuar a fazer investigação qualitativa, a construir uma base sólida de evidência para a construção da investigação qualitativa em saúde. Temos que colaborar, sintetizar e comparar estes estudos a nível internacional e cruzando culturas. Temos que construir teorias fortes para melhorar a saúde de todos os povos e nações.

Em conjunto podemos ultrapassar as limitações das línguas, bases de dados restritas e da comunicação. Esta é a vossa *tarefa* como 3ª geração de investigadores qualitativos, com o apoio do Congresso global de Investigação Qualitativa em saúde.

Em conjunto podemos fazer investigação para criar um sistema que apoie a nossa colaboração.

Para o conseguir precisamos de um exército de investigadores. Precisamos de estudantes. Precisamos de recursos – textos de investigação qualitativa em saúde, textos sobre métodos, financiamento, apoio dos nossos reitores e dos nossos governos. Precisamos de um fórum para discussão, disseminação, sínteses de investigação qualitativa: isto é, o congresso global de Investigação qualitativa em saúde. Então, de braço dado, globalmente, faremos a diferença.

Desejo-vos um ótimo e produtivo Congresso.

Obrigada.

▪ **Lauren Clark**

**RN, PhD (Nursing, University of Arizona),  
Fellow of the American Academy of Nursing  
Fellow of the Society of Applied Anthropology  
Professor at the College of Nursing, University of Utah**

**Qualitative Methods to Study the Intangible in Clinical Care**

Internationally, the news is filled with the plight of children and families who suffer from famine, infectious disease, and disability. Closer to home, physicians, nurses, therapists, and other members of the healthcare team witness both suffering and resilience in their day-to-day practice. The tangible work of healthcare providers is to deliver safe, quality healthcare, meet goals for patient satisfaction, and generate revenue. Our employers depend on that work to keep the medical-industrial complex intact. Measuring our performance against these metrics, we know if we are meeting organizational benchmarks and providing value for the healthcare dollars spent.

Yet there is a more intangible dimension to our work, as well. Our job is to walk with people through times of trouble. Sometimes we bear bad news. Other times we care, comfort, heal, or grieve with patients. And we celebrate and endure with them, as well. Using qualitative methods, what do we make of these intangibles in clinical care? Intangibles are the experiential dimensions of our relationships with patients that are not tabulated in a revenue report or necessarily recorded on a roster or report. We can focus our research on intangibles in three areas: patient experiences,

provider practices, and healthcare processes. The result of qualitative health research on the intangibles in clinical care is a broader understanding of the human experience of health and illness. The intangibles, once recognized, help us to provide more humanized care with creativity and joy.

### **Métodos Qualitativos para estudar o intangível nos cuidados clínicos**

A nível internacional, as notícias estão repletas de crianças e famílias que sofrem de fome, doenças infetocontagiosas e incapacidades. Mais perto de nós, médicos, enfermeiros, terapeutas e outros membros da equipa de saúde testemunham o sofrimento e a resiliência na sua prática diária. O trabalho tangível dos trabalhadores da saúde é fornecer cuidados seguros e de qualidade, atingir objetivos respeitantes à satisfação do doente e gerar ganhos. Os trabalhadores estão dependentes desse tipo de resultados para manter intacto o complexo medico-industrial. Ao medir a nossa ação com base nestas métricas, ficamos a saber se estamos a atingir os “benchmarks” organizacionais e a valorizar os dólares gastos.

No entanto, também existe uma dimensão intangível do nosso trabalho. O nosso trabalho é estar com as pessoas em tempos difíceis. Às vezes temos que aguentar as más notícias. Outras vezes cuidamos, confortamos, tratamos ou fazemos o luto com os doentes. E também, com eles celebramos ou suportamos as más notícias. Ao utilizar métodos qualitativos, o que fazemos com estes intangíveis nos cuidados clínicos? Os intangíveis são as dimensões experienciais do nosso relacionamento com as pessoas que não são apresentadas com dados quantitativos em relatórios ou obrigatoriamente registados em quadros ou relatórios. Podemos focar a nossa investigação sobre intangíveis em três áreas: o experienciado pelas pessoas, as práticas dos profissionais e os processos de cuidados de saúde. O resultado da investigação qualitativa em saúde nos intangíveis nos cuidados clínicos é a compreensão mais alargada da experiência humana da saúde e da doença. Os intangíveis, uma vez reconhecidos, ajudam-nos a prestar cuidados mais humanizados com criatividade e alegria.

#### **■ Denise Jodelet**

**Directeur d’Etudes at the Ecole des Hautes Études en Sciences Sociales, Laboratoire de Psychologie Sociale, Paris**

**Denise Jodelet will be presented by Luísa Lima, Professor of Social Psychology at ISCTE-IUL**  
**Denise Jodelet será apresentada por Luísa Lima, Professora de Psicologia Social no ISCTE-IUL**

**Pour une optimisation de la prévention, du care et du rétablissement: approches qualitatives du vécu et des savoirs des usagers des systèmes de soins**

**Towards the optimization of prevention, care and recovery: qualitative approaches to the experience and knowledge of users of healthcare systems**

The current history of the health field is marked by profound transformations affecting both the formal definitions of health and of the objectives assigned to health institutions and the

relationships between caregivers and users. This change is due to the acknowledgement of a different role to the patients, to their participation and experience. This situation confers to qualitative studies a particular relevance as they make it possible to take into consideration the role of the patients' experience and knowledge, their culture, values and surroundings in the management of pathological states.

### **Para a otimização da prevenção, dos cuidados e da recuperação: abordagens qualitativas da experiência e dos saberes dos utilizadores dos sistemas de saúde**

A história atual do campo da saúde é marcada por profundas transformações que afetam tanto as definições formais de saúde e os objetivos das instituições de saúde como as relações entre os cuidadores e os que são cuidados. Esta mudança deve-se ao reconhecimento de um papel diferente aos pacientes, em particular à sua participação e experiência. Esta situação confere aos estudos qualitativos uma relevância particular, pois permitem levar em consideração, na gestão dos estados patológicos, o papel da experiência e conhecimento dos pacientes, da sua cultura, valores e contextos.

# THEMATIC PANEL ABSTRACTS | RESUMOS DOS PAINÉIS TEMÁTICOS

## *Uncertainty and Risk in Health | Incerteza e Risco na Saúde*

**Moderator/Moderador:** Paulo Granjo – Investigador ICS, Universidade de Lisboa

Uncertainty and risk are in the core of health care practices and processes, and strongly impact both the health care professionals and their patients. In the all process, uncertainty has a continuous importance, since even before the diagnosis – with the use of notions such as genetic probability or “groups of risk” - until the patient’s social reintegration. How do the health care professionals and the patients deal and cope with uncertainty in the clinic evaluations, decisions and proceedings? How can we research such practices and their underlying conceptions? Which are the impacts of such practices and concepts on the actual health caring?

Os cuidados de saúde e doença constituem uma das áreas onde a incerteza assume um papel mais fulcral e com maior impacto, tanto nos profissionais de saúde quanto nas pessoas que procuram os serviços. A sua importância é contínua, desde ainda antes do diagnóstico - com a operacionalização de noções como a propensão genética ou de “grupos de risco” - até à reintegração social do doente. De que formas lidam com a incerteza das avaliações, opções e atos clínicos os/as profissionais de saúde e utentes? Como pesquisar essas práticas e os conceitos nelas envolvidos? Quais os seus impactos no cuidar m saúde?

### Participants/Participantes

- **Domingos Neto**  
**Professor na Faculdade de Medicina, Universidade de Lisboa**

Ao tentar tratar e gerir serviços de tratamento de doentes dependentes de álcool e drogas, o autor deparou-se com uma enorme incerteza sobre as características destas doenças e das pessoas que elas afetavam. As teorias abundavam e os resultados terapêuticos eram idiossincráticos e muito modestos. Para lidar com este grau de incerteza exiam-se estudos qualitativos e quantitativos. Fizeram-se estudos de casos, dos tipos de famílias e sociedades onde viviam, e criaram-se metodologias de tratamento em ambulatório e internamento que incluíam uma combinação criteriosa de tratamentos como medicação com uso de antagonistas, abordagem psicoterapêutica individual e familiar, colaboração com a justiça e procura guiada de emprego. Por fim, numa área em que praticamente não existem estudos de resultados, fizemos um estudo naturalista de evolução de casos e aleatorizámos uma amostra de 200 doentes para comparar tratamentos. Tivemos a gratificação na taxa de sucesso, que traduz um aumento de conhecimento nesta matéria.

- **Maria Teresa Rebelo**  
Investigadora na Unidade de Investigação & Desenvolvimento em Enfermagem

***Return to everyday life after experiencing a limit-situation***

We tried to understand the experience of the return to everyday life of adults faced with a limit-situation. The experience is a process present in the human response facing the disruption of a serious illness lived as a limit-situation. It allows for the understanding of the processes that change the failures, insufficiency, impotency, unrest and suffering associated with the death experience in life's processes. In this perspective, the return to everyday life, its existence in (his/her) world is seen as a "hard" work of surviving the fight it has begun, and, as it is solitary work, it lacks the presence and companionship of others. It is a transformation work of the self – to become another, better person. At first it is the work of delivering oneself from the disease in the body which is followed by silent and long work of freeing the disease from life which in turn translates into trusting the body that you are and "drop the illness's routines, enter the everyday life circuit, feeling healthy within it".

**Regresso à vida quotidiana após experiência de uma situação-limite: que modos de superação?**

Tentámos compreender a experiência vivida do regresso à vida quotidiana nos adultos confrontados com uma situação-limite. A experiência da finitude é um processo presente na resposta humana face à disrupção de uma doença grave vivida como situação-limite. A abordagem fenomenológica facilitou o acesso e a elucidação dos processos que transformam o fracasso, a insuficiência, a impotência, a inquietação e o sofrimento associados à experiência de morte em processos de vida. Nesta perspetiva o regresso à vida quotidiana e à existência é visto como um *duro trabalho* de sobreviver ao combate que a situação-limite inaugurou. É um trabalho de transformação de si – tornar-se outra, *melhor pessoa*. Num primeiro tempo é um trabalho para se libertar da doença no corpo a que se sucede o trabalho, silencioso e longo de se libertar da doença na sua vida o que se traduz em confiar no corpo que se é e "*largar as rotinas da doença, entrar no circuito da vida diária*, sentirmo-nos saudáveis nela".

- **Paulo Granjo**  
Investigador ICS, Universidade de Lisboa

***Uncertainty: always there, always unwhanted, always necessary to face***

All societies known by history and anthropology developed systems that aim to control uncertainty and predict the future. They range from the assumption of complete determination to the acceptance of total happenstance, but most of them follow a "domestication of uncertainty" structure, wishing to understand the factors and rationale of uncertain events, and to influence and control their outcome.

The universal existence of such systems show us both that humans are always confronted with uncertainty and with the impossibility of control it, and that it is very difficult to any human society



to cope with such impossibility. It is not surprising that this also happens in key issues of our existence like health and illness.

The very notions of “health” and “illness” change according to different cultures, and this impacts what “cure” is, how to reach it and the therapeutic process. But uncertainty is always present during such process, since the starting moment of diagnosis (doesn’t matter if it’s done through divination, by clinical experience, based on evidence, or on genetic probabilities) until the outcome of the treatment, or even the reintegration of the patient.

In the healing process, it is relevant that the therapists, the patients and their communities agree (or at least trust) on the rationales that disclose the aetiology of the illness and drive the therapeutic acts. But, although socially difficult to accept, uncertainty should never be discarded, undervalued or hided in its consequences, doesn’t matter if we talk about divination and healers, or probabilities and doctors.

## Communication in Health | Comunicação em Saúde

**Moderator/Moderadora:** Natália Ramos – Professora Universidade Aberta, Lisboa

The panel aims to highlight the importance and topicality of communication in research and intervention in the area of health using multiple approaches, thus contributing to debate and furthering knowledge regarding health communication. It aims to highlight the importance of communication, information and ICT in health, encompassing communication, health and media research, education, prevention and the communication of risk in occupational health and safety and behavioural change, as well as interpersonal communication in health care and in the development of communicational and (inter)cultural skills in health, in local and multi/intercultural contexts.

The thematic panel's presentation is divided into three parts:

- Research in the fields of communication, health and media
- Information, communication and prevention in occupational health and safety
- Health communication, interculturalities and skills: challenges for research, intervention and training in health

O painel tem como objetivo destacar a importância e a atualidade da comunicação no âmbito da investigação e intervenção em saúde através de múltiplos enfoques. Visa contribuir para a discussão e aprofundamento da área da Comunicação em Saúde, destacando a importância da comunicação, informação e tecnologias de informação e comunicação no âmbito da saúde, quer no domínio da pesquisa em comunicação, saúde e media, quer na educação, prevenção e comunicação de riscos em saúde e segurança no trabalho e mudança comportamental, quer ainda na comunicação interpessoal nos cuidados de saúde e no desenvolvimento de competências comunicacionais e (inter)culturais em saúde, em contextos autóctones e multi/interculturais.

A apresentação do painel temático está organizada em três enfoques:

- Pesquisa em comunicação, saúde e mídia
- Informação, Comunicação e Prevenção em Segurança e Saúde no Trabalho
- Comunicação em Saúde, Interculturalidades e Competências: Desafios para a Pesquisa, Intervenção e Formação em Saúde

## Participants/Participantes

- **Maria Lígia Rangel-Santos**  
Instituto de Saúde Coletiva, Universidade Federal da Bahia, Salvador, Brasil  
[lirangel@ufba.br](mailto:lirangel@ufba.br)

### ***Research in communication, health and media***

Health, taken as media object, is a subject of great public interest. In Brazil, representations of health in the media have been problematized in several researches in the field of Collective Health and Communication. They point out that, in order to understand the ways in which the media interpret and reconfigure the field of health, it is necessary to understand the coexisting power relations in the media and health fields, as well as the social and cultural context in which these relations develop. Therefore, it is necessary to seek for theories and methods that go beyond the technological formations or elements of connections between the participants of a communicative process conceived as linear and previously stabilized, due to the inability of this model to offer an interpretation of the complexity that marks the relationship between health, media, society and culture. Several authors from different areas of knowledge (Philosophy, Sociology, Anthropology and Communication) support the study of the complexity between communication, health and the media. This conference seeks to reflect on theoretical approaches that, in the field of Collective Health in Brazil, have contributed to the development of research in Communication, Health and Media. Some studies are innovative in theory and method in approaching health in the print media, television or the internet.

### **Pesquisa em Comunicação, Saúde e Mídia**

A saúde tomada como objeto midiático é uma pauta de grande interesse do público. No Brasil, as representações da saúde na mídia têm sido problematizadas em diversas pesquisas do campo da Saúde Coletiva e da Comunicação. Estas apontam que, para entender os modos como a mídia interpreta e reconfigura o campo da saúde, faz-se necessário compreender as relações de poder coexistentes nos campos mídia e saúde, assim como o contexto social e cultural onde essas relações se desenvolvem. Diante disso, é necessário recorrer a teorias e métodos que vão além das formações tecnológicas ou elementos de conexões entre os participantes de um processo comunicativo concebido como linear e previamente estabilizado, pela incapacidade desse modelo de oferecer uma leitura da complexidade que marca as relações entre saúde, mídia, sociedade e cultura. Diversos autores, de distintas áreas de conhecimento (Filosofia, Sociologia, Antropologia e Comunicação), sustentam o estudo da complexidade entre comunicação, saúde e mídia. Busca-se nesta conferência refletir sobre abordagens teóricas que, no campo da Saúde Coletiva no Brasil, têm contribuído para o desenvolvimento da pesquisa em Comunicação, Saúde e Mídia. Alguns estudos são inovadores em teoria e método na abordagem da saúde na mídia, seja ela impressa, televisiva ou internet.

- **Maria da Conceição Pereira Ramos**  
Universidade do Porto, FEP  
[cramos@fep.up.pt](mailto:cramos@fep.up.pt)

### ***Information, Communication and Prevention in Occupational Health and Safety***

Changes in work practices over recent decades, prompted by technological and social developments, as well as by new models of how work is organised and managed, have modified the nature of work and the range of occupational risks and diseases, leading to new challenges in the area of occupational health and safety (OHS) and for certain specific groups of workers (older, younger, migrants, disabled people, women, workers in the informal economy and small and medium-sized enterprises). As such, it is essential to build a safety and prevention culture that functions as an effective tool for developing efficient strategies to tackle work accidents, but particularly new and emerging occupational diseases and risks, adopting a preventive and holistic system geared towards promoting occupational health, well-being and quality of life. To develop and sustain a culture of prevention regarding health and safety, available means need to be employed to improve information, communication, knowledge and awareness of risks, as well as how to prevent and control them. Also highlighted is the need to raise awareness among workers, employers and society in general, as well as improving prevention strategies. Successful occupational health and safety policies also depend on effective communication and information channels, as well as the tools used.

### **Informação, Comunicação e Prevenção em Segurança e Saúde no Trabalho**

As transformações laborais das últimas décadas, incitadas pela evolução tecnológica e social, bem como pelos novos modelos de organização e gestão laborais, modificaram a natureza do trabalho e o foro dos riscos e doenças profissionais, desencadeando novos desafios para a saúde e segurança no trabalho (SST) e para certos grupos específicos de trabalhadores, mais velhos, mais jovens, migrantes, população com deficiência, mulheres, trabalhadores na economia informal e nas pequenas e médias empresas. Torna-se, assim, fundamental construir uma cultura de segurança e prevenção, instrumento de trabalho digno e seguro, visando desenvolver estratégias eficientes que abranjam os acidentes de trabalho, mas, sobretudo, as doenças profissionais e os riscos novos e emergentes, a adoção de um sistema preventivo e holístico, orientado para promover a saúde ocupacional, o bem-estar e a qualidade de vida. Para desenvolver e sustentar uma cultura de prevenção em matéria de segurança e saúde, é preciso recorrer aos meios disponíveis para melhorar a informação, a comunicação, o conhecimento e a compreensão dos riscos, assim como o modo de os prevenir e controlar. Salienta-se a necessidade de maior sensibilização e consciencialização dos trabalhadores, empregadores e sociedade em geral, assim como o aperfeiçoamento de estratégias preventivas. O sucesso de uma política de saúde e segurança no trabalho depende também da eficácia dos canais de comunicação e informação e dos instrumentos utilizados para chegar aos intervenientes envolvidos, dos decisores políticos, aos empregadores e aos trabalhadores.

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***Health communication, inter-cultures and skills: Challenges for research, intervention and training in health***

Nowadays, globalisation and population mobility have increased people's levels of intercultural contact and direct experience of cultural diversity, intensifying the multicultural nature of societies and making interpersonal, communicational and intercultural relations more complex, especially in health. This has also created challenges to health communication, in terms of research, training and intervention, as well as to the health quality, equity, human rights and citizenship of migrants and minorities.

Psychological, social and cultural aspects may constitute risks and impediments to health care, due to their influence on the perception of health and illness and the use of health care, as well as the problems that culturally different users and health professionals face at an interpersonal, communicational and intercultural level.

Culturally effective communication can improve health professionals' ability to receive users and understand their culture, as well as specific communicational and health needs, thus improving take up and quality of health care.

The interdisciplinary mix of health, communication and culture provides new paradigms and strategic, political, theoretical, methodological and ethical challenges in the areas of prevention, information, education and promotion in health, as well as in health care communication and the development of individual, communicational and (inter) cultural skills.

Theoretical, methodological, ethical and practical issues related to communication and health approaches are analysed, highlighting the importance of health communication and intercultural communication in relation to intervention, training and research in health, with particular attention given to the qualitative and intercultural paradigm.

**Comunicação em Saúde, Interculturalidades e Competências: Desafios para a Pesquisa, Intervenção e Formação em Saúde**

Na actualidade a globalização e a mobilidade das populações aumentaram os contactos interculturais e a coabitação com a diversidade cultural, contribuindo para intensificar a multiculturalidade das sociedades e para aumentar a complexidade das relações interpessoais, comunicacionais e interculturais, nomeadamente no âmbito da saúde. Vieram igualmente colocar desafios à comunicação em saúde, ao nível da pesquisa, formação e intervenção e à qualidade, equidade, direitos humanos e cidadania em saúde dos migrantes e minorias. Os aspectos psicológicos, sociais e culturais podem constituir riscos e barreiras aos cuidados de saúde, pela sua influência na forma de perceber a saúde e a doença e o recurso aos cuidados de saúde, e pelas dificuldades que utentes culturalmente diferentes e profissionais de saúde enfrentam ao nível interpessoal, comunicacional e intercultural. Uma comunicação culturalmente competente poderá

promover competências dos profissionais de saúde para um melhor acolhimento e compreensão da cultura e particularidades comunicacionais e de saúde dos utentes, e para melhorar a sua adesão e a qualidade dos cuidados de saúde. O encontro interdisciplinar entre saúde, comunicação e cultura coloca novos paradigmas e desafios estratégicos, políticos, teóricos, metodológicos e éticos na prevenção, informação, educação e promoção em saúde, bem como na comunicação nos cuidados de saúde e no desenvolvimento de competências individuais, comunicacionais e (inter)culturais. São analisadas questões teóricas, metodológicas, éticas e práticas relacionadas com a abordagem da comunicação e saúde, sublinhando-se a importância da comunicação em saúde e da comunicação intercultural ao nível da intervenção, formação e investigação em saúde, destacando-se particularmente o paradigma qualitativo e intercultural.

## Health and Migrations | Saúde e Migrações

**Moderator/Moderadora:** Ana Fernandes – Professora ISCSP, Universidade de Lisboa

At their countries, potential migrants are commonly among the healthy young. The migratory process is many times unfavorable for people's health, and the process could generate vulnerability and stress. This is most significant and critical for refugees, as is happened in Europe, last years. Migrants usually come from countries considered poor development of health care systems and political instability. People start the migratory process long before reaching the final host country. At destination, poor socio-economic conditions and low integration are potentially harmful for health. The reversal of these negative conditions implies the improvement of the living conditions through better health and a better management of public health. Contributing to the improvement of migrants' health helps to promote economic growth and general wellbeing.

### Participants/Participantes

- **Beatriz Padilla**
  
- **Alexandra Ortiz**  
CIES-IUL, Lisboa

### **Access to maternal health care for immigrant women in Portugal**

Universal and equitable healthcare, regardless of gender, ethnicity or country of origin, is a human rights issue (Fernandes & Pereira Miguel, 2009). In a context of increasing social diversity and acceleration of migration movements, it is crucial to study the access to healthcare of immigrant populations to produce effective health gains and better conditions for social integration. Recent research in Portugal has shown that immigrants and women in particular presented worse health outcomes, including complications related to maternal health and have more restrictive access to health services compared to the national population.

This communication presents the results of two qualitative research projects on health and migration, whose main objective was to identify the needs and barriers to immigrant mothers in their access to maternal healthcare in Portugal. It aims to understand the main factors that condition access to health services, focusing on the experiences of pregnant women and recent mothers. The analysis is based on the identification of barriers and vulnerabilities associated with the migration conditions and the social exclusion of this population.

The methodology included in-depth interviews with immigrant women, health professionals and other key informants, as well as participant observation.

### **O acesso aos cuidados de saúde materna das mulheres imigrantes em Portugal**

A prestação universal e equitativa de cuidados de saúde para toda a população, independentemente do seu sexo, etnia ou país de origem, é uma questão de direitos humanos (Fernandes & Pereira Miguel, 2009). Num contexto de aumento da diversidade e da celeridade dos movimentos migratórios, é fundamental analisar o acesso à saúde dos imigrantes para produzir ganhos em saúde e melhores condições de integração social. Investigações recentes em Portugal

têm demonstrado que os imigrantes e as mulheres em particular apresentam piores resultados de saúde, nomeadamente maiores complicações relacionadas com a saúde materna e um acesso mais restritivo, comparados com a população nacional.

Esta comunicação tem como finalidade analisar a prestação de cuidados de saúde materna à mulheres imigrantes na área metropolitana de Lisboa. Pretende compreender os principais factores que condicionam o acesso aos serviços de saúde, focando nas experiências das mulheres grávidas e mães recentes. A análise realiza-se a partir da identificação de barreiras de acesso e vulnerabilidades associadas á contextos migratórios e de exclusão.

A metodologia utilizada é de carácter qualitativo e inclui entrevistas em profundidade com mulheres imigrantes, profissionais da saúde e outros informantes-chave, bem como observação participante. Os resultados fazem parte do projeto de investigação-ação “Saúde e Cidadania: Disparidades e necessidades interculturais na atenção em saúde às mães imigrantes” e do projeto de doutoramento “A saúde das mulheres imigrantes: uma questão de saúde e cidadania” que decorreram no CIES-ISCTE.

- **Francesco Vacchiano**  
**Antropologista e Psicólogo Clínico**  
**Investigador do ISCSP, Universidade de Lisboa**  
**Investigador do Centro de Etnopsicologia Clínica (CEC-ISPA)**

### ***Pathologies of recognition and dignity***

The main health problem of a refugee in terms of health is her/his place in the new society. Finding a new place means to feel again, or sometimes start to feel, like a citizen. The expectations of the great number of people I have met in Italy, Greece, Morocco, Spain and Portugal are tied up to the possibilities of envisioning a life and a future in the new context. However, the place prescribed for refugees in the so-called ‘host countries’ is often not much different from that marginal space normally reserved for other immigrants. This has important repercussions on health in a general sense. My reflection is intended to contextualize refugee experience and health issues by removing the suffering of refugees from the other prescribed place in which it is classically placed, that is ‘trauma’.

### **Patologias do reconhecimento e da dignidade**

O principal problema de saúde dum refugiado é o seu lugar na nova sociedade. Encontrar um novo lugar significa voltar ou, por vezes, começar a sentir-se cidadão. As expectativas da grande parte das pessoas que tenho encontrado até agora, em Itália, Grécia, Marrocos, Espanha e Portugal, são ligadas as possibilidades de vida e futuro no novo contexto. Todavia, muitas vezes o lugar prescrito para os refugiados nos países do chamado ‘acolhimento’ não é muito diferente daquele espaço marginal que é normalmente reservado aos outros imigrantes. Isto tem repercussões importantes ao nível de saúde num sentido geral. A minha reflexão pretende contextualizar a experiencia dos refugiados e as questões de saúde deslocando o sofrimento dos refugiados do outro lugar prescrito em que é classicamente colocado, o ‘trauma’.



## Health Policies and Strategies | Políticas e Estratégias de Saúde

**Moderator/Moderador:** Isabel Loureiro, Professora Escola Nacional de Saúde Pública, Universidade Nova de Lisboa

Qualitative methodologies are useful for understanding the deep causes of behavior, motivation, decision making processes and their results, including perceptions. They can contribute to the understanding why some clinical interventions don't work in the real world, how patients feel and what health professionals think. They are also adequate for characterizing the sociopolitical context, interpreting processes and studying relevancy of policies and successes or failures of their implementation.

This panel deals with strategic and political decisions related to:

- 1- Mental health: participatory planning in community mental health promotion;
- 2- Alcohol: evaluation of political decision process and effectiveness of policies;
- 3- Social networks: realist synthesis applied to evaluation of changes on social determinants of inequities at multilevel collaborative governance.

As metodologias qualitativas são adequadas para melhor compreender as causas dos comportamentos, motivações, processos de tomada de decisão e resultados, incluindo as percepções sobre os mesmos. As metodologias qualitativas podem contribuir para melhor se perceber porque é que algumas intervenções clínicas não funcionam no mundo real, como se sentem os doentes e o que pensam os profissionais. Também são apropriadas para caracterizar os contextos sociopolíticos, interpretar processos e estudar a relevância das políticas, seus sucessos ou fracassos na sua implementação.

Este painel aborda os processos de tomadas de decisões estratégicas e políticas relacionadas com:

- 1- Saúde mental: Planeamento participado na promoção da saúde mental na comunidade;
- 2- Álcool: Avaliação de processos de tomada de decisão política e efetividade das políticas;
- 3- Redes sociais: Síntese realista aplicada à avaliação de mudanças nos determinantes sociais das iniquidades aos vários níveis da governança colaborativa.

## Participants/Participantes

- José Carlos Gomes,  
Professor da Escola Superior de Saúde – Instituto Politécnico de Leiria

### ***Mental health: Community-based participatory research (CBPR): building healthy communities and promoting health through new policies***

Health promotion requires an effort to set up the priorities of scientific research and policy closer to the needs of the public and professionals.

Recognizing that methodological rigor and the ability to substantiate actions in evidence (Evidence-based practice), and that in health promotion, evidence is only useful to us if it arises from practical contexts (Practice-based evidence), it is important to reflect the design and planning in health promotion that guarantees the participatory and capacity-building processes and the effectiveness of the interventions.

The major challenge of research in health promotion is to keep closer to the reality of a community, with its specific physical, socio-economic and cultural characteristics and needs, and give it political relevance. This challenge contains a translation research component, which is fundamental to the success of interventions in health promotion.

In the development of community intervention policies and programs the ability to bring research and scientific knowledge closer to the felt needs of individuals and communities is essential for their success and adequacy. Also to ensure the best cost-effectiveness actions, a main relevant aspect in health promotion, interventions with medium and / or long term results, go far beyond political cycles. The main challenge is: How can we build new evidence with the targeted population, instead of building new evidence for the targeted population, making it relevant?

### **Investigação Participada de Base Comunitária (IPBC): construir comunidades saudáveis e promover a saúde desenvolvendo novas políticas**

A promoção da saúde exige um esforço para estabelecer as prioridades da investigação científica e política mais próximas das necessidades da população e dos profissionais.

Reconhecendo que o rigor metodológico e a capacidade de fundamentar as ações em evidência (prática baseada na evidência), e que em promoção da saúde, a evidência só nos é útil se surgir de contextos práticos (evidência baseada na prática), é importante refletir o desenho e o planeamento em promoção da saúde que garanta os processos participativos e de capacitação, bem como, a efetividade das intervenções.

O principal desafio da investigação em promoção da saúde é manter-se mais próximo da realidade de uma comunidade, com suas características físicas, socioeconómicas e culturais específicas, e dar-lhe relevância política. Este desafio contém um componente de investigação de translação, fundamental para o sucesso das intervenções em promoção da saúde.

No desenvolvimento de políticas e programas de intervenção comunitária, a capacidade de aproximar a investigação e o conhecimento científico das necessidades sentidas por indivíduos e comunidades é essencial para o seu sucesso e adequação. Também para garantir as melhores ações

em termos de custo-efetividade, um aspeto relevante em promoção da saúde, as intervenções com resultados a médio e/ou longo prazo devem ir muito além dos ciclos políticos. O principal desafio é: como podemos construir novas evidências com a população alvo, em vez de criar novas evidências para a população-alvo, tornando-a relevante?

■ **Hilson Cunha Filho**

**Degree in Psychopedagogy/Licenciado em Psicopedagogia**

**MSc & PhD in Public Health/Mestrado e doutoramento em Saúde Pública**

***Alcohol: Research on Health Policies and the use of a logic model of analysis: alcohol policies in Portugal***

Research on Health policies and strategies should allow monitoring, analyzing and evaluating the process that involves political decision-making, production and development of public policies and their effects and results.

The recommendations to governments and social actors on health policies have been based on scientific evidence of health, but these can only inform political decision-making and not define them. If health research wishes to give better guidance to health policies, it also needs to take into account political and social evidence.

Research approaches that allow access to and understanding of this complex reality are eminently qualitative and involve diverse sources of information and data collection strategies. This diversity is desired and validates the results. However, data analysis should preserve the context and chronological process of policies. Adequate data integration is important for the quality of research. In recent years, the use of logic models for the construction and evaluation of health programs has been extended to research and incorporated the processes of regulation and allocation of resources that originated the plans and programs. Incorporating the dimension of decision and political action into these logic models is the natural way to achieve a more holistic view of research on the determinants of health policies.

**Investigação sobre as Políticas de Saúde e a utilização de um modelo lógico de análise: políticas do álcool em Portugal**

A investigação em políticas e estratégias de Saúde deve permitir monitorizar, analisar e avaliar o processo que envolve a tomada de decisão política, a produção e desenvolvimento das políticas públicas e seus efeitos e resultados.

As recomendações a governos, atores sociais e sociedade sobre as políticas de saúde têm sido baseadas em evidências científicas de saúde, mas estas só podem informar a tomada de decisão política e não defini-las. Se a investigação em saúde deseja dar uma melhor orientação às políticas de saúde necessita também ter em conta as evidências políticas e sociais.

As abordagens de investigação que permitem aceder e compreender essa realidade complexa são eminentemente qualitativas e envolvem diversas fontes de informação e estratégias de recolha de dados. Essa diversidade é desejada e serve a validação dos resultados. Não obstante, a análise dos

dados deve preservar o contexto e o processo cronológico das políticas. A integração adequada dos dados é importante para a qualidade da investigação.

Nos últimos anos, a utilização de modelos lógicos para construção e avaliação de programas de saúde se tem estendido à investigação e incorporado os processos de regulação e alocação de recursos que originam os planos e programas. Incorporar a dimensão da decisão e ação política neste modelo lógico é o caminho natural para se alcançar uma visão mais holística da investigação das determinantes das políticas de saúde.

A investigação sobre políticas do álcool e planos em Portugal permitiu desenvolver esse modelo lógico mais abrangente e sistematizado realçando a consistência dos resultados.

- **José Manuel Henriques**  
**Professor of Political Economy, ISCTE - IUL**

### ***Social networks: Healthy Cities Network and Social Network Programme: Knowing, Evaluating and Learning***

Health promotion is increasingly concerned with acting on social determinants of health. The spatial diversity, the local specificity and the context-dependency of the concrete relations between social determinants and health inequities represent a relevant challenge for scientific knowledge and public action. That is the case of analyzing causalities relating social determinants and avoidable ill-health. The relative 'small scale' of local contexts (making quantitative approaches of little help) and the challenge of capturing causal relations (requiring knowledge about substantive causality) are good examples. The production of knowledge about 'conditions of possibility' for action on social determinants (requiring knowledge on structures, mechanisms and 'causal powers') involving clarification about conditions for policy integration and cross-sectoral action, political willingness and health literacy to meet health objectives involving non-health sectors are further good examples.

These kinds of concerns might be underlying the option for 'realist synthesis' in the Evaluation of Phase V of the WHO European Healthy Cities Network. This means the option for a critical realist epistemological position as well as an option for the assumptions of realist evaluation and for the potential 'revisiting' of the same implicit theories in other programs.

That is the case of the close relationships between the Healthy Cities Network and the Portuguese Social Network Program aiming at combating poverty and social exclusion in all Portuguese localities. The program was formally evaluated. The conditions for context-dependent policy integration, cross-sectoral action and multilevel collaborative governance were analyzed.

The program was 'made concrete' in each locality involving the 'skilled acting' of the actors involved. Some local networks were researched on the basis of an 'extended case method' approach and interviews were undertaken in order to capture the sense for multilevel collaborative governance in anti-poverty action.

### **A Rede de Cidades Saudáveis e o Programa Rede Social: Conhecer, Avaliar e Aprender**

A promoção da saúde orienta-se de forma crescente para a acção sobre determinantes sociais da saúde. A diversidade espacial, a especificidade local e a dependência contextual das relações concretas entre determinantes sociais da saúde e inequidades de saúde representa um desafio relevante para a produção de conhecimento científico e para a acção pública. É o caso da análise de relações de causalidade entre determinantes da saúde e formas de morbilidade e mortalidade evitáveis. A relativa ‘pequena escala’ dos contextos locais (reduzindo a relevância potencial de análises de natureza quantitativa) e o desafio de procurar captar relações de causalidade substantiva (aumentando o contributo potencial de análises de natureza qualitativa) são bons exemplos. A produção de conhecimento sobre ‘condições de possibilidade’ para a acção sobre determinantes sociais (requerendo conhecimento sobre estruturas, integração de políticas e a acção intersectorial, a vontade política e a literacia em saúde para atingir objectivos de saúde envolvendo outros sectores, são também bons exemplos que podem ser referidos.

Este tipo de preocupações poderá ter estar subjacente à opção por uma abordagem de ‘síntese realista’ na Avaliação da Fase V da Rede Europeia das Cidades Saudáveis da OMS. Isso significa a opção por uma posição epistemológica ‘realista critica’ assim como a opção pelos pressupostos da avaliação realista abrindo perspectivas para a ‘revisita’ potencial de teorias implícitas semelhantes que possam ser encontradas noutros programas.

É o caso da relação próxima entre a Rede das Cidades Saudáveis e o Programa Português Rede Social que tem por objectivo o combate à pobreza e à exclusão social em todos os Municípios portugueses. O Programa foi avaliado formalmente. As condições para a dependência contextual da integração de políticas, da acção intersectorial e da governança multinível e colaborativa foram analisadas.

O Programa foi ‘tornado concreto’ em cada localidade envolvendo a ‘acção qualificada’ dos actores sociais envolvidos. Algumas redes locais foram analisadas em maior profundidade com inspiração em métodos de ‘estudo de caso alargado’ e foram realizadas entrevistas de modo a captar o sentido atribuído à governança multinível e colaborativa na acção contra a pobreza.

## ORAL COMMUNICATIONS ABSTRACTS | RESUMOS DAS COMUNICAÇÕES ORAIS

### Sexualities on ageing: health and citizens hips

Ana Silva; Sofia Marques da Silva

**Conceptual framework:** As reported by *Health 2020* framework (WHO, 2013), Europe demographic ageing establishes new priorities for health, as the increasing investment in health along the life cycle. In this context, Huber (2013) considers the relevance of sexualities along the lifespan, bringing new demands, namely for health professionals and their practices. **Research problem:** Considering that little attention has been given to elders' sexualities, we aim to explore elders' perspectives on their sexualities and on how health professional's practices might contribute to their sexual health. Theoretically, we are concerned on how elders' sexualities have been socially and scientifically constructed. **Method:** This is an exploratory study based on a qualitative research. In this study, we conducted 12 semi-structured interviews with 7 women and 5 men, aged between 61 and 80. For conducting ethically interviews we had follow the steps that Sandberg (2011) proposes, we gave to the participants an informed consent sheet which informs: about the study propose, the participants' rights, guarantee the confidentiality and anonymity. Also, we orally explained to them the informed consent sheet contents. We requested their orally and written consent. Transcriptions were analyzed through content analysis. Furthermore, we did a documental analysis of 1104 master and PhD thesis focusing on aging, selected from scientific repositories in Portugal. **Outcomes:** From the document analysis, we found that there is an increasing interest about ageing. Nevertheless, elders' sexualities still have a residual place on research interests. From the interviews, we may acknowledge the relevance is still given by elders to their sexualities and how they experience it, with a gendered perspective. Elders refer to health professional's approaches to their sexualities and how this relates to their sexual health, emphasizing the absence or presence of conversations about their sexualities. **Conclusions:** Results suggest that there is a need for more research on ageing and sexualities to contribute for a more social visibility, as well as for discussing health professionals training on sensitive approaches to sexual health.

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## Nursing care in first-episode psychotic patients: a qualitative study

Andressa de Olivera; Vanessa Pellegrino Toledo

The nursing procedure has been described as fundamental for patient's prognosis in first psychotic episode, since this professional, while managing a team, may work with biopsychosocial actions, within the family, and mainly through complementary theories of caring. Although the Psychiatric Reform has provided significant improvements and introduced to the mental health field the psychosocial attention, its practice is still permeated with reductionist actions and with knowledge arising from the common sense. The aim of this study was to investigate nurses' experience in the care of patients in a first episode of psychosis. Qualitative research based on phenomenographic approach which was conducted in a psychiatric ward of a nursery in a University Hospital of São Paulo and in 4 Psychosocial Attention Centers. Data were collected through semi-structured interviews with 10 nurses, guided by the following question: "Tell me how you perform the caring of psychiatric patients in first psychotic episode". Carper's ways of knowing was used as theoretical framework to analyze and interpret the interview statements. This theoretical framework describes four fundamental patterns of knowing in nursing: empirical, aesthetical, the component of a personal knowledge in nursing and ethical. The results were grouped into one category: "Nursing care of the patient in first psychotic episode, discussed in light of Barbara Carper's nursing ways of knowing". It is argued that the knowledge linked to empirical standards allows theory-based caring. However that was disregarded by nurses, who report actions based in common sense or insufficient theoretical knowledge. Regarding the aesthetic caring, which enables creative work, evidence shows that nurses try to embrace some of its elements, like empathy, bonding and the development of activities that try to create patient autonomy, even though the biomedical model's predominance is unquestionable and the care is still based in strictly curative methods. The ethical pattern showed that the nurses perform caring based in moral aspects, in which emotions and experiences stand out from theoretical knowledge. The personal pattern indicated that nurses can perform a self-reflection about the care given, but that is not perceived as a factor that transforms the practice, being needed its improvement. It was noted that when the ways of knowing are taken in an isolated manner they imply in fragmentary practice, having consequences in specific actions of the nursery work, as the nursing process and its stages.

**Keywords:** Mental health, Psychiatric nursing, Psychotic disorders, Nursing care.

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## The use of clinical supervision by nurses who work in mental health: integrative literature review

Andressa de Olivera; Vanessa Pellegrino Toledo

Much has been argued about clinical supervision (CS) in mental health in the attempt to modify the nursing practice, which has been facing high levels of emotional exhaustion related to direct assistance to patients, in the workplace and in the lack of support. Although the CS is considered to have a high potential to optimize the practice there is a lack of evidence in published researches that support such statement, which gives the false impression that the knowledge about the CS in mental health nursing is stronger and more reliable than it really is, and that its benefits are greater than in reality. The aim of this study was to identify the evidences found in the literature about the use of CS by nurses who work in mental health caring. The first part of the search strategy was a combination of brief and building block strategies in four databases. A total of 13 studies were analyzed. The following inclusion criteria were established: papers published electronically between 2005 and 2017 in Portuguese, English and Spanish. Regarding the languages of published paper, 13 of the publications were in English, showing a lack of publications on the theme in Portuguese and Spanish. Most publications came from the Australia, followed by Switzerland with 3 publications, Denmark with 2, and Finland, Canada, UK and USA with 1 each. After the reading and a synthesis of the works considered in the present study, the categorization was delimited, in which was evidenced that the use of the CS by nurses acting in mental healthcare is being described in literature in its attempt of implementation, with the creation of guides for its development; in the post-implementation evaluation was evidenced that infrequent and short CS sessions have limited worth for professionals and that, when superficially implemented, can be inefficient and waste organizational resources and in alternative methods to traditional models, being used particularly when the therapeutic relation becomes more difficult. Even though benefits are described and there is discussion about how the CS sessions must happen, the gains are seen as limited and only in the short term. It is still perceived the prevalence of badly structured methodology, what reinforces the inconstancy of the described benefits. The results showed a lack of evidence to support the benefits of clinical supervision in mental health, the need for more research about the subject and more empirical studies to verify its efficacy.

**Keywords:** Integrative Review, Psychiatric nursing, Mental Health, Clinical Supervision.

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## Qualitative sociological research with patients in cardiovascular consultation: methodological and ethical problems

Beatriz de Oliveira Xavier

In a research work with hypertensive patients we studied the integration of medical regimens in their daily lives. The **purpose** of the study was to understand the representations and practices of hypertensive patients towards their disease and the way in which these chronic patients make use of the hypertension consultation and the medical recommendations received therein. Qualitative research **methodologies** were used: interviews and direct observation of the consultation. In the study, several dilemmas emerge concerning the use of qualitative methodologies, namely concerning to the access of real interpretations (those that apply to the daily practices) of the patients. Interviews were conducted with 41 chronic hypertensive patients, focusing on the analysis of three main aspects: the process of disease interpretation; the way in which patients' behaviors are shaped by the construed meanings; and the processes of coping with the disease on a daily basis. The **results** reveal that hypertensive patients have distinct perspectives about the disease and being ill. Patients who are classified as being at risk perceive and cope with this new condition in different ways within their daily lives. We have identified three standard models of "being a hypertensive patient": proactive, compliant, and detached. Based on this research, we can **conclude** that hypertensive patients who are followed-up and guided through the process of leading healthier lives, through the individualization and internalization of medical and social norms by adopting healthier eating habits, practicing physical activity and complying with the treatment, show different and unique ways of acting and combining medical information with the experience of coping with the disease and their everyday experiences. The patients' self-assessment on what they should do and what they actually do reveals the idea of non-compliance with basic hygiene principles, and its consequent moral judgements. Hypertensive patients use the concepts and ideas of moderation, care and balance as mechanisms of operationalization between the medical recommendations and their behaviors. In fact, patients agree on the principles for a healthier lifestyle recommended by the doctor, and they are aware of the possibility to make choices about diet and exercise. However, this is seen as a result of personal effort and will against the structural trends of organization of work and consumption and there for every difficult to accomplish.

## A difficult and frightening experience: The experience of a child with HIV/AIDS express through their play activities

Circéa Amalia Ribeiro; Regina Issuzu Hirooka de Borba; Fabiane de Amorim Almeida; Yvone Aparecida Estevam de Souza Campos

**Introduction:** The Acquired Immunodeficiency Syndrome, caused by the Human Immunodeficiency Virus (HIV/AIDS), is a public health problem. It is one of the major causes of maternal death, children's illness and death when it is highly prevalent.<sup>1</sup> HIV epidemiological and immunological aspects are well documented in literature as well as access to antiretroviral therapy. However, research projects aiming to understand the experience of being HIV/AIDS positive from the child's point of view are scarce. The nursing care provided to these children should use appropriate communication and relationship approaches. In this scenario, the Therapeutic Play (TP)<sup>2</sup> stands out,

as its use is recommended whenever children need to relieve the tension arising from certain experiences, when they have trouble understanding or dealing with certain situations or also as a means of communicating with the nurse. **Objective:** To understand how children experience HIV/AIDS, based on their behavior during a TP session. **Method:** A qualitative study, approved by Ethics Committee - UNIFESP protocol 0381/10, carried out with 10 pre-school children and school children with HIV/AIDS who were undergoing outpatient treatment; six of them had prior knowledge of their diagnosis whereas four of them did not. Data were collected through an individual TP session and analyzed in the light of Symbolic Interactionism<sup>3</sup> and Qualitative Content Analysis<sup>4</sup>. **Results:** Dramatizations, verbalizations and drawings produced during TP sessions allowed us to understand that, for children, having HIV/AIDS is a difficult and frightening experience; that they recognize that the disease affects their family as well because of its secrecy; that they worry about respiratory manifestations, fever, physical integrity and death; that they see health professionals as hostile and unreliable; that they perceive the treatment as difficult, intrusive and tension-generating, but as the only solution to prevent them from getting sick. Children also showed how important TP was to help them cope with this experience, enabling them to relieve the tension arising from this situation, which they disclosed through intense dramatization of procedures, especially those related to the use of needles, and TP sessions also allowed them to express their desires, such as the restructuring of family dynamics and having a normal "child life". **Final Considerations:** Researchers point to the use of Therapeutic Play as an important intervention instrument that should integrate the systematization of nursing care to the child, aiming at the provision of humanized care to this population.

**Keywords:** Play and playthings, Human Immunodeficiency Virus, Acquired Immune Deficiency Syndrome, Pediatric Nursing, Humanization of Care.

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Assembling a jigsaw puzzle to understand what one is suffering from and to go on with his/her life: the child living the disclosure of having HIV/AIDS

Circéa Amália Ribeiro, Cristiane Cardoso de Paula, Dirce Stein Backes, Hilda Maria Barbosa de Freitas

**Introduction:** An important aspect of caring for children with HIV/AIDS is diagnosis disclosure, which has been a cause of concern for families and health professionals and presents gaps in literature. **Objectives:** To understand the meaning of experiencing the process of disclosure of HIV/AIDS

diagnosis in childhood and To develop a theoretical model representative of this experience.

**Method:** A qualitative study approved by the Ethics Committee of UNIFESP nº 60692/12. Symbolic Interactionism<sup>1</sup> and Grounded Theory<sup>2</sup> were the theoretical and methodological frameworks, respectively. The study was conducted at the Pediatric Infectology/Outpatient Service of the Santa Maria University Hospital, Rio Grande do Sul/Brazil, and subjects were 13 school/adolescent children who had HIV/AIDS before the age of 12. Data were collected by participant observation and semi-structured interviews and concomitantly analyzed until theoretical saturation was achieved, following the steps proposed by the methodology: initial coding, categorization, theoretical coding, identification of core category, formulation and validation of theoretical model<sup>3</sup>. **Results:** Knowing that he/she has HIV/AIDS is not always a novelty for the child, since many are already suspicious and develop strategies to discover it, but having this disclosure/confirmation is always a difficult experience. Therefore, knowing the diagnosis makes the child very sad, as he/she begins to interact with feelings and reactions resulting from this suffering. However, he/she also believes that having disclosure is important because he/she starts accepting medications that were previously refused. The child also believes he/she has the right to know the diagnosis and that disclosure should occur early in childhood, and it is important that it happens before adolescence. Besides, the child revealed the value of being able to count on the support of family and health professionals during this process and that, after a while, he/she tries to get on with his/her life, trying to understand the illness, forgetting it and making plans for the future. Integration of the categories addressing these concepts allowed the identification of the core category *Assembling a jigsaw puzzle to understand what the child is suffering from and to go on with his/her life*<sup>4</sup> and the construction of the theoretical model representative of this experience. **Final Considerations:** Furthering the knowledge about the process of HIV/AIDS disclosure in childhood provides a basis for health professionals to develop care actions, for children with HIV/AIDS and their families, and policies to provide them with qualified assistance.

**Keywords:** Human Immunodeficiency Virus, Acquired immunodeficiency Syndrome, Child. Nursing care, Disclosure, Diagnosis.

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## Experiencing an art therapy process: an amazing, rewarding and therapeutic experience for the health professional

Circéa Amalia Ribeiro; Regina Issuzu Hirooka de Borba; Oneide Regina Depret

**Introduction:** Research to detect and understand the psychological suffering of health workers, including occupational stress and Burnout Syndrome, point out the need for interventions in this area, both to guarantee the quality of care provided and the health and quality of life of

professionals<sup>1</sup> **Objectives:** To enable health professionals to experience a group art therapy process and To understand the meaning attributed by professionals to this experience. **Method:** A qualitative study approved by the Ethics Committee-UNIFESP 192.177/13. Symbolic Interactionism<sup>2</sup> and Qualitative Analysis of Content<sup>3</sup> were the theoretical and methodological frameworks, respectively. Data were collected by semi-structured interviews conducted individually with eight professionals working at an Outpatient Clinic in the city of São Paulo: one social worker, two nurses, one nursing technician, two receptionists, one executive secretary and one accounting assistant. Professionals participated in an art therapy<sup>4</sup> process composed of six fortnightly meetings during working hours. Each workshop addressed a theme focusing on the healthcare professional's reality, as relationship with staff and coping with obstacles. After the narration of a story, professionals were invited to make a creative and expressive activity related to the theme and then share their impressions with the group. Interviews were recorded and transcribed for analysis, following the steps of coding, categorizing and identification of thematic categories. **Results:** Participating in the therapeutic art process constituted an amazing, rewarding, therapeutic, playful and pleasurable experience for professionals, unlike anything they had experienced before. They highlighted: the importance of performing manual activities; an important space of interaction allowing them to know and respect their colleagues better, learn from them and, at the same time, speak and express their emotions, in which they could resignify their experiences and have a break that allowed them to relax and relieve the burden and stress of the work day; they considered they became stronger and developed abilities that enabled them to deal with their personal and professional reality better and that the art therapy process proved to be a necessary support to help them face the challenges relevant to their reality. For this reason, they want the institution to continue offering it. **Final Considerations:** Knowing about this experience highlights the importance of art work processes as an alternative to improve working conditions, reducing health professional's psychological distress and stress, in accordance with the assumptions of the current National Humanization Policy<sup>5</sup>, stating that both clients and professionals should be treated with dignity and respect.

**Keywords:** Art Therapy, Healthcare professional, Psychological stress, Humanization of assistance.

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## The social and health care support to elderly – Wich team work?

Clara Monteiro; Maria Manuela Martins; Soraia Dornelles

**Conceptual framework:** The growing population aging trend represents a current, huge and public healthcare challenge since in order to have years of life without being dependent, it is necessary

to improve the practices of professionals. (Direção Geral de Saúde, 2004). The health policies for elderly people recognize the need to introduce measures focused on promoting autonomy and in a healthy and active aging process. (Direção Geral de Saúde, 2004, 2015; Comissão Europeia, 2012), through teamwork and intersectorial cooperation. (Direção Geral de Saúde, 2004, 2015). **Research issue:** The guidelines emerged by public policies differ from the care model adopted and used by social and health professionals, thus confirming a divergence between the expectations and the professionals' performance (Young et al., 2011; Direção Geral de Saúde, 2015). **Method:** Qualitative paradigm Descriptive study, with a interpretative approach. The data collected through a semistructured interview and content analysis supported by Atlas. TI software. The main aim is to understand the current care model. **Participants:** Doctors, nurses and social assistants (total 24 participants) organized and equally distributed by each professional category. Inclusion criteria: doctors and nurses with special incidence in elderly over 65, in a Helthcare Centre Grouping (ACES) in the north of Portugal. This study was approved by the Health and Ethic Commitee for the North Health Region Board N° 19/2015. **Results:** The analysis of the data has revealed three different categories: assessment, team work, and intervention. There are some common areas among the health and social professionals which are not being assessed. According to L6pez *et al.* (2015) the complete assessment (biopsychosocial) of the elderly is key to direct to the care in need. Concerning the share of information within the team, this occurs in case of disease or social changing context. According to (Young, et al., 2011) despite the importance of interdisciplinary cooperation in the field of geriatrics, this has not been widespread and it has been slow. In education for health issues, doctors focus on promoting physical activity; nurses in the surveillance of disease and social assistants in taking part in social activities. **Conclusion:** The results have shown gaps in the team work developed by the health and social professionals, which is at odds with the main recommendations for the health policies. It may be concluded that in order to promote health in elderly it is necessary to build paths in the sphere of the interdisciplinary team.

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## “Suspended in the air” main the live with chronic renal fail

### Claudia Andrea Ramírez Perdomo

**Research problem:** The CRF (Chronic renal failure), is a catastrophic pathology that involve a high investment in human, economics and the infrastructure resources by the health systems and to qualify the people affected and their families. Investigation had approached the experience of people with CRF in punctual aspects like: corporal image, support groups, uncertainty, life quality, spirituality, adherence, a transplant as an alternative to recover the normality, there are gaps in the comprehension of the experience from people with CRF and their relatives in the transplant stage, in the transit since the diagnosis until the transplant, in the search of the meanings given in the process of building their reality in an attempt of creating better possibilities of life for the people, their families and their context. **Aim:** understand the lived experience with chronic renal failure in



transplant and the meaning care elaborated intersubjectively in their interaction with professional and family caregivers. **Methodology:** Research Phenomenological-hermeneutic, based in the five existential of Van Manen (Van Manen 2003; Van Manen 2014). Participants eleven peoples transplanted, six caregivers and six nurses. The information was collected through semi-structured interviews, recorded and transcribed by the author. The realized analysis was based in the proposal Smith and Osborne (Smith 2008) in the Interpretative Phenomenology Analysis. Approved for Ethics Committee, Universidad de Antioquia, the ethical principles of autonomy, confidentiality and beneficence were taken into account. **Results:** Two themes: First: To live with chronic renal failure, grouped subthemes in **Corporeality:** diet, deteriorated body, violence against the body, heart sick; **Relationality:** work, losses, receive the diagnosis, to become a load; **Temporality:** unexpected-silent; **Spatiality:** impact of disease, potentiate life, drop out to work. The Second theme is, the treatment for chronic renal failure, grouped subthemes in **Corporeality:** the toughness of hemodialysis, vascular accesses, fears; **Relationality:** to receive information, decision making, support; **Temporality:** the treatment time, feel tied, recover life after transplantation; **Spatiality:** start the treatment, be careful in the treatment, death; **Materiality:** the machine. **Conclusions:** Rebuild the experiences of the people, boarding the family and nursing staff, becomes in a start point for build the care, centered in the care of the humans, artifices and participates of their reality. **Keywords:** chronic renal failure, Phenomenological, hermeneutic

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## The Clinical-Qualitative Research

**Claudinei Gomes Campos; Débora Bicudo de Faria-Schützer; Vera Alves; Egberto Turato**

In Brazil, some researchers consider that the qualitative research design, when applied to the field of health, can acquire a perspective analogous to clinical practice, thus the denomination: clinical-qualitative analysis. The clinical-qualitative method is considered as a specific refinement of the qualitative methodology emanating from the life sciences and applied to the field of health. This method that has been developed and applied for the past 20 years, in research carried out in conjunction with the *Laboratório da Pesquisa Clínico-Qualitativa*, located in the Medical Psychology and Psychiatry Department of the *Faculdade de Ciências Médicas* at the State University of Campinas. The clinical-qualitative perspective involves the investigation of the meanings that individuals give to their life experiences while receiving health care and it is based on three principles: on the millennial clinical attitude of looking at those who carry a pain, on the secular psychoanalytical attitude of listening to those who experience emotional conflicts and on the classical existentialist attitude of reflecting on human anguishes. The construction of the sample in qualitative studies was deliberate, with people who were carefully chosen according to the theme of the research and who were considered as social representatives of the situation being studied.

In the context of health, the data collection would take place in the natural setting of the interviewees, that is, in the place where the patients are involved in their clinical processes and where the researcher then develops acculturation. Thus, the researcher needs to become familiar with its functioning, and to do so, he takes notes of conversations with the professionals and of the expectations of the patients with this clinical condition. These notes could be useful to clarify and to better understand the descriptions of experiences related by the interviewees. The data collection can be obtained through individual interviews or statements. In the case of clinical-qualitative research, the information of interest to the researcher needs to be found from a *subjective viewpoint* of the study subjects - *emic perspective* - the investigator both respects the insider's position through the fidelity to the interviewees' speech and interprets the results according to their own logic of the relations of meaning. Confrontation with literature data has a complementary function, such as a theoretical triangulation strategy.

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## Nursing undergraduated students and the behavior in the use and development of scientific research.

**Daniel Augusto da Silva; Marli Coelho Teodoro; Rosângela Gonçalves da Silva; Caroline Lourenço de Almeida; Verusca Kelly Capellini**

The progress of scientific research contributes to the expansion, understanding and reconstruction of questions related to the society. As a consequence he may have lifestyles and attitudes that will positively improve their professional, social, emotional, economic and cultural life. The nursing, in the context of research development, provides solid evidences of real application to improve and recover health. It also may avoid diseases so it can and should be implemented. This practice has been evident when we note the efforts to teach evidence-based practice as an instrument to guide actions in professional nursing practices. When nurses adopt this kind of approach they emphases on improving and updating the work processes, besides it possibly may bring better results. Historically, this is a practice that refers to the history of the profession, since Florence Nightingale demonstrated investigative behavior, characterizing his actions as Scientifics. This research objective is to verify the last year of undergraduate nursing course student's perception related to their behavior in the use and development of scientific research during their period studying at the institution. It has an exploratory, descriptive, qualitative approach and it was developed in a Brazilian higher education institution. The collected data were analyzed using content analysis. Twelve students took part of it; most of them were female since only one was male. It was observed that all the interviewees could comprehend the benefits and the need provided by the production of scientific researches; however their practice during undergraduate course and the students' contribution in research was a critical aspect. The benefits provided in scientific research are real,

but they will only occur if the knowledge produced is applied in their Nursing professional practices. It is necessary to be dedicated to the education and focus on the development of abilities to make decisions that associates theory with the synthesis of the evidences.

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## Depressive symptoms in nurses of the Family Health Strategy in the city of Guarulhos

**Daniella Marques Fernandes; João Fernando Marcolan**

For decades the relationship between work and suffering has been the object of study; When burnout syndrome occurs in health workers, the presence of depression is common. According to the World Health Organization, depression occurs in people of all sexes and ages, affects 350 million people worldwide, is among the leading causes of disability. Nursing in professional practice, has accompanied the emergence of psychoemotional diseases in the your world. The organization and dynamics of nursing work coupled with professional relationships, work overload and type of task, have an impact on the psychic health of the worker. This study aimed to verify the presence and intensity of depressive symptomatology in nurses of the Family Health Strategy in the city of Guarulhos; To know triggering factors, to verify nurses' perception about their psychic suffering and working conditions. An exploratory-descriptive, quantitative study was performed with nurses from the Family Health Strategy through interviews with a semi-structured questionnaire and a psychometric evaluation scale for depression of Beck II (IDB), Hamilton (HAM-D) and MontgomeryAsberg (MADRS) . Statistical analysis by Fisher's exact test and Student's t-test. Results point to the presence of depressive symptomatology. Of the 59 interviewees, of which 26 (44.07%) reported a previous diagnosis for depression. Data indicated that the 24-hour IDB scale (40.67%) had depressive symptomatology, HAM-D 53 (89.83%) and MADRS 54 (91.53%). Mild and moderate intensity prevailed. Factors most reported by the interviewees as cause of psychic suffering were work overload, number of nurses' assignments and relationship. Most of the nurses did not perceive themselves ill, but all reported symptomatology that typified depression. They did not perceive that this situation affected the quality of care provided. All had perception of the work as a strong influence triggering the symptoms declared and observed by the scales. A high prevalence of depressive symptoms was observed in the sample studied. The findings should be reflected on interventions to improve the quality of life at work with a view to promoting workers' mental health



and reducing / avoiding harmful effects. Education and health promotion actions are necessary, prevention of injuries, direct interventions in the triggering factors listed, protection of workers' rights through legislation and class orders and mobilization of workers.

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## The experience of the Nursing Professor in undergraduate courses in the teaching-learning process of the Therapeutic Play in Brazil

Edmara Bazoni Soares Maia; Conceição Vieira da Silva Ohara; Circéa Amália Ribeiro

**Introduction:** Therapeutic Play (TP) is a care technology that should be developed by nurses and other professionals in childcare to promote his/her emotional well-being and continuous development, allowing the child to know and respond more effectively to difficult and unknown situations, such as illness and hospitalization<sup>1,2</sup>. To do so, TP needs to be taught and valued in nursing undergraduate programs and other areas aimed at childcare. **Objectives:** To understand the professor's experience in the teaching process of TP in Nursing Undergraduate Courses and to construct a Theoretical Model representing this experience. **Method:** A qualitative study using Symbolic Interactionism<sup>3</sup> and Grounded Theory<sup>4,5</sup> as theoretical and methodological frameworks, respectively. Disciplines involving the theoretical and practical teaching of the TP in undergraduate courses in Nursing constituted the scenario. Eighteen professors and three nurses took part in the study. Data were collected by Participant Observation and Semistructured Interview and analyzed concomitantly with the collection. The project was approved by the Ethics Committee of the Federal University of São Paulo under No. 394.373/13. Results: The professor's experience is composed of two phenomena: *Mobilizing oneself for the teaching of the TP to become a reality in the undergraduate nursing course* represents the movement undertaken by the professor to ensure that this teaching becomes a reality and to offer students subsidies for a qualified care to the child, and *Concerned to offer the student a meaningful learning* reveals the professor's commitment so that the planned actions become reality, enabling the student to interact with an active theoretical teaching and to experience the TP in clinical practice and also the professor's effort to overcome difficulties, and how he/she is strengthened by the interactions and positive transformations that this teaching generates in academic practice, making him/her hopeful and envisioning a future in which incorporation of the TP provides higher quality care. **Final Considerations:** Interactions between the phenomena allowed the construction of the Theoretical Model *Engaging in the TP teaching-learning process, aiming at quality childcare*. Although the TP is currently taught and recognized by professors as the child's language and important in pediatric care, it is not yet the language of the Pediatric Nursing Discipline. Therefore, there is a need for urgent actions so that its

teaching may in fact be incorporated by all professors involved in children's health teaching, to defend their right to express themselves by playing in any context while being assisted.

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## Facilitating decision according to individuality: theoretical explanation

Elisabete Luz; F Bastos; MM Vieira

**Conceptual Framework:** Empowerment as a result of health care in the context of chronic disease self management and therapeutic regimens is desirable. The adoption of the enabling paradigm presupposes that nurses pass from knowledge transmitters to facilitators of the process of self-management of therapeutic regimes. The goal will be to understand how people with chronic illness build individual Empowerment and what are the perceived therapeutic nursing that contribute to this outcome. **Method:** Qualitative study: Grounded Theory (Charmaz, 2014). We conducted nine semi-structured interviews with people with a high level of empowerment- We collected the data in an ACES in Lisbon from May to September 2015. **Results:** "Facilitating the decision according to the head of each one" is an intentional process, which stimulates the capacity and potential of each person and the nurse, the intentionality of the therapies lies in the maintenance of the sense of self and in the construction / reformulation of an identity (Bastos, 2012). Being also a creative and circular process, the theoretical categorization of the steps just mentioned allows to facilitate the understanding of the facilitating process.

Becoming aware of the Need to Change;

Perceiving yourself as being able to Change;

Deciding to Change.

Change, in the context of chronic disease and therapeutic regimens, is essential and necessary, and this is due to the experience of the disease, which has to happen at the level of integration of more or less complex therapeutic regimens. Becoming aware of the need for change will be the first step, being decisive for the integration of the therapeutic regime in the identity of the person, at this stage the nurse should promote reflection on beliefs and values about the disease, its fears, decisions and above all Perceive if the person feels able to change and provide information. Perceiving yourself as being able to change will be the next step, in which the person has perception of his inner power. We consider that this will be the core of nursing at this stage "empowering" is critical to health decision making. Deciding to change is the next step, at which point the person will make a decision and act for change. **Conclusions:** The process of "facilitating the decision according to the head of each one" is phased, and the principles of an empowering model should enable nurses to enable the other to develop competencies that allow them to make conscious, informed and reflected decisions, Promoting self-management of therapeutic regimens.

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Bastos F-A pessoa com doença crónica- Uma teoria explicativa sobre a problemática da gestão da doença e do regime terapêutico. Porto. 2012.

## Access to somatic health care for persons with severe mental illness. A qualitative study of perceived barriers and facilitators in Swedish health care.

Elisabeth Björk Brämberg; Jarl Torgerson; Anna Norman Kjellström; Peder Welin; Marie Rusner

**Background:** Persons with severe mental illness (SMI), defined as schizophrenia, bipolar disorder and psychosis, have a high prevalence of somatic conditions compared to the general population. Mortality data from the Nordic countries reveal that persons with SMI die 15-20 years earlier than the general population, mainly due to cardiovascular disease and cancer. Previous studies have explored barriers to and facilitators of access to health care for persons with psychiatric-somatic comorbidity. However, most of that data is collected in countries other than Sweden, with different health care systems. Furthermore, there is a lack of research that takes both individual and organizational factors from a variety of perspectives into account. **Objective:** The objective was to explore the views of patients, relatives and clinicians regarding individual and organizational facilitators of and barriers to access to somatic health care for persons with SMI. **Method:** The present study was conducted in western Sweden and applied a qualitative design. Data was collected with semi-structured individual interviews between April and October 2016 and was analyzed by means of qualitative content analysis. A strategic sampling was applied in order to obtain variation among the participants. The sampling procedure resulted in 14 patients, 15 relatives and 21 professionals. All included patients had a psychiatric diagnosis of bipolar disorder type I or II, psychosis or schizophrenia and had contact during the previous 12 months with primary or specialized health care for type 2 diabetes, heart failure, hypertension or cancer. The 21 clinicians represented primary care as well as specialized somatic in-patient and psychiatric out-patient care. **Outcomes:** The main barrier was the gap between the organization of the health care system and the patients' somatic health care needs. Fragmentation of the primary care system, lack of cooperation and psychiatric competence as well as a single-disease paradigm was organizational barriers. At the individual level lack of knowledge of mental illnesses, the patient's cognitive disability and self-stigma were reported as barriers. The main facilitators were various links between patients with SMI and the health care departments. **Conclusions:** We conclude that the gap between the health care system and the patients' somatic needs might be bridged by: Organizational structures and systems that facilitate cooperation between different departments. Ongoing education of professionals about patients with SMI and their health care needs. Professional support of patient suffering from SMI, e.g. contact persons.

## In)civility: the relevance of interpersonal relationships

Elsa Gonçalves; Luisa Ribeiro, José Magalhães; Odete Nunes, Martina Nitzsche; Tito Laneiro

The lack of quality in interpersonal relationships may hinder health teams' work, undermining care quality (Joint Commission, 2008). In order to know nurses' reality, we conducted interviews with 19 participants from a Hospital in Lisbon, all starting with the same trigger question ('Please tell us in detail your experience in terms of interpersonal relationships between the nurses in this Hospital').

We gathered informed consents prior to recording and transcribing them. To analyze their content, we used Alceste, a software that conducts an exploratory analysis of a set of texts with theme coherence, or corpus (Reinert, n.d.). the lexical analysis, without prior categories defined, reduces the researcher bias (Dransfield, Morrot, Martin & Ngapo, 2004), and identifies the most representative words of the subject's lexical world (Reinert, n.d.). The chosen words and their association are assumed to have an underlying meaning (Hohl & Gaskell, 2008). Classes, or strongly associated groups of words, are identified. Their meaning is given by the researcher, considering the significant words' context for each class. The results point to four distinct classes: the first deals with the relevance of the nurses professional course and training, generating engagement and organizational commitment; the second class refers to several stress sources and their consequences: work overload, lack of resources, decrease in mental health and quality of interpersonal relations due to the difficult work context, the high level of fatigue, all factors hindering high quality service. Also a higher demand from clients, who sometimes are disrespectful, nurses' high turnover and conflicts with other professional groups; the third class highlights some of nurses' problems, namely the need of a 'closer', 'relational', less 'restrictive' and 'bureaucratic' management. This context fosters lack of commitment and cynicism ('it is not worth it'); finally the importance of nurses' team leader – to be an 'educator', to 'accompany' and be a tutor for the team, to share responsibility, to lead by example, to help them to think and 'solve problems', but also to be a manager and to identify inappropriate behaviors.

We conclude that nurses' teams are working in a context that diminishes their efficacy and efficiency, as well as their health, and are in need of specific interventions.

**Keywords:** Civility, incivility, nurses, stress, engagement, mental health

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Sticker album – Barreirinho group: a playful proposal for children in Elementary School towards the search for autonomy and decision-making in matters related to health

**Estelina Souto do Nascimento; Virgínia Mascarenhas Nascimento Teixeira; Gisleule Maria Menezes Souto; Rosane Geralda do Nascimento; Mércia Aleide Ribeiro Leite; Natassya Hoffmann Ribeiro**

To think about health education in school implies reflecting about the multidimensionality of the school environment and the complexity of the relationships existing in it. Faced with the reality lived by thousands of students in Brazil, it is important that the schools not only guarantee the right to

quality education, but also permit the elimination of discriminatory practices. This work arose from the need to ally education and health promotion in a Municipal School of the Metropolitan Region of Belo Horizonte, located in the State of Minas Gerais, Brazil. In the construction of paths on the interface between education and health, and in order for the community involved to exercise citizenship and have access to practices that make it possible to change the reality of discrimination and inequality, the objective of this work was to discuss health concepts related to citizenship, environment, body hygiene, accident and violence prevention, healthy eating and physical activity, in order to promote health and prevent or reduce risk factors in school children. The ethical aspects related to human research were met. Diagnostic and health promotion actions were carried out. The elaboration of a sticker album, entitled Barreirinho Group (Turma do Barreirinho) was conceived, developed and illustrated by the participants of the Núcleo de Estudos e Pesquisas sobre Quotidiano em Saúde with the purpose of supporting teachers of basic education in teaching health promotion and thus enabling the school community to access themes that directly contribute to the formation of citizens. Initially, teachers worked on the themes of the album with their respective students within the plan of each discipline, and asked them to record, in the form of drawings, their understanding of the content. Subsequently, students from kindergarten to fourth grade prepared a presentation to the school community and to the researchers, in which, under the guidance of the teachers, they idealized, created and carried out individual and collective projects demonstrating what they learned from the discussed themes, using plays, posters, music, poems, toys with recycled material, games, food pyramids, recyclable dolls, among others. We believe that the album is an innovative product, an interactive and playful way of discussing health, as well as an aid in the teaching-learning process. Its use by teachers and children creates the possibility of reducing vulnerabilities and encouraging children to seek autonomy in making decisions on issues related to health and to the construction of citizenship.

## HIV-positive women's experiences of sexuality and childbearing in Sweden – a phenomenological study

Ewa Carlsson-Laloo; Marie Berg; Åsa Mellgren and Marie Rusner

**Background** HIV is today comparable to a chronic illness in well-treated persons because of the increased access to antiretroviral treatment (ART) and its effectiveness. Morbidity and mortality has been reduced as the risk of transmission of HIV and health care for HIV-positive women is now developing in factors affecting health and well-being such as sexuality and childbearing. **Purpose** The purpose was to explore and describe the meanings of sexuality and childbearing as it is experienced by women living with HIV in Sweden. **Methods** A qualitative design with a lifeworld phenomenological approach was used. To attain variation in data, participants were strategically chosen. 18 HIV-positive women, age >18 from region Västra Götaland, Sweden, were included in the study where nine participants were from Africa, seven from Europe and two from Asia. Individual interviews were conducted September 2015-April 2016 and lasted 42-101 minutes. Phenomenological lifeworld analysis was conducted looking for an essence with its' constituents. The study followed the Helsinki declaration and had ethical approval. Participants received oral and written information and signed a consent form. **Results** The experienced feeling of being contagious affects the whole woman which impacts choices, decisions and the actions in relation to sexuality and childbearing. The women describe that HIV is a hinder in sexuality and reproduction, that their relations change, a strong feeling of taking responsibility, the importance of being respected but also to respect oneself and to have knowledge and consciousness about the risk of transmitting the



virus. HIV is a potential life-threatening disease which can for example hinder the happiness and expectations in a pregnancy because of the fear of transmitting a partner or a baby. The women describe a legal and moral responsibility not to transmit the virus and they also express the importance of learning to live with HIV to feel acceptance. This can be reached by knowledge about the virus and how it transmits. **Conclusions** The result shows that sexuality and childbearing is highly effected by living with HIV. By developing knowledge and methods to identify and address issues of sexuality and childbearing related to HIV infection for the individual patient, health care can contribute to increased quality of life, reduced risk of transmission and reduced stigma. Further studies also need to examine how health care providers can provide support.

## Process evaluation of a complex intervention about person-centred information and communication to enhance patient preparedness for and recovery from cancer surgery: health professionals reflective experiences

F Friberg; Gustavsson Wallengren; C Håkanson; E Carlsson; C Smith; M Petterson; Kenne Sarenmalm; E Sawatzky; JR Öhlen

The assessment and evaluation of practical and sustainable solutions has become a major focus in health investigation research. Accordingly, complex interventions, evaluated in mixed and multi methods designs, are suggested to contribute with knowledge how to improve health care practices characterized as multi-faceted systems in constantly shifting contexts. The aim was to explore health professionals' perspectives of taking part in, and delivering, a complex intervention focused on person-centered information and communication to enhance patient preparedness for, and recovery from, colorectal cancer surgery. The intervention purposed to support patients with colorectal cancer to be prepared for surgery, discharge and recovery in relation to the surgery (PINCORE project). Three intervention components were developed and applied: (i) innovative written patient education materials (PEMs) developed out of principles for person-centred care, (ii) support for person-centred communication in dialogues, and (iii) document patients' preparedness in patient records. A qualitative interpretive description design was applied (Thorne, 2008). The base for the study was generation of health professionals reflected experience of taking part of the intervention. During the intervention, 12 follow up seminars about how the intervention process evolved, and how to secure appropriate intervention fidelity, were performed with key representatives of health professionals. Having finalized the intervention, 4 additional reflective focus group discussions and 2 individual interviews with professionals (in total 20 participants) were performed about how the intervention was applied. Informed consent was obtained from all participants. Analysis was performed according to the principles of interpretive description to discover patterns and inherent variations (Thorne, 2008); including broadly coding and organizing the data into clusters of text segments, noting analytical questions, comments, and possible interpretations. These clusters of broad coded text we then further analyzed and interpreted. Perceptions about the intervention objectives and the mandate to perform the intervention was identified as influencing factors for the intervention processes. Two interrelated themes were constructed: dynamics in just delivering the PEMs or using them as a basis for conversation, and hovering between communication as giving information and processing of information. The presentation will conclude with critical reflections on implications for how to understand the

intervention process and the significance of the result in the overall multi-methods evaluation of the intervention project. The tentative conclusion is that the intervention mainly encompassed the use of the innovative PEMs, and thus only partly fulfilled. Participatory action research design is suggested when studying multifaceted and shifting contexts.

## Nurses and physicians' perceptions towards nurse-led ventilator weaning protocol in intensive care units among palestinian hospitals

Fatima Hirzallah; Aidah Alkaissi; Maria do Céu Barbieri Figueiredo

**Conceptual framework:** The weaning process accounts for approximately 40% of the total duration of mechanical ventilation (Esteban et al., 1994). The basic goal for using ventilator-weaning protocols is to provide a systematic approach to improve patient outcomes (Blackwood et al., 2009). Evidence-based appraisal of the literature suggests that nurses and related health professionals might adhere to protocols more than physicians (Blackwood et al (2011). A study of Blackwood et al (2007) evidenced that nurse-directed protocolled-weaning had effect on increased perceived level of knowledge of nurses, increased awareness of weaning plans, and satisfaction with communication. **Research problem:** The aim of this study was to identify nurses and physicians' perceptions toward nurses-led ventilator-weaning protocols in Intensive Care Units (ICU) among Palestinian hospitals. **Method:** A qualitative descriptive research design was used. Two focus-groups were conducted in the ICU's of two Palestinian hospitals. Participants were 14 nurses and 2 physicians. Physicians were interviewed individually, due to impossibility of attending focus-group. Data collection instrument was focus-group interview guide, with two parts: demographic data, and open-ended questions. Focus group and interviews were recorded, transcribed verbatim, and content analyzed. The study was approved by ethical committee at the Ministry of Health of Palestine. **Outcomes:** Four themes emerged: Acceptance, Awareness, Usefulness and Safety. (1) Acceptance - results showed acceptance of ICU nurses and physicians toward nurse-led weaning protocol, where the participants expressed the perceptions that the protocol led by nurses will have a positive influence on the weaning process. (2) Awareness - nurses reported that the protocol will increase their awareness of weaning plans, by earlier identification of weaning readiness criteria that will improve clinical judgment for nurses. (3) Usefulness - participants believe that protocol will make weaning progress faster by shortening weaning time and the patients' ventilation duration. (4) Safety - nurses expressed the conviction that weaning protocols will increase patient safety and continuity in the weaning process, based on the knowledge and expertise of the nurses, interpersonal communication by frequent sharing of insights and concerns. **Conclusions:** ICU nurses and physicians had a positive overall impression towards nurse-led ventilator-weaning protocol in an intensive care unit and about its applicability among Palestinian hospitals. Participants expressed that nurse-led ventilator-weaning protocols will enhance nurses' professional competency, and improve nursing skills and leadership, strengthening the nurse's voice in the interdisciplinary team and enhancing patient care.

## Types, causes and intensities of medical errors: lessons from a cardiothoracic surgery service

Filipa Breia Fonseca; Pedro Pita Barros; Sofia Salgado Pinto

For many years medical errors have compromised patient safety. Even though physicians, patients and society are aware of this situation, few studies have considered which errors are the most damaging or deadly. Furthermore, those studies that do exist have focused primarily on hospitals in general, rather than on specific departments where these errors might occur.

This article describes the types of error that arise in cardiothoracic surgery services and considers the possible causes of these errors. The relationship between causes and types of error are also explored.

Data collection followed the triangulation principle. First, 45 interviews were undertaken with physicians and nurses. Second, the author spent 199 hours directly observing these staff in their daily activities. Third, the author reviewed archival data from an urban teaching hospital with nine cardiothoracic intensive care beds.

This study develops a new error classification system, with a particular focus on error intensity. The error intensity is the study novelty and brings further insights to error typologies and their use. Specific recommendations for better error prevention are also provided.

Our research identified the presence of several types of error. The most frequently cited errors related to medications. Errors in diagnosis, treatment, communication and the provision of information were also highlighted, as well as errors arising from the negligence and procrastination of healthcare professionals. Key causes of these errors included equipment failure, miscommunication and looking for alternative routes to solve problems. Staff fatigue and handover failures were also highlighted.

**Keywords:** medical errors; patient safety; healthcare services.

## Inductive reasoning: making sense of numbers and eliciting further exploration areas in mixed-methods person-centred eHealth intervention research

Filipa Ventura; Joakim Öhlén

Increasing complexity in person-centered eHealth intervention research (IR) demands inductive reasoning throughout the research cycle and methodological guidance to combine multiple methods. However, inductive reasoning is not naturally recognized as a trust worthy methodology to enhance transferability of intervention results. The aim is to discuss the significance of integrating inductive reasoning through out there search cycle of complex person-centered eHealth interventions, informed by the medical research council Framework for developing and testing complex interventions to improve health (Richards & Hallberg, 2015), through critical reflection on the research undertaken, as a case example, to develop and preliminary test a person-centered supportive e-intervention for women undergoing breast cancer treatment (BCT). First, in integrative systematic review was conducted on the design of person-centered supportive e-interventions in cancer care. Analysis and synthesis of 28 studies revealed their effectiveness in meeting cancer patients' supportive needs with yet limited transferability across target



populations. Thereafter, a two-group (n=226), multi-center, randomized, controlled trial was conducted to evaluate the impact of a computer-based educational for women undergoing BCT. Multi-level modelling revealed no statistically significant improvement in outcomes. Subsequently, the exploration of patients' efforts to satisfy their supportive needs through out BCT was conducted with 19 women participating in five focus groups. Constant comparative analysis disclosed women as self-driven resource fulagents while reaching-out for support. Upon these results, the next study explored the early-stage development of a prototype of a person-centered supportive-intervention and its usability for women undergoing BCT. Subjective assessment and diagnostic evaluation were conducted in four individual usability sessions following a user-centered mixed-method design QUAL (quan). The prototype's communication functions were perceived to support women's self-driven and cooperative agencies. Integrating inductive reasoning through out the IR cycle will constructively: assure the incorporation of participant perspectives towards the development of a patient-relevant and feasible intervention (Wolpin & Stewart, 2011) with acceptable study design for evaluation, there by reducing the risk for non-usage and attrition especially common in eHealth intervention research (Eysenbach,2005). Enhance the understanding of variation in the participants' intervention engagement resultant of person-specific characteristics, there by complementing the deductive analysis of system-collected data for inference on effectiveness predictors and moderators, and assisting the refinement of intervention components and dose-response processes (Resnicow, et al, 2010; vanMeijel, Gamel, vanSwieten-Duijfjes & Grypdonck (2004). Increasing complexity demands multifaceted methodological approaches to enlighten the greatest variation source in IR, i.e., human behavior, which will be tremendously neglected if exclusively analyzed with quantitative approaches. The more complex the intervention, the greater the obligation to integrate inductive reasoning through houththe research cycle particularly in person-centered eHealth interventions.

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## Phenomenology in nursig research in Portugal

### Florinda Galinha de Sá; Maria Antónia Rebelo Botelho

The practice of qualitative research has expanded to clinical contexts because empirical approaches have proved to provide limited service in responding to some research problems that involve and challenge subjectivity and human interpretation (Streubert& Carpenter, 2011). Access 10 lived experience requires the use of a qualitative approach due to the inability to quantify and measure

this human phenomenon. Phenomenology allows to uncover human experiences circumscribed in a given situation and shaped by a unique context (VanManen, 2014), where nurses are actors and co-builders of a social reality that urge to know to better care. The purpose of this study was to identify and analyze nursing doctoral thesis with a phenomenological approach. Thus, a documental research study was carried out. from 2008 to 2016. Consulting 192 thesis available in the open digital repositories of Portuguese universities. Initially, the abstracts were read to identify the thesis and later a method of content analysis was used on their data. The results show that the study participants are mainly clients of nursing care; the focus of study of these are mainly feeling and meanings attributed by the participants; only half of the studies defines as a purpose the access to "lived experience"; the main philosophical perspective of the studies is the one of the hermeneutic phenomenology with resource to several authors of his current; and the method of data analysis, that researchers usually choose are the procedural steps of Amedeo Giorgi's or VanManen's analysis. In conclusion, the analysis of nursing doctoral thesis allows to deepen the knowledge and to foment a discussion between pairs with suggestions for the future of nursing research in Portugal (Basto, 2012). Phenomenological studies in nursing doctoral thesis in Portugal are still a very small percentage, around 10% of the studies, but the majority of these studies were carried out in the last years, from 2014 to 2016, resulting in a progressive increase of this type of studies.

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## Maternity experiences after fetal diagnostic of congenital syndrome zika virus in Campina Grande city, Paraíba state of Brazil

Jacqueline Ramos Loureiro Marinho; Tatiane Guimarães Pereira; Maria de Fátima Araújo Silveira

The Pregnancy and maternity are experiences marked for different meanings. The experience of gestation represents a period of transition or crisis that get the women prone to live a plurality of feelings, such emotions are potentiated with the confirmation of a diagnosis of fetal malformation. Therefore, receiving a diagnosis such as Congenital Syndrome of Zika Virus may represent an additional crisis to pregnancy crisis itself, and may have a direct impact on the experience of maternity. In Brazil, the Zika virus epidemic represents a major challenge for the scientific community, mainly due to the high prevalence of CSZv cases, a new disease that includes microcephaly and others Central Nervous System alterations and has been affecting child and women in the gestational period. Although there are already some advances in this research field mainly about signs and symptoms of CSZv, we find a gap in studies on the emotional experiences of women, who are so important figures in the context of that epidemic. In addition to the epidemiological apparatus that focuses on cases, science must look at the subject that composes the case, so that these subjects have not forgotten their stories, sufferings, conquests and helplessness. Objective: to understand and realize the experience of the mothers of children diagnosed with CSZv and who are followed up in a specialized outpatient clinic. METHOD: This is a qualitative research and has as target population women who presented symptoms of Zika virus

during pregnancy and had children with SCZv, accompanied at a specialized outpatient clinic in Campina Grande city, Paraíba State of Brazil. One Brazilian state with high prevalence of the disease. The data will be collected through a biosociodemographic questionnaire, workshops and field diary. Four workshops will be held, with an average duration of three hours each and a period of 15 days, between 10 and 15 women will participate in these workshops. Each workshop will have a pre-established roadmap, with defined themes and specific dynamics. The project was submitted and approved by the Research Ethics Committee of State University of Paraíba. The collected data in the biosociodemographic questionnaire will be treated in softwares, through descriptive statistics and the discourses constructed in the workshops as well as annotations of the field diary will be submitted to the Content Analysis in the thematic modality.

**Keywords:** Pregnancy, Maternity, Comprehensive health

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## Nurses as attachment figure for inpatient's psychiatric wards

Jean-Manuel Morvillers

Since the research of H. Peplau, the question of relational psychiatry has been defined as the heart of the profession of nurse in psychiatry. The therapeutic relationship has evolved in its design to become Therapeutic Alliance (Zetzel), or Helping Alliance (Luborsky) or Working Alliance (Bordin). Recent articles show that these concepts are still very powerful despite the appearance of computer tools (serious game for example, Fovet et al., 2016) and that they are still today major determinants in the management of people suffering from mental disorders. How do patients see the construction of the Therapeutic Alliance with the nursing staff? And, for example, does the way patients enter (under constraint or not) affect the construction of this TA? **Methodology:** This is an inductive qualitative study based on patients' interviews (N = 25). **Results:** A therapeutic alliance can be built with all patients hospitalized since its good quality does not depend on the mode of entry nor the diagnosis. Proxemia is the first value described by patients as a creator of AT and refers to the concept of attachment. Nurses are sought by inpatients' wards as attachment figures. This research is funded by the French Ministry of Health as part of the nursing and paramedical research program.

## Breastfeeding experience of women after mammoplasty

Jhébica de Freitas Camargo; Thais de Souza Silva; Ivone Evangelista Cabral; Mônica Barros de Pontes; Marcos Antônio Gomes Brandão; Cândida Caniçali Primo

**Introduction:** Breastfeeding is strongly influenced by family, biological, psychological, social, cultural, political, and economic factors that lead to breastfeeding rates vary widely across countries. Among the factors cited by women who discourage breastfeeding are lack of a private

place for breastfeeding women and the perception of discomfort of the public with breastfeeding. Thus, this study had as **objective**: To describe and interpret the experience of women with mammoplasty when breastfeeding. Method: Descriptive study of a qualitative approach developed with 13 women attended at the Human Milk Bank of a Hospital in Espírito Santo, Brazil, between 2014-2015. Data analysis was based on the method of content analysis by Bardin and was based on the Theory Interactive of Breastfeeding. Results: four categories emerged: (In) Success in Exclusive Breastfeeding: influence of maternal and child biological conditions; Maternal feelings: perception about breastfeeding; Decision-making on the continuity of breastfeeding or use of a complement; The role of professionals in protecting, promoting and supporting breastfeeding: (Des) Information on the implications of surgery. Conclusion: The role of mammoplasty on breastfeeding should be addressed in obtaining informed consent for surgery. Mammoplasty reduced the time of exclusive breastfeeding.

## The health management experience during diving of women divers (haenyeo) in Jeju Island of South Korea

Jiin Kim; Miyoung Kim, Seung Eun Chung

**Aims:** This study aimed to explore health management of women divers who have had the routine of exhausting life under the sea for such a long time even with various health problem. **Methods:** This study was conducted under the research method of ethnography from 10 July 2016 to 3 October 2016. For the study, the data of 15 women divers from eastern Jeju Island were collected through participant observation and face-to-face interview, and analysed based on domain, taxonomic, componential and theme analysis of Spradley. **Findings:** First cultural theme was 'balancing diving with body condition'. Women divers regulate body temperature under the low temperature of seawater and control breathing. They adapt themselves to the surroundings under the sea by balancing their body and understanding ocean environment. Second cultural theme was 'finding peace of mind'. Women divers try to have some peace of mind by avoiding negative thoughts and discord and by having traditional folk beliefs and religion. Third cultural theme was 'Relying on and coping with community'. The women divers secure safety while diving with their peers and build a sound relationship with them as they lead the lives centering diving around. **Conclusion:** This study is meaningful, since it deeply explores the culture of health care among female divers in Jeju in accordance with unique sociocultural characteristics, beliefs and attitude of them. Findings suggest that health management program based on the characteristics of women divers and care needs are developed.

## Making sense of the teaching of the Therapeutic Play: the experience of nursing students

Laura Maria Sene Carelli Barreto; Edmara Bazoni Soares Maia; Conceição Vieira da Silva Ohara; Jéssica Renata Bastos Depianti; Circéa Amália Ribeiro

**Introduction:** In their daily care, the pediatric nurse should respect the rights of the child and his/her legal representatives, especially with regard to the exercise of their autonomy related to decision making, based on adequate information that should be understood by all. In this respect, one

method that deserves consideration is the Therapeutic Play (TP), used by nurses to explain to children the procedures to which they will be submitted, and to help them express their feelings about unknown and uncomfortable situations<sup>1,2</sup>. However, for the TP to be implemented in childcare, it needs to be part of the nursing undergraduate program. **Objective:** To understand the meaning attributed by the nursing undergraduate student to the teaching and practice of the Therapeutic Play (TP) in the Nursing Undergraduate Course. **Method:** A qualitative study carried out using the Symbolic Interactionism<sup>3</sup>. Participants were 17 undergraduate students from the 4th year of a nursing program at a public university in the city of São Paulo. Data were collected through a semistructured interview and analyzed by Conventional Qualitative Content Analysis<sup>4</sup>. **Results:** By being presented with the TP and by interacting with its theory and experiencing its use in academic practice, students to start to define it and value it as an important intervention in childcare. Nevertheless, our results point out the need for continuous support and encouragement of the professor during this practice, so that students can develop it more safely and prepare themselves for its future use as a nurse, recognizing that it will favor adequate communication with the child. **Final Considerations:** This study made it possible to understand the meaning attributed by undergraduate students to the teaching of the TP, and the interactions that led them to define it as an important intervention to promote a qualified and human nursing care. Therefore, we believe that its teaching should be guaranteed to undergraduate students. The authors hope that results will contribute to a reflection on the teaching of the TP in undergraduate courses, so that it is included to the curriculum, with the involvement of various professors, greater time for its teaching and the use of learning facilitation strategies for this content to exceed the boundaries of the classroom and academic practice, thus favoring that the student to become aware of its future use as a nurse and enabling him/her to become a multiplier agent of this practice in childcare.

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## A systematic meta-ethnography on the concept of transcendence in psychoanalysis: Lessons for health promotion in nursing

Laurence Guillaumie; Olivier Boiral

**Background.** In psychoanalysis, desire— that is, the essence of man—is constrained by the norms, values and taboos of a culture, all of which define social roles and positions. Transcendence gives shape to this desire and creates space for and recognition of human subjectivity in social space. **Aim.** The aim of this study was to review the use of the concept of transcendence in psychoanalytic



literature and draw lessons for health promotion in nursing practice. **Design.** A systematic qualitative meta-ethnography was conducted. **Conceptual Framework.** Data analysis was conducted based on the framework of Noblit and Hare (1988). **Data sources.** Articles and book chapters on transcendence and psychoanalysis published between 1980 and 2016 were identified through a systematic search in electronic data bases: Medline, Embase, PsycINFO, CochraneLibrary and Cinahl. **Findings.** A total of 19 studies were included. Four overarching themes emerged that reflected four perspectives on transcendence and approaches to health promotion.

## Conceptions and practices of the nursing staff on taking care of children with HIV/AIDS

Luana Carla Santana Oliveira; Irys Karla Cosmo Pereira; Jocelly de Araújo Ferreira; Maria Imaculada de Fátima Freitas

**Conceptual framework:** Children with HIV/aids have acquired high profile in the Brazilian panorama of the epidemic, either by its epidemiologic growth, or by the increase of survival of those who were infected through vertical transmission. The child with positive diagnostic of HIV has his or her quotidian modified, due to the necessity of permanent assessment in to health services, continuous use of medication and possible immunologic debility, which causes a path of successive hospital internships. **Investigation problem:** The assistance to children who live with HIV/aids must comprehend the complexity of the biological, psychological and social aspects, inserted in their social, cultural and familiar context, requiring integral health attention; however, the professionals have difficulties for this assessment. The objective of this study was to understand the conceptions of professionals of nursing on the health and life quality of children with HIV/aids and their repercussions for the care taken. **Method:** It is a qualitative approach study, which used the theoretic-analytic referential of the Speech analysis, of French model. The research was performed in João Pessoa, a capital of the Brazilian Northeast, in the two health institutions of reference for the assistance of children with HIV/aids. The sample was obtained through the method of theoretical saturation and was composed by twenty professionals, ten nurses and ten nursing technicians. The data collection was done in June 2016, using semi-structured interview. For analysis of the empiric material, the technique of Speech Analysis was used. The Committees of Ethics in Research involved, under the technical advices number .469.821 and 1.532.340 approved the research. **Results:** The analysis showed discursive formations regarding the: predominance of a biologist conception of the health of children with HIV/aids; a reductionist praxis in the nursing care to the child with HIV/aids; difficulties facing the stigma in the quotidian of the child and of the family; and the nursing team generally responsabilizes the family of the child with HIV/aids, specially the mother, for the child having acquired the infection by HIV through vertical transmission, configuring as obstacle for providing nursing care based on the integrality. **Conclusions:** It is highlighted the necessity of transformation of conceptions and practices of the nursing professions, so that understanding the integrally and systemically multiple necessities and dimensions of life of children with HIV/aids, an humanized and resolute care be offered to them.

**Keywords:** HIV, Acquired Immuno deficiency Syndrome, Children, Nursing.

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## Social Representations of Patients on Hemodialyses Related on Doble Lumen Catheter Usage: Nursing Care Evidence

Luciene Braga Muniz; Cristina Arregy-Sena; Thainara Lopes da Silva; Denise Rocha Raimundo Leone; Karine Martins Ferreira; Michele Nakahara Melo

**Conceptual framework:** The insertion of the double-lumen catheter (DLC) for hemodialysis requires that nurses know how patients deal with the fact of being with this catheter, in caring for people with this device. **Research problem:** The objective of this study was to understand the socially constructed representations for patients on hemodialysis on the use of the CDL according to the Neuman's theory. **Method:** Procedural approach outlined in the Theory of Social Representations, held in a hemodialysis service. 175 people on hemodialysis participated. Included were: patients who used or were using a DLC; age  $\geq 18$  years; and excluded were: those who expressed desire to stop their participation, presented complications and/or were hospitalized during data collection. Individual interviews were conducted, with audio recording, guided by a leading question: Tell me a case about the use of DLC for hemodialysis. Data was consolidated and processed in the NVivo<sup>o</sup> program using content analysis. The Pearson correlation coefficient was 0.88 to 0.74. Ethical requirements for research with human beings were met. **Results:** 175 people on hemodialysis participated, men (59.4%); mean age of 61 years. Three Categories were identified: 1) own experiences-evaluative, objective, behavioral/attitudinal and cognitive/informative dimensions; 2) experiences that come from third people-values (of a negative nature) and behavioral/attitudinal dimensions; and 3) the relationship of the user-professional or user-third party binomial-dimensions: values (of a negative nature); objective and behavioral/attitudinal. The report fragments have portrayed human responses on the usage of the double lumen catheter related to: surprise for knowing they would need one; adaptability; functionality; viability for hemodialysis; roaming autonomy; physical weakness when installed; requirement for complex specific care; interference with hygiene self-care; presence of scarring after removal; failure/complications and discomfort, pain or non-acceptance. These are situations that depict exposure to potential stressors of intrapersonal, interpersonal and extrapersonal origin. **Conclusion:** The symbolic elements of intrapersonal, interpersonal and extrapersonal origin identified, portray potentially stressor situations for patients using DLC for hemodialysis. These are stressor situations manifested by real or potential threats and opportunities to enhance nursing interventions for adherence to the DLC. This research has the potential to subsidize therapeutic nursing approaches in an area of expertise when one aims to promote careful structured care on scientific foundations.

**Keywords:** Nursing care; Renal dialysis; Peripheral catheterization; Blood Vessels

## The use of social media for breastfeeding orientation: analysis of issues sent by instant Messenger

Lylian Dalete Soares de Araújo; Arlete Bernini Fernandes Silva; Gisela Palombo Comarovich Savioli; Andreza Daher Delfino Sentone

Breastmilk is considered the ideal food for newborn infants. Its composition not only protects infections, diarrhea and allergies, but also ensures, throughout life, the prevention of chronic diseases such as diabetes and obesity. Recent research on epigenetics confirms the myriad advantages of breastfeeding, which sponsors an intestinal micro biome that provides permanent benefits to the breastfed infant. However, although nursing mothers and pregnant women have the desire to breastfeed and also acknowledge the advantages of it, many have doubts and misunderstandings on the subject. Due to lack of family reference and adequate access information opportunities, these doubts may undermine these women self-confidence provoking an early weaning. In the attempt to clarify their uncertainties they usually look for answers on the internet. On account of its embracing and fast reach, as well as its consistency with the profiles of those who are now gestating and breastfeeding, social media can and should be used as a tool that provides guidance and reinforcement. However that's not the case. It's clear that much of the information that is shared on this means of communication lack scientific grounding favoring the exchange of ideas and experiences based on popular knowledge and beliefs. The aim of this study was to list, classify and analyze the main doubts of women who used Facebook app to solve them at the time of their breastfeeding. The study sample comprised 49 women assisted by the main author from 2013 to 2016. This study adopted a qualitative approach and the interpretation was based on Bardin's Discourse Analysis. It listed 9 topics and 49 subtopics with 101 different questions showing the range of doubts that permeated these women's mind. Among the most frequent questions were: little milk, fissures, baby's weight gain, feedings, sucking, early weaning, milk formula supplementary feeding, candidiasis, maternal diet, mother's fatigue and pacifier use. We understand that the result of this study strengthens the premise that social media are important tools to guide and support women in the breastfeeding process. Therefore, we propose its use with competence and intentionality in order to raise breastfeeding rates as well as contribute to make breastfeeding a pleasurable and successful experience.

**Keywords:** breastfeeding-breastfeeding, doubts-breastfeeding, information-breastfeeding, social medias.

## Childhood cancer impact on parental relationship – perceptions of mothers and fathers of cancer survivors

M.C. Santos; A.S. Silva; I. Amorim

**Background:** Childhood cancer is a highly stressful experience that can challenge and disrupt the family wellbeing. Some studies found that parental relationship may be affected by increased short- and long-term psychological stress that is responsible for marital conflicts, dissatisfaction, and even divorce. Others evidence that the decrease of marital satisfaction is specific to particular illness related situations. Still others showed the increase of marital strengths. There is a paucity of studies



comparing mothers and fathers perceptions about this experience. **Objective:** We aimed to explore the perception of mothers and fathers about the impact of their experience of living with a child with cancer in their marital relationship. Further we aimed to identify specific stressors that they perceived as determinants of the increased burden in their relation. **Sample and Methods:** 10 mothers and 10 fathers participate. We used a semi-structured interview that was audiotaped for analysis. Parents where, individually, asked (1) In what extent do you thing that you marital relations changed because of your child's cancer (2) can you identify differences in the quality of your martial relationship during that experience (3) Can you identify factors for the quality of your marital relationship during the all process. A thematic analysis using the QSR NVivo11 software was performed. **Results:** All of parents (mothers and fathers) reported impact of their child's cancer on their marital relation. Mothers reported higher levels of disruption. The majority described fluctuations in the quality of their marital relationship, according to specific phase of the disease/treatment, namely diagnose; active treatment; post active treatment; transition to survival; and survival. These differences were influenced by disease and treatment related factors; the specific role played by each parent; emotional reactions; individual and marital adaptation resistance factors. Emotional and physical exhaustion, losing health professional's permanent assistance, different beliefs about the illness and about the impact on the child's development were reported particularly by mothers. The current phase is experienced with some relational ambivalence associated with permanent concerns about the child's future; exhaustion and/or the need for resolution of the past experience and of some late effects of that experience. **Conclusion:** Our study highlights different levels of increase risk for disruption in marital relationships in parents of children with cancer during their experience of living with the disease; and differences between fathers and mothers. These results may contribute to more effective and tailored health.

## Lifestyle and diabetes control. The design of an educational program protocol for primary care diabetic patients

M. Rosário Pinto; Pedro Parreira; Marta Lima Basto; Lisete Monico

**Statement of the Problem:** The high predominance of poor metabolic control along with the increase of patients' number are major reasons for Diabetes to be considered the 21<sup>st</sup> century disease. In Portugal, 21,8% of all the people with diabetes followed in National Health Services, have values of HbA<sub>1c</sub> over 8%, an objective indicator that this problem seems to remain in a significant percentage of portuguese patients. Therapeutic education has proven to be a fundamental technical approach to achieve people's self-control and evidence highlights the importance of developing and implementing educational interventions that can reduce this burden. **Aim:** The purpose of this study was to design a protocol of a lifestyle educational program for type 2 diabetic patients. **Methodology:** An exploratory and descriptive study was conducted, triangulating semi-directive interviews, participant observation and record analysis. Theoretical framework was supported upon Orem's Self-Care Theory. **Findings:** An educational program with active components was designed for a 24 weeks' timeline, including 3 face-to-face moments with a specific nursing intervention, 2 educational group sessions (focused on self-motivation, lifestyle generic behaviors and feet self-care) and a telephone monitoring intervention. **Conclusion:** The developed protocol is a complex intervention which integrates the intervention usually carried out by the nurses that work in a Community Health Care Centre, to which is added group and telephone intervention. Its significance accrues from the specific stated sequential phases that make its effectiveness assessment a possibility.

## Behind pain – the impact of rheumatic diseases in the patient's live

Maria do Ceu Sá; Abílio Oliveira

Of all chronicle illnesses, rheumatic diseases, for its dominance and repercussion on people, emerge as a priority as it requires an understanding and preparation from the health experts, in particular the nurses so the care and response can be adequate and timely. These diseases are evident by the deformity of articulations, weariness and pain, the last one controlling the life of the individual as it is a constant reminder of the disorder, such as the loss of well being, performance, emotional balance and autonomy, specially in self-care activities. It is a exploratory study, confined in the social representation's theory with the aim to comprehend how the pain and body image are represented in adults and elders with rheumatic disease. A focus group was previously done, with eleven subjects suffering from the disorder, approaching various themes as the perception of pain and altercations made to a body by this illness. Subsequently, an inquiry was developed which included descriptive answers to comprehend what they generally thought and felt about pain and changes in their bodies and how they all in all feel. It was asked to every subject an authorization to obtain their consent. To gather the data, it was used the technic of free word association, to then adopted the Factorial Analysis of Correspondence (AFC) to identify similar sets associated to the concepts in hand and to conceive a survey, that was later applied into question to 129 other out-patients. The participants revealed serious problems in which pain is the source of all the suffering, sadness and discouragement as they feel different from other people. Women more than man, older individuals and the ones with a more advance stage disease expressed more pain and negative emotions. The results obtained in this investigation can help to understand what people associate to their own disease, get to know the commitment and the necessities of self-care, thus suppling a wider professional knowledge to nurses, so the people of whom they with can achieve a better satisfaction and well-being, by respecting their capacities, turning them into care partners and helping them being proactive in their achievements in health projects.

**Keywords:** pain, body image, social representation, rheumatic disease, adult and elder, nursing.

## Self-care necessities in elderly people with chronic diseases

Maria Do Ceu Sá; Abílio Oliveira

Nowadays the chronic disease tends to emerge as one of the most notorious problems, affecting about a third of the population in developed countries and, its increasing is prevalence due to the related factors with the change of life styles and also to the growth of life expectancy and, consequently, the ageing of society. In this matter, the process of ageing associated to the diagnose of the chronic diseases, as an emerging phenomenon adding implications in various levels (health, economic, social, political, ...), but mostly to the person compromising their self-care capacity. Facing this problem, nursing is preoccupied with these implications. By trying to achieve the answer to their necessities, it becomes an obligation to comprehend the requirements of people in which self-care and well-being are impaired. A qualified and exploratory study was preform with the objective of understanding in what way the elderly person with chronic disease deals with its needs of self-care and adapts to the demands of the illness and what importance these assign has in the promotion of self-care from the part of the nurses. The data was collected through an in depth

interview to elderly people with chronic diseases that live in their residence and are outpatients. The intentional sample was constituted by six women and there men, between 65 and 75 years old, in which was ask an authorization to the ethical commission to perform this inquiry. The data was collected by asking the informal consent to the interviewee in order to maintain the respect for the confidentiality and the anonymity of the participants. It was made a written protocol that served as a script and all the interviews were taped. The data was studied following the analysis method of the content and the information arranged in categories, subcategories and register units. The categories related with the necessities of universal self-care were maintenance of: enough food supplies, the balance between activity and resting and also between loneliness and social interaction, adhesion to the therapeutically regime, in other words, learning to live with the effects of the disease. Overall, they recognized the nurse as an educator and as a therapeutically agent whose role is to support them. The achievement of this study allowed a profound comprehension of the necessities of self-care of this people, allowing the nurse an individualized care.

**Keywords:** self-care, elder, chronic disease, nursing.

## Researching highly vulnerable populations: ethical and methodological challenges

**Maria Grypdonck**

For almost 30 years I conducted qualitative research with patients with a chronic illness and their family members. Some of the populations consist of highly vulnerable persons. Most of the co-researchers were young nurses. In this presentation I will address the challenges of such research. Approaching persons in a state of deep suffering or other existentially challenging situations to put themselves at the service of others is not evident. Authenticity of the interviewers and researchers is necessary to avoid exploitation. In authenticity, the researcher can offer the subjects the benefit of knowing that their suffering serves a purpose. The interviews give the participants a chance to tell their story and to be recognized in their suffering. For some of them, it is an almost unique experience. The researcher needs to balance his/her agenda in an asymmetrical way with the needs of the interviewees. The researcher needs to stay in his/her role of concerned interlocutor. A construction of the interview is sought that at the same time is satisfactory to the participant en not blurring the understanding of what the person lives through. Sometimes, issues are brought up that require discussion or intervention from a helping perspective. Usually this was done at the end of the interview. Patients always were offered the opportunities to seek contact with the researcher afterwards, and/or arrangements were made for follow up by the care providers. If conflicts arose between the needs of the research and those of the participants, the needs of the participants were given priority. The analysis is particularly challenging. It requires a subtle balance and alternation between going and feeling with and taking distance. Apart from the usual issues in detecting and uncovering the true story beyond social desirability and hiding, there is the challenge of doing right to the person. Reporting the study in a way that understanding may increase is necessary to reach the goal of the study. It requires appropriate choices to reach this goal at the same time as the scientific objectives. To do justice to the efforts made by the participants, the researcher has the responsibility to contribute to a change of the situation. Such research also entails the obligation of protecting the (young) researchers from the consequences of their being involved so closely with a person's difficult life.

## Nursing practice of mental health and professional identities: critic and gender analysis

María Hernández-Padilla

**Introduction, conceptual framework and research problem:** The processes of psychiatric reform are an international milestone within the thinking and psychiatric practice of the last century. The configuration of the interdisciplinary team of mental health is a key element within these processes, however the contributions nursing are painfully absent from such emancipatory and social justice projects. The conceptual framework employed is Critical and Gender Studies on the practice and professional identity of mental health nursing and, the objective or problem is to know and understand how mental health nurses conceive the nature and practice of care, their contribution within the team and their position derived within the same. **Method:** The type of study is qualitative constructionist, hermeneutic and phenomenological study. Participants and data collection: interviews in-depth to mental health nurses. Analysis procedures: The process of analysis of the generated discourses has been carried out through Critical Discourse Analysis from its sociolinguistic and historical traditions that conceives discourses as contextualized social practice (Van Dijk, 2003; Wodak, 2003). The confidentiality of the sources has been ensured. **Results and Conclusions:** The results indicate that there is a global or theoretical concept of a multidisciplinary team in the practice of mental health, as well as great difficulties in concretizing the specific contributions regarding the position of the infirmary within the team. The *ideology of mental illness*, the *ideology of professionalism* and a *strong gender bias* are present in the discourses analyzed.

## Between strategies and tactics: the daily work of professionals in Family Health teams in the care of the elderly

Marília Alves; Doane Martins da Silva

**Introduction:** The Family Health Strategy (ESF) is priority for the expansion and consolidation of Primary Health Care in Brazil as the patient's preferred entry point into the health system. Elderly health care is an important component of the ESF care and the care of family health team professionals is essential because it has potential for intervention in the health needs of the elderly. The ESF is a privileged space for care to the elderly people, contextualized in their lived reality, due to the proximity to the community (Oliveira e Tavares, 2010). **Objective:** To understand the daily work of professionals of Family Health teams in the care of the elderly. **Method:** Case study with a qualitative approach, based on the daily life of Michel de Certeau. The participants were twenty one professionals of family health teams, in the municipality of Montes Claros, located in the north of Minas Gerais, among physicians, nurses and community health agents. Data were collected through an individual interview with a semi-structured script and analyzed using the Thematic Content Analysis Technique (Bardin, 2008). The research was approved by the Research Ethics Committee of the Federal University of Minas Gerais. **Results:** The results show that the basis of the actions of the professionals are strategies defined in public policies and norms of the Ministry of Health for the whole country in the care of the elderly, such as family registration, medical consultations, home visits, vaccination and health education groups. However, the peculiarities of the daily care of the elderly require the use of tactics by professionals, who have found new ways of doing, such as using

unusual spaces of the community for activities of elderly groups. Play activities were used as tactics that express creative ways of professionals to increase the adherence of the elderly to the groups.

**Conclusion:** The daily work of ESF staff professionals in the elderly care includes standardized and legally determined activities (strategies) and the use of creative tactics, aiming to adapt the prescribed to everyday reality.

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## The everyday life of care of a public service of urgency and emergency in users and worker's perspective

Marília Alves; Daniela Soares Santos

This study set out to examine the discourses of users and professionals on the everyday life services provided by urgent and emergency care units of a public hospital in Belo Horizonte, State of Minas Gerais, Brazil. It is a qualitative study, using the post-structuralism framework that tends to question reality, who individuals are and how they relate to society. The data was gathered by observing the everyday services of the units and by conducting semi-structured interviews with users and healthcare professionals, administrative and support staff of the urgent and emergency care units who assist and provide services to the users. The data produced by the interviews was studied through the Discourse Analysis. The study was approved for the Committee of Ethics in Research of Universidade Federal de Minas Gerais. The results show that although most users criticize access and service conditions, they do not criticize those services more because, due to their view on the reality of the public health system, that Emergency Care Unit is better than the others because they can get access to it, schedule medical appointments in several specialties and also undergo complementary tests. The service is also viewed as better when compared to situations they have experienced in other healthcare units. It is not much, but it is what they can get access to and they feel guilty for criticizing the same service unit that received them. Concerning healthcare professionals, there is a consensus of opinion on the existing high demand entering the Emergency Care Units and frequent overcrowding. Additionally, they stress the need for agility and professional training to provide services in urgent and emergency cases. Nevertheless, those discourses are undermined as they report actual scarcities witnessed every day in these units. In this study, everyday life means "*what is given to us every day*", where we produce and reproduce social customs, a place of existence, the issues of routine life – and everyday practices represent socially organized ways of living in a given time and space. Thus, it is believed that understanding the views of users and professionals regarding healthcare demands and their needs, and meeting the daily demands of the service can contribute to reorganize the institutional micropolitics, create measures to improve the work, optimize services and reduce errors, among others. Recognizing this dimension can show user satisfaction with the units and staff satisfaction with the work and quality they offer.

## Social Support Networks of the Adolescent with Type 1 DM

Marinês Finco; Judite Hennemann Bertoncini

Social support networks are strategies found by family and the teen to face the discovery of diabetes mellitus type-DM1. It is characterized by a set formed by institutions, groups or individual and their interconnections, which can be offered as a source of social support. Objective, to describe the social support networks of adolescents with DM1. Research carried out in services that meet exclusively users of the Brazilian Unified Health System - SUS and constituting the secondary care as reference to the Middle Valley of the Itajaí-Brazil. Ten adolescents participated in the research with DM1 and ten family members, through open interview, filed observation and Ecomapa which contained four pre-defined categories: family relationships, friendships, school relations, and community relations. We analyzed the themes of each category individually, according to the experience of every teenager. The role of the family is of extreme importance in the everyday life of these teenagers, that reproduce attitudes and behaviors learned within the family. The family feels overburdened in introducing new behaviors to the adolescents and care so that they are followed. The influence of friends, some family members takes place in a negative way in the lives of teenagers, which leads us to question if these friends are trying to treat with equal these adolescents or don't realize the need of specific care in this condition. However, if the parents wish their children to have a "normal life", which also includes living with friends. The school support network seems pretty weak and little involved in the process of caring for the adolescents. On the other hand, it is a large space of coexistence in which all need to be sensitized to strengthen self-care. However, this concern is restricted to food supplied. Community relations support happens through religion. While some believe that religious practice eases the difficulties, others seeking a miracle cure for the child, and who eventually turns against God, feeling abandoned when affected by the disease. While some teenagers and their families the existing social networks are strengthening, for others it is evidenced the weakness or absence of these networks, hindering even more the face and go on living well with and in spite of the disease. Are important mechanisms of social support and paramount in the health care of these adolescents. We believe that self-care supported allows the action of supporting networks available, whether being family, school, health or religious services.

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## The value assigned by the family to information about retinoblastoma

Myriam Aparecida Mandetta, Ana Carolina Marcilio, Daniela Doulavince Amador

**Introduction:** The diagnosis of retinoblastoma in the child represents an intense emotional suffering for the whole family, since parents must absorb, in a short period the diagnosis, surgery and treatment imposed. This requires that they understand and learn how to manage the disease and



the rapid changes that occurs. Therefore, according to Hamama-Raz, Rot, Buchbinder (2012), it is necessary to establish a two-way communication with the family, giving them the information and hearing about their doubts. **Objective:** to comprehend the meaning of the information given for the family of a child with retinoblastoma. **Method:** a descriptive qualitative research carried out at a pediatric oncology institute in São Paulo -Brazil. The Theoretical and Methodological frameworks were the Family and Patient Centered Care Model according to the Institute for Family Centered Care (2012) and Qualitative Content Analysis, according to Elo & Kynga (2008) respectively. Data were collected by means of semistructured interviews with families living the child's diagnose for at least one month. **Results:** participated ten families represented by nine mothers and one grandmother. The analysis allowed the identification of the theme "The value of information on retinoblastoma for the family of the child", which reveals the importance attributed by the family to the information about the child's disease. This theme is composed of three categories: The family's suffering intensified by lack of information; The search for their right to information; The essential elements of information from the perspective of the family. **Final considerations:** The study revealed the value that information has for the family and the essential elements it considers to cope with the situation, such as respect for their time, honesty, information about the disease, treatment, prognosis and future perspectives for the child, in a dialogical space so that they can be welcomed and have their doubts clarified. It is critical that the health team recognize the right of the family to receive information and incorporate strategies that promote their involvement and participation. It is recommended the development of educational materials, containing information about retinoblastoma. It is about guaranteeing their right to information.

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## The sexuality experience of women with fibromyalgia: resonances of religion and morality

Neftali Beatriz Centurion; Rodrigo Sanches Peres

Fibromyalgia is a predominantly female rheumatic syndrome, characterized by a chronic painful condition with no apparent cause, but commonly promoting physical and psychological negative impact. Several quantitative studies on sexuality of women with fibromyalgia have been recently conducted, mainly focusing on the measurement of sexual dysfunction indicators. This study, on the other hand, aimed to understand the sexuality experience of a group of women with fibromyalgia according to their own perspective. Following the conceptual framework of this study, sexuality can take different meanings, individually and collectively. Qualitative methodology makes possible the exploration of these meanings, since it emphasizes what a phenomenon means for the research participants and contemplates a particular social group, regardless of their numerical representation. Thus, we chose to undertake a qualitative, cross-sectional study, which was attended by eight women (40 to 60 years old) diagnosed with fibromyalgia for at least six months. The participants were recruited from a specialized non-governmental organization. The locus of

data collection was a psychoanalytic discussion group, which involved four meetings that lasted approximately one hour and thirty minutes each. All meetings were audio recorded with the participants' consent. During the meetings, the participants discussed various topics related to sexuality, and the confidentiality of their identity was assured to them as an ethical commitment. The corpus, composed of transcriptions the meetings, was analyzed inductively according to the methodological procedures of content analysis. The categorical analysis led to the emergence of three categories. In this communication, we show the results of the third category, which aggregate reports demonstrating that resonances of religion and morality in the sexual experience of the participants add to the physical and psychological negative impact of fibromyalgia. Consequently, according to most participants, sexual activity should be restricted to the context of marriage and sexual satisfaction of their husband is seen as one of the wife's duties. Although these results are obtained from a particular group of participants, they contribute to those reported in previous research, and thus provide elements useful for the development of new research on the subject. (Support: CAPES).

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## Perceptions and beliefs about female genital mutilation / ablation in young men and women in Mali in the context of a globalized world.

Oumou Diakite; María Hernández-Padilla

**Introduction, conceptual framework and research problem:** Ablation / Female Genital Mutilation (A / FGM) is an age-old practice that is highly prevalent in the world. It constitutes a public health and human rights problem for women in Mali and in those countries where it takes place. Despite decades of struggle against A / FGM, its prevalence among Malian women is still very high, at 84% according to the most recent data (EDSM-V, 2014). A / FGM is internationally recognized as a violation of the human rights of girls and women. It reflects entrenched inequality between the sexes, and constitutes an extreme form of discrimination against women. In the conceptual framework, we have attempted to explain the relationship between FGM / A and women's human rights, gender inequality and gender-based violence, based on international and African norms and existing literature on the subject that is relevant in the investigation. This research has investigated the keys to the practice of A / FGM from the knowledge of the discourses less known until now, of young Malian women and men. Our objective has been to learn about the perceptions and beliefs about A / FGM of young Malian men and women whether they are residents in Mali, or in other countries in a global context and responsible for the future development of their country, as well as their expectations about the continuity of practice. **Method:** We used the qualitative research methodology with a phenomenological approach to investigate the deep meanings that young women and men in Mali assign to the traditional practice of A / FGM, both inside and outside the country. **Results and Conclusions:** It appears that today the beliefs environments A / FGM are not



and do not have the same interpretations for all and that is seen as a violation of the fundamental rights of women and girls. In conclusion, the prevalence of A / FGM practice remains high in Mali, however beliefs in practice do not have the same interpretations for all, and with the recognition of being a violation of women's fundamental rights and Girls, non-discrimination rights, life, health, which can be an important step to support the fight against them.

## Adapting food to the capacity and desire of the person at end-of-life: nursing intervention

Patrícia Alves; Célia Simão Oliveira; Marta Lima Basto

The activity of living (AL) eating and drinking (Roper, Logan & Tierney, 2001) is present in the daily life of humanity being an individual phenomenon, multifactorial and complex, not only to meet the daily requirements of food and survival, but also an opportunity for socialization and pleasure (Martins, 2011). At end-of-life, with the frequent appearance of constraints in this AV, this becomes crucial to the individual and family (Morss, 2006), a concern for all and a challenge for nursing care. Due to the individuality of every end-of-life experience, the proximity of the nurse to the patient and family and the intentionality for a peaceful end-of-life experience (Ruland & Moore, 1998) turns nursing care very important. Because of the lack of scientific evidence in nursing care to the person at end-of-life in relation to the performance of the AL, we developed a study of which we present some of the findings that allows for a deeper understanding of this phenomenon. **Methodology:** Research anchored in abductive reasoning and guiding by the symbolic interactionism, development by the strausserian Grounded Theory method (Strauss & Corbin, 2008). The techniques of data collection are: the participant observation; semi-structured interviews to nurses; documentary research (nursing records). The participants of the study were: conscious end-of-life persons in a Palliative Care Unit, related family/significant persons and nurses that took care of them. **Ethical aspects:** We obtained institutional authorization, favorable opinion of the Ethics Committee of Nursing College of Lisbon (ESEL) and informed consent of the participants. **Results:** In this care process, four categories emerged that describe nurses' actions to help the satisfaction of this AL: Adapting food to the: (i) habits and preferences, (ii) daily activities, (iii) capacity, and (iv) desire, of the person at end-of-life. We will present detailed data that id to the last two categories. **Conclusions:** In this process a multidimensional approach to the person at end-of-life is verified in order to provide a higher quality of life to the person and family and a peaceful end-of-life. From the time of admission and throughout the end-of-life process, in which eating and drinking are related, the nurse's action is dynamic and always adaptive: firstly to the patient's habits, preferences and capacities in every moment, progressively to the changes of the daily activities and capacity to feed in involution, always with the intention of adapting to the desire of the patient in the "here and now". This "dance" between the nurse and the end-of-life person is coordinated by the patient, where the nurse's in-depth knowledge of the person and family continuously updated is not the only, but although it is crucial for delineate appropriate nursing interventions for achieving positive outcomes for those involved in the process. **Keywords:** person at end-of-life, activity of life eating and drinking, nursing intervention, grounded theory.

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## Welcoming of the psychiatric patient in an emergency referenced unit of a university hospital

**Paula Fernanda Lopes; Vanessa Pellegrino Toledo**

Everyday, people with any mental health disorder seek Emergency Departments and has his first contact with a health professional in welcoming carried out by a nurse. In this context, such an action can become a challenge, whereas the reception should be fast and follow a protocol, which hinders the development of therapeutic interpersonal relationship, from humanized approach, is essential to the achievement of the management of the patient. The aim of this study was to understand how the nurse performs the welcoming of the psychiatric patient in an emergency referenced unit from a university hospital and what they expect of this action. Qualitative research based on the phenomenological sociology of Alfred Schütz which was conducted in a University Hospital of São Paulo. Data were collected by means of phenomenological interviewing with 13 nurses who welcome the psychiatric patients and granted their permission to the consent form free, guided by the following guiding questions: Tell me how do you perform the welcoming of psychiatric patients in the Emergency Referenced Unit. How would you like it to be performing? The phenomenological sociology was used to analyse and interpret the interview statements. The results were grouped into five categories: The action of the nurse in the psychiatric patient welcoming, How the nurse feels in welcoming the patient agitated and aggressive, Expect having more time to welcome the psychiatric patient, Believe the unit isn't the proper environment for the psychiatric patient and Expect being qualified to welcome the psychiatric patient, which showed the nurse as the one who often doesn't do the welcoming of the psych patient, when it does its action is based on the biomedical model, perpetuating the image of subordinate professional, not recognizing the welcoming as an action of nursing, stagnating in conduct of forward these patients for medical evaluation. Another factor that influences the nurse not to welcome the psychiatric patient is related to the feeling generated by these patients, based on their previous negative experiences, as concern about their safety and physical integrity. It's still possible to understand the nurses expect to have more time to welcome the psychiatric patient, as well as improvements to structure and providing training for the development of this action. The welcoming is not seen by nurse as an action of nursing and this recognition is presented in this study as a possibility to take ownership and develop the action with reliability and quality.

**Keywords:** Qualitative research, Mental health, User embracement.

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## Breastfeeding experiences of mothers of children with Down Syndrome

Rebeca Barros da Silva; Maria do Céu Barbieri de Figueiredo

Down syndrome (DS) or Trisomy 21, a genetic disorder caused by the presence of an extra chromosome 21, affects 1/ 1000 newborns (WHO 2016). Children with DS have muscular hypotonia and are very sleepy which causes difficulty in sucking and swallowing, as well as a reduced birth weight, growth retardation, and an increased risk for other severe medical conditions (Silva & Dessen 2002, Breia et al. 2014) that hinder breastfeeding. The promotion of breastfeeding since birth, show numerous benefits for baby and mother. The goal of this study is to understand the experiences of mothers of children with DS about breastfeeding, identifying their perceptions and practices, as we have not find out any study in the Portuguese population. In seeking to understand the experiences of mothers of Children with DS about breastfeeding, a qualitative approach, with in-depth semi-structured interviews, was the one that best suited this research. The participants were 10 mothers of Children with DS, who were selected by snowball sampling. Data was collected between October 2015 and May 2016. The in-depth interviews were audio-recorded and then transcribed for analysis. The interview consisted of 11 questions, which encompassed questions about exclusive breastfeeding in DS, reasons to breastfeed and to interrupt breastfeeding, ending with the final question, "what advice would you give to a mother who is starting the process of breastfeeding to a baby with Down syndrome?". After data collection, verbatim audio transcription of the interviews was performed. Emerging categories and subcategories which described breastfeeding experiences of mothers of Children with DS. The Ethics Committee of the Public Health Institute of the University of Porto approved the study. Safeguarding of the ethical principles relating to the participation of individuals in this research was formalized through the development of an informed consent document. To guarantee anonymity, each mother chose the name of a precious/semi-precious stone to replace their name in the interview transcription. Three categories emerged: (1)"The breastfeeding experience", (2)"Experiences of health care", (3)"Learning about Down syndrome,". This study reveals the need for extra attention to the process of breastfeeding in children with Down syndrome. It is possible to verify in this study, that the support of a multidisciplinary team is essential for the success of breastfeeding. Greater awareness of health professionals is needed to respond to each individual family specificities, concerning breastfeeding but also coping with the complexity of having a child with Down syndrome.

## Experience of health professionals in child care after implementation of Parana's Mother Network

Renata Andrade Teixeira; Rosângela Aparecida Pimenta Ferrari; Sebastião Caldeira; Mauren Teresa Grubisich Mendes Tacla; Adriana Valongo Zani

**Introduction:** The innovation in networks of maternal and child care is still recent in Brazil<sup>(1)</sup> and evaluative studies are necessary to identify the potentialities, fragilities and interaction between the user and the health team, in order to reorganize the actions. **Objective:** to understand the experience of managers, nurses and doctors in child care in primary health care after the implementation of the Parana's Mother Network. **Method:** Qualitative study, based on the conceptual premises of Alfred Schütz Social Phenomenology<sup>(2)</sup> with health professionals from a Regional Health Service composed of 21 counties, Paraná, Brazil. The interviews were collected between October 2014 and February 2015 through an individual interview recorded at the Health Unit using a questionnaire with semi-structured questions extracted from the matrices proposed by the Network. We interviewed 44 professionals from 10 counties, 10 managers, 12 nurses and 22 doctors. The statements were closed through the convergence of the "reasons why" and the "reasons for", allowing the constitution of the type lived in the care of the child after the implementation of the Network<sup>(2)</sup>. For the organization and analysis of the qualitative material, the six steps of the Social Phenomenology<sup>(3-4)</sup> were fulfilled. There search was authorized and approved by the Research Ethics Committee of the State University of Western Paraná, n.544.107, CAAE: 26317614.8.1001.0107. **Results:** the "reasons why" translate the experience of professionals in the implementation of the Network regarding child care in the health service. They point out that the care of the child is not systematic in some counties according to the guidelines of the Guia Line due to the difficulties to operationalize. As for the "reasons for" the subjects approach expectations for qualification, adequate flow institution and time for referrals, as well as to enable and guarantee integral assistance of the child until the two years of life. **Conclusion:** through the professionals' perspective, it was possible to constitute the typical of their actions in relation to child care, evidencing their needs and expectations, that even after the implantation of the Network, little progress was made in the qualification of child care, being necessary to reorganize the established guidelines, adapting them to the reality of the countries.

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## Subjective dimension and care of mothers, fathers and professionals of babies with congenital Zika syndrome

Tatiane Guimarães Pereira; Jacqueline Ramos Loureiro Marinho; Alberto Olavo Advíncula Reis

**Introduction:** Babies need affectional care on a continuous basis for their physical and mental development. This means such care depends on babies' having a caregiver available to them. In order to develop an effective partnership between a baby and his/her caregiver, the dyad needs a favorable environment represented by a strong and supportive network of care. In view of such a sensitive relationship, caregiving in the context of diseases such as congenital Zika syndrome is particularly complex, mainly because it elicits strong emotions in all caregivers. Scientific studies must thus be developed so as to take into account the subjectivity of those involved, doing so in a broad perspective which extends far beyond the epidemiological and medical ones alone, since emotional aspects are reflected in caregiving relationships as well as in babies' full development.

**Objective:** To analyze parents' and caregivers' subjective dimensions as well as the care they give to babies with congenital Zika syndrome. **Method:** Qualitative research approved by the University of São Paulo's Committee for Ethics in Research. **Participants:** Caregivers dealing with babies with congenital Zika syndrome: 16 parents and professional caregivers in Campina Grande, Paraíba, Brazil, a city with high prevalence of the afore-mentioned disease. **Procedures:** Two groups of subjects took part separately in semi-structured interviews—4 parents during pregnancy, 6 others in after childbirth, and 6 professional caregivers. Participant observation of these subjects involved in caregiving services and in those by the interdisciplinary team, or working in waiting rooms or dealing with festive events were also conducted for two months. **Data analysis:** The data interpretation will be based on a thematic analysis of content, and all the categories find their theoretical grounds in the Winnicottian literature.

**Keywords:** mother-child relations, Mental Health, Public Health.

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## Immigration and health: a qualitative study in Brazil and Portugal

Valéria Rodrigues Leite; Maria da Conceição Pereira Ramos

This communication aims to present results on a qualitative research about the health of the immigrant. This process is closely related to globalization that expresses social inequalities in health.



At present, except in the case of armed conflicts and natural disasters, globalization and its relation to economic and social inequalities are the main factors in international migration (MARTINE, 2005). With regard to globalization Ramos *et al.* (2007 apud RAMOS, M. C., 2013, p. 6) affirms: “Accelerates the processes of change and the emergence of transnational communities, in the country of origin, as in other migrant communities, and the rapid growth of identities and multiple citizenships, multicultural, plurinacional e global”. In this direction, Ramos, M. N. (2012, p. 7), affirms: “the rights and health of migrant populations and minorities are concerns state, of the European Union, where is included Portugal. The right to health is a fundamental right indispensable for human rights”. Nevertheless, Melo e Campinas (2010), presents the problems of the immigrant in the Brazil in relation to work, bad eating and the difficulty of access to health services, even if it's free it's universal. The analysis and discussion of the research object problematizes the issue of immigrant access to the health service that is related social security. The qualitative research method is best applied considering the variables directed during the investigation. This type of method, for Fernandes (2014), demand understand social processes which are still little known and which belong to particular groups. Being its ultimate goal, provide construction and/or review of new approaches, concepts and categories referring to the studied phenomenon. It will also be discussed about the interview as a privileged communication technique and data collection. It is a research that proposes to verify how from the point of view, formal/legal and also in current practice in both countries, health systems work with regard to health care for immigrants.

## Work related cancer of urban solid and hospital waste collectors and mechanics: knowledge and prevention practices

Valesca Nunes dos Reis; Maria Inês Monteiro

**Conceptual Framework:** As a multifactor disease, some types of cancers are associated with exposure to carcinogenic substances in the workplace. The complexity of work related cancer etiology justifies public investment in health with emphasis on promotion and prevention of this type of cancer. **Research Problem:** To analyze the social representations of solid and hospital waste collectors and mechanics about health promotion and prevention practices for work related cancer based on Betty Neuman's Theory. **Method:** Procedural approach based on/outlined Social Representation Theory. Participated mechanics and urban solid and hospital waste collectors who work in a public department of urban services in a city of Minas Gerais, Brazil. Individual interviews were leaded (Jul-Oct 2016) by guiding a semi-structured script and was performed field notebook. Data were analyzed according to thematic content analysis (Bardin), processed by NvivoPro11 software. The ethical/legal requirements of human research have been complied with in accordance with Brazilian law (protocol number 1.604.685). **Outcomes:** Twenty workers participated: 10 hospital and urban solid waste collectors and 10 mechanics, which 15 were men. Were symbolic elements: diesel oil, vehicle dye, thinner, gasoline, degreaser, sun, dust, personal protective equipment (PPE), leadership, lecture, *sharp and jagged instruments*, garbage and biological materials. Two categories emerged: 1) risk conditions at work to get sick from cancer and 2) Behaviors and feelings regarding risks present at work. In the first category was mentioned origin exposure: chemistry (chemical, washing automotive vehicles, diesel oil, vehicle dye, thinner, gasoline, degreaser); physical (sun, dust, smoke); biological (biological material, animal remains and parts of human body); relational (expressed by power relations with supervision and leadership and noncompliance with (inter)national labor legislation) and behavioral (inadequate PPE and personal conduct). In the second category emerged the concern with family, coworkers, the zeal with the

work environment, the effort to use the PPE, even inadequate, and the figure of God as protector even in the face of personal and institutional negligence. **Conclusions:** Emerging symbolic components express that participants are exposed to work environment with stressors (intrapersonal, interpersonal and extra personal). Some of them are corroborated by field notes and recognizes as intervenient for the occurrence of work related cancer. These evidences allowed to elaborating a diagnosis of the work environment from the perspective of practices and habits that could be prevented, as well as educational approaches and oversight.

## Crack users mothers: sources of stress and coping strategies

Vera Gardênia Alves Viana; Cintya Guimarães Queiroz; Maysa Ferreira Martins Ribeiro

Study with qualitative and descriptive approach developed in order to know the main sources of stress mothers of crack users and children as these mothers face. Study with qualitative and descriptive approach developed in order to know the main sources of stress mothers of crack users and children as these mothers face. The study included 17 mothers 12 were recruited by means of registered phones in alcohol and drug Psychosocial Care Center (CAPSad) and five indicated by the participants themselves through the sampling method snowball. The interviews, conducted in CAPSad or domicile of the participants followed a script with four guiding questions. The content was transcribed and analyzed under the framework of Grounded Theory. The coding, analysis and interpretation of the data allowed the construction of categories, subcategories and the theoretical model that explains the scenario experienced by crack users mothers. The built central categories were: stress sources; Stress symptoms and coping strategies (coping). The subcategories are: Discovery: beginning of the nightmare for the mother; The effects of the child's dependence on the mother; family conflicts; emotional and physical exhaustion; Battle against addiction: personal strategies and seeking treatment; religious coping and social coping. Mothers experienced different and intense sources of stress from the moment they discover that the children are dependent. They faced a nightmare at home, they feel guilty, suffer to realize the effects that the crack causes in children are victims of violence by children, live immersed in fear and insecurity. The family is completely dysfunctional and the fights are Constant. While trying to retrieve the child and bring peace to the family mothers resorted to some extreme strategies and little socially acceptable, for example, have permissive attitudes and finance addiction, or use physical and verbal violence. Other strategies used now more efficient, were seeking treatment, find comfort through religion, faith and the support of friends. However, as mothers have few resources and found little or no support in the networks they should support them were exhausted physically and emotionally and announced their illness. These results may facilitate or promote the referral of mothers to assistance that meets their specific needs. The study also provides important warning to health professionals to promote preventive strategies, not only to crack users, but also for mothers and other family members with children in this situation.



## Work in the Family Health Strategy from the Nurses' Perspective

Vera Gardênia Alves Viana; Maysa Ferreira Martins Ribeiro

In Brazil, the Family Health Strategy (FHS) is a follow-up action of proven importance to redirect the care model through Primary Health Care. The objective in this study is to get to know how nurses describe their work in the FHS – focused on the factors that motivate and/or discourage them to stay in the FHS. Qualitative method based on the Grounded Theory. The participants in the semi structured interviews were six nurses who work in the FHS of three cities in the interior of Bahia - Brazil. All research procedures followed the guidelines established in National Health Council Resolution 466/12. Approval for the project was obtained from the Research Ethics Committee at *Pontifícia Universidade Católica de Goiás*. The data were collected between November 2015 and July 2016. The interpretation and analysis of the data followed the criteria: development of analytic codes and categories based on the data; writing of the memorandum and inductive construction of the theory. The results evidenced four categories: the undergraduate nursing course does not prepare the professional for all functions; the function overload compromises the care outcomes; the nurse feels depreciated, weaknesses in the system contribute for the nurse to have bad perspectives on the FHS and experiences that contribute to the quality of care in the FHS. The FHS is considered a weak health system. The system does not offer perspectives of ascension and/or career safety to the professional, nor conditions to develop high-quality work.

## The role of health professionals: between hindering and facilitating access to health services in superdiverse neighbourhoods in Lisbon

Vera Rodrigues; Jessica Lopes; Simone Castellani; Beatriz Padilla

The contemporary economic crisis in EU has affected directly the health care provision in the EU, due to the policies of the containment of public expenditures promoted by Member States (IOM, 2016). These measures put more burden on health care systems which are already stressed by other structural situations as the increasing ageing of the population. The countries of the EU “periphery”, (King et al. 2014) were affected most because they were particularly hit by EU austerity measures which pointed out directly at the reduction of welfare expenditures by means such as cutting benefits, restricting eligibility and privatizing services (EESC 2013). In Portugal, the health care sector has been one of the most struck from the measures imposed by the Troika (2011-2014), many of which are still in place, and that ended with existing good practices (Padilla 2013; Legido-Quigley et al 2016). These measures hinder the possibility of the Portuguese public health system to accomplish the Constitutional mandate of granting universal health care (Art. 64) particularly regarding the most vulnerable population such as low income people, elderly people, irregular immigrants. This paper aims, first, to highlight how the health welfare changes affected the most vulnerable people in these neighbourhoods; second, looking at the role played by different local health providers, which aspects play a more relevant role in reproducing these subjects' vulnerability and, which facilitate overcoming obstacles and barriers granting them health protection. This paper illustrates the key role of health providers towards inclusion/exclusion in times of crisis, revealing the structural weakness of Portuguese welfare system. The empirical study was carried out within the UPWEB- project (Welfare State Future, funded by Norface) based on ethnographic methodology. The fieldwork was conducted in two super diverse (Vertovec, 2007)

neighbourhoods of Lisbon (Mouraria and Lumiar/Alta de Lisboa) with special focus on migrants (but not only), through different techniques such as participant observation in health “hot spots” (e.g. in health care units, local associations, etc) and semi-structured interviews with health users (n=45) and providers (n=21). User's interviewees were recruited through the snow ball sampling and health providers were recruited with purposive sampling. Following the Grounded Theory analysis method (inductive/deductive process), data collected in the field were codified and analysed with the QDA software MAXQDA 12.0.

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## Sexual Violence in the Context of Violent Conjugal Relationships

Walquiria Jesus Mara dos Santos; Maria Imaculada de Fátima Freitas; Marco Aurelio Sousa

Violence against women is "any gender-based act or conduct which causes death, harm or physical, psychological or sexual suffering to women". In violence perpetrated by intimate partner there might be superposition of physical and sexual violence. Sexual violence may harm women's mental health and lead to reproductive problems, besides the increased risk of HIV infection and other STDs. Patriarchal notions of masculinity are present in sexual violence occurrences done by intimate partner, reinforcing male control and their belief in unconditional sexual rights in marriage.

**Objectives:** to comprehend how sexual relations occur in violent conjugal relationships.

**Methodology:** Qualitative study based on the Interactionist theory. Twelve open interviews were carried out in depth with women in violence-prone situations in a Reference Center for Women's Health in Belo Horizonte, MG, Brazil. Data were interpreted by Demaziere and Dubar's structural analysis (1997). The project was approved by the UFMG Ethics Committee in Research (COEP), Report no. 1.138.006, CAAE: 43697515.8.0000.5149. **Results and Discussion:** From the analysis the following categories emerged: Alcoholism and Drug Addiction as factors leading to conjugal violence; Conjugal Rape. In the context of violent conjugal relations, sexual intercourse is used for more violence, or mirror daily violence. Women may be forced to yield by means of physical aggression, lost of financial support or accusations of infidelity. In cases in which women suffered conjugal sexual violence there was association with other types of violence, and accounts/reports of violence happened for reasons other than the sexual violence itself. **Final Considerations:** There is a naturalization of sexual violence in conjugal relationships, a man-ruled territory, by use of force and coercion, in which violence is perpetuated with women's certain adaptation to the situation.

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## Outreach Work with Alcohol Users: The Need to Share (Good) Practices

**Ximene Rego, Cláudia Rodrigues, Joana Vilares, Lígia Parodi & Teresa Sousa**

APDES' HR teams (GiruBarcelos, GiruGaia and GiruSetúbal) have been developing outreach actions with people who use legal and illegal drugs since 2003. This work has shown that a significant percentage of their target-populations have a disruptive day-to-day pattern of alcohol use. Also – and similarly to illegal drug users who are part of low-threshold programs – one can observe reluctant behaviours and attitudes to the adherence to traditional social and healthcare services. These individuals are usually disconnected from the social networks of family/work and sometimes homeless; they also tend to show some resistance to said services' more demanding models. Meanwhile, State's funding is indiscriminately allocated for HR in legal and illegal psychoactive substances, even in the absence on specific recommendations on HR associated with alcohol use. Due to this, the teams have been operationalizing an action-research project that aims to diagnose the prevalence of alcohol use among their target-populations and to implement specific interventions. The following communication aims to 1) present the action-research-project currently underway; 2) disseminate the quantitative and qualitative results of the diagnosis process, which included the HR beneficiates, the community and other stakeholders and 3) reflect on the singularities of those who use legal substances and whose issues are socially invisible.

## POSTERS ABSTRACTS | RESUMOS DOS POSTERS

### Experiences and perspectives of the homeless person infected with HIV

Ana Pinto de Oliveira; Luis Filipe Meira

These days, the number of homeless people is increasing day-by-day, due not only to the problems underlying the socioeconomic situation, but also to the family back breaking caused by several factors. The situation of homelessness that explains the person's entrance into this condition results from an accumulation of successive losses of the most diverse leading the person to a great state of poverty, misery and deprivation of essential goods.<sup>1</sup> All these causes end up being difficult to manage, resulting in a set of physical, psychological and occupational problems. In this sense, the health of a homeless person is entering a process of degradation, driven by inaccessibility to safe and permanent housing and health care. Due to the impossibility of having a healthy diet and maintaining habits of personal hygiene and rest, among other aspects, which makes this population more susceptible to various infections and a high risk of exposure to tuberculosis and HIV.<sup>2</sup> The prevalence of HIV infection varies widely among the population of the homeless, but generally exceeds that of the no homeless population. Despite the decline in HIV-related stigma and medical advances, people with this virus continue to be affected psychologically and socially. Each individual experiences the knowledge of the diagnosis differently, taking into account age, gender, and socioeconomic status and emotional maturity.<sup>3</sup> Although the disease does not have any component that promotes psychological changes in individuals, it is verified That more or less intense emotional changes occur in individuals, both at the time they are aware of the diagnosis and during the course of the disease.<sup>4</sup> We defined as a general objective of this research study: "Describe and understand the experiences and perspectives of the homeless person infected with HIV, in the city of Lisbon, in the area of operation of the NGO "Médicos do Mundo". In order to better address the subject under study, semi-structured exploratory interviews (oral and with audio recording for the purpose of subsequent transcription and analysis) will be carried out as a method of data collection. A qualitative study will be applied so only in the socio-demographic and professional characterization of the study, quantitative measures of descriptive statistics were used, through the Statistical Package for Social Sciences 23.0. Four homeless participated in dialogic interviews. Their stories revealed that living with HIV infection had a substantial impact on their health and wellness. The findings from this study support the need for health care professionals to work in collaboration with homeless so that more effective care that is sensitive to their unique health needs can be provided.

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## Perceptions of oncology professionals on the effects of the intervention of hospital clowns on pediatric patients

Ana Sofia Melo, Susana Caires e Patrícia Arriaga

In recent years, Hospital Clowns have expanded their presence in the hospital environment, providing a complementary intervention that seems to enhance medical treatment and traditional clinical interventions with children/adolescents (Blerkom, 1995; Finlay, Baverstock & Lenton, 2014). In this new approach, play, art and humor "intertwine", creating a unique type of intervention that is based on the conviction that, regardless the clinical condition of the child, there is always an "essence" that wants to play. Thus, stimulating the healthy side of the child; bringing joy to the hospital environment; and reducing the fear, stress and/or anxiety experienced in the hospital are amongst the main goals of the intervention of these professional artists with specific training to work in healthcare settings (Masetti, 2011). In Portugal, the first professional association of Hospital Clowns - Operação Nariz Vermelho - stepped onto the pediatric "stage" in 2002. Since then, it has been conquering a growing recognition inside the healthcare community and in general society, and, most recently, the association has joined an emerging research movement that focuses on the work of these professional artists. Its main objectives are to "map" and measure the physical, psychosocial and organizational effects of their interventions. Amongst the investments made by Operação Nariz Vermelho in this field, the most recent is a PhD project developed in pediatric oncology. Inside this project, a small exploratory study was carried out in an attempt to collect the pediatric oncology professionals' perceptions regarding the effects of the hospital clowns' interventions on children/adolescents in the treatment stage. The study - eminently qualitative, and with a humanistic-interpretative nature - involved 31 pediatric oncology professionals working in two portuguese reference hospitals in oncology. Their perceptions were collected by means of a semi-structured interview. These professionals' reflections on the effects of hospital clowns' interventions on the oncological child/adolescent indicate as main contributions the facilitation of the hospitalization and illness processes, as well as the provision of positive emotions. Within these two broad categories the most prevalent where: the clowns' contributions to the abstraction from disease and the hospital environment; the suspension of the hospital's routines; the abstraction from invasive procedures and the softening of the hospital/disease's experiences. In the second category, the professionals gave particular attention to the joy generated by clowns as well as by the games played together; or, the laughter and the distraction/entertainment effects generated by the games proposed by these professional artists.

## Health education in the training of nurses from the perspective of thought complex: perceptions of students

Andréia Bendine Gastaldi; Mara Lúcia Garanhani; Maria Helena Dantas de Menezes Guariente; Brigida Gimenes Carvalho; Mauren Teresa Grubisich Mendes Tacla; Elizabeth Teixeira

**Introduction:** The nursing degree from a University in southern Brazil develops since 2000, the integrated curriculum, using active teaching and learning methodologies and cross-cutting issues, understood as enablers of academic activities, increasingly articulated the specific contents and

essential performances of the different modules.<sup>1</sup> **Objective:** To analyze the perceptions of nursing students on the development of the crosscutting issue "health education" in your training. **Method:** qualitative study understanding, using focus groups with 23 students from four series of course, conducted in 2013 to 2014. Data analyzed from the perspective of Complex Thought. The research followed all ethical principles. **Results:** the results organized into two categories. The first deals with the concept of health education and describes the difficulties and vulnerability in this conceptualization, mainly in the initial series, accompanied by confusion associated with other concepts. The talks were the most cited, followed by the guidelines made the user in everyday life. The students of the four series related health education with teach and educate, approaching a definition that says that this is any combination of learning experiences with claim to facilitate voluntary actions useful health, involving the population in your everyday life.<sup>2</sup> the second category looks at significant learning experiences on health education. For students of the first and second series was the practice of "washing of hands", the third series were educational activities with adolescents in a school and in the basic attention actions and, for the fourth series were in the basic attention actions with a focus on women's health and children and sexually transmitted diseases. Reported experiences also experienced in extension projects. In this context, it is the responsibility of the educator to be the facilitator of learning, trying to identify what is more significant.<sup>3</sup> The activities prioritized individualized guidelines with little reference to shares in the collectivity. The breadth of the activities mentioned flows increasingly from first to fourth grade, showing a continuous process of self-knowledge and auto reflexion. Therefore, the teaching must seek real solutions striving to understand the complexity of reality and tackle the simplification, which reveals the unity and diversity present in all.<sup>4</sup> **Conclusion:** The results portrayed the methodology proposed by the curriculum, however, is recommended that greater links between the content developed in the series to assist the development of student skills, in order to achieve the purpose of the effective participation of the population in your care.

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## Self-image and experiences of women with Fibromyalgia, a phenomenological approach

Carmen María Galvez-Sánchez; Gustavo A Reyes Del Paso

There are few research studies about the subjective experience of Fibromyalgia (FM) patients, based on a qualitative perspective. This current research characterizes self-image of women with FM and explores their experiences about the illness. A qualitative model, specifically, a descriptive phenomenological perspective, was used. Semi-structured interviews were completed with 25 women, who suffered from FM. They were selected through intentional sampling. The saturation



determined the sample sizing. A descriptive phenomenological analysis was applied to find the sense units. FM is portrayed as an enemy, a negative and traumatic experience in their lives, who worsen their quality of life (QL). The research found evidences of poor levels in physical, mental and social aspects of QL, which may be attributed to FM, comorbid diseases and the lack of family and social support. They have a negative self-prophecy about their illness evolution. Daily suffering appeared as an emerging thematic unit. Patients have a negative affectivity and self-image, associated with the beginning of symptoms and its chronicity. Participants tend to show a low self-esteem and self-confidence and a high dependence, guilty, dissatisfaction, and self-criticism, due to FM. This research offers ideas for improving the treatment of FM in a clinical context, based on the understanding of the self-image of patients and its experiences during their illness.

**Keywords:** fibromyalgia, social representation, self-image, quality of life, experience.

## Experience of achieving higher degree among Cambodian nurses

Chiyoung Cha; Sook Ja Yang; Yunjeong Kim

**Research problem:** Although official development assistance (ODA) is growing globally, the experience of beneficiaries are not well known. Thus, we explored the learnings among nurses who seek higher degree in nursing through ODA. **Methods:** Six focus group interviews were conducted with 45 Cambodian nursing students who were enrolled in nursing bridge program. Interview questions focused on exploring the learnings and improvements of students in their nursing competency. A conventional qualitative content analysis was conducted for data analysis. IRB approval was achieved before the beginning of the study to protect the participants. **Outcomes:** Most of the participants were male (84.4%) and mean age was 29.1 years. Participants developed professional knowledge and expertise in nursing from education. Although participants believed that their clinical skills were already satisfactory, they had not thought about evidence based practice. As they were getting education they started assessing the patient, search for evidence, and evaluate the quality of evidence for their care. This led them to identify nursing roles in their clinical fields: They gained confidence in providing care independently as nurses, upgraded nursing protocols and guidelines at their workplace, and were able to communicate with other health professions for better patients' outcome. However, participants identified barriers for applying their learnings such as weak infrastructure, high nurse-patient ratio, and low awareness of nurse role among health professions. **Conclusions:** Education had direct impact on the quality of nursing care and the role of nurses. Capacity building for nursing profession through education would increase the quality of care in clinical settings.

## Fitbit user experience among female university students in Korea

Chiyoung Cha; Jane Chung

**Research problem:** The purpose of this study was to explore the user experience of Fitbit, a wearable activity tracker with smartphone application, among Korean female university students. **Conceptual framework:** The Health Information Technology Acceptance Model II was used to guide the interview questions for user experience of Fitbit. **Methods:** This qualitative study is part of a larger study which tested the influence of daily use of the Fitbit Flex on mental and physical health. Among 93 women from the original study, 23 participated in the individual interviews

between April and June, 2016. Interview questions included user experience of Fitbit on informational technology, personal, and social aspect. Content analysis was utilized for data analysis. **Outcomes:** Participants' age ranged between 19 and 24 years ( $M=21.57\pm1.65$ ). Informational technological aspect of user experience included trust in Fitbit data, anxious about electric discharge, and not bothered by potential information spill from Fitbit. Personal aspect of user experience were disclosure of lifestyle, having a 24/7 personal trainer, and adjustment of daily schedule to meet the criteria from Fitbit. In terms of social aspect, participants regarded themselves as those who value self-management of health or who were interested in weight management by wearing Fitbit. **Conclusions:** Participants perceived that Fitbit was technologically reliable and personally accommodating. Socially, Fitbit was considered as a tool for self-management and motivation for physical activity.

## Relationship between eating and obesity in the perception of adolescents from a private school in Joinville-SC/Brazil

Cleiciane de Lira Marques Spielmann; Marilyn Gonçalves Ferreira Kuntz; Erika Dantas de Medeiros Rocha; Sandra Ana Czarnobay; Lidiane Ferreira Schultz

**Conceptual framework:** Obesity is a chronic inflammatory disease characterized by the accumulation of body fat that can be developed by several factors. Following the trend of other countries, more than 50% of the Brazilian population is overweight, where 17% are obese (VIGITEL, 2014). About one in six obese people is a teenager. Adolescence is marked by several influences, which make this group vulnerable to nutritional risk. The poor eating habits practiced by adolescents can offer several health damages (WHO, 2015). **Research problem:** to know the relationship between diet and obesity in the perception of adolescents of a private school in Joinville-SC. This is a cross-sectional, prospective study with a qualitative approach. **Methods:** We investigated 44 schoolchildren aged 10 to 14 years using focal group techniques. The interviews were recorded and transcribed, and analyzed according to Bardin's method (2011). **Results:** 7 focus groups totaling 152 minutes of recording. The transcribed discussions were grouped into 6 major themes throughout the groups: 1 - Tasty and not tasty foods: The adolescents quoted the foods that according to their palate were tasty, in particular: pizza, hamburger, brigadeiro and fruits. And the less tasty ones were the vegetables and the lactose-free products or gluten. 2 - Healthy food: According to the adolescents the foods of vegetable origin are the healthiest, being emphasized still the importance of the consumption of proteins, carbohydrates and the good fats. 3 - Obesity: In adolescents' perception, obesity is related to an excessive consumption of calories, an inadequate food practice, with as a contributing factor also to genetics. 4-Foods that bring diseases: Highly processed foods have been highlighted because they have high sodium content, sugars, fats and additives; The use of pesticides in the cultivation of food were pointed as agents that bring diseases. 5-Health relation and physical activities: It is recognized by the adolescents that to have a healthy life is necessary a good nutrition added to practices of physical exercises. 6 - Social relations versus eating habits and habits that do not promote health: The adolescents commented on the importance and influence of the family environment on their eating habits; And a set of healthy habits for higher quality. **Conclusions:** Despite knowledge about healthy eating, adolescents report difficulties in abandoning foods high in sugars and fats, and cited the influences exerted by their families on their eating habits and choices.

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## Daily life and maternal mourning

**Daniel Ferreira Dahdah; Regina Helena Vitale Torkomian Joaquim; Tatiana Barbieri Bombarda**

**Introduction:** The impact of the death of a son takes systemic demands emotional and relational to the family. Mourning is defined as a crisis as there is an imbalance between the amount of adjustment needed at one time and the resources available to deal with such imbalance. The daily life is the unit of measure of the succession of human life and presents fluid, successive and continuous character. The crisis of the daily life of a bereaved mother comes from the need to continue playing their roles, with the overload of mourning of the other members of the family, aggravated by the herself reactions to mourning. **Objective:** To understand the daily life of mothers bereaved by the death of a son. **Method:** Qualitative, phenomenological, transversal and exploratory study. Data were collected from participation in meetings of a support group for maternal mourning and interviews. Following the technique of oral history. The analysis was performed from the categorization by themes. The work follows the recommendations for studies with human beings in Brazil. **Preliminary Results:** they were divided into five typical categories of daily life: to live, to eat, to talk, to walk and to work. The home becomes a paradoxical space: it help the mothers to maintain hers occupational and social roles, but reaffirms the death of the son. Eating, has become difficult of cooking for the family and of feeding herself. The family meal meeting reinforces the absence of the dead son. About talking, there is the mother's desire to talk about her dead son, but she don't find social spaces to make it. Strolling is also a category surrounded by contradictory feelings: feeling pleasure in traveling becomes very painful for the mother, because having fun brings feelings of guilt and betrayal to dead child. Over time these feelings diminish and mothers return to enjoy traveling, even with the inevitable thoughts about the dead son. In relation to the work, there are reports of mothers who abandoned it permanently, but there are also reports of mothers who used to work as a protector for their own health. **Conclusions:** The death of a child contributes to the disorganization of all the typical categories of maternal daily life, in addition to having an impact on all family members. Mourning is a subjective phenomenon and each mother individually finds ways to deal with the absence of the dead son.

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## Social representations of men users of primary health care units on the health/disease process

Geovana Brandão Santana Almeida; Larissa Drumond Duarte; Elenir Pereira de Paiva; Carla Ferreira de Paula Gebara

This study aimed to identify and understand the social representations of men users in the primary health care units on the health / disease process; Analyzing the social representations of men users in the primary health care units on the health / disease process and the way they care for themselves. The method used was the qualitative research, based on the Social Representations Theory. The study included twenty-one men registered in the units, corresponding to ten in the first unit and eleven in the second unit, aged between 23 and 58 years old. A semi-structured interviews were used, containing guiding questions, allowing participants to express themselves freely. For the organization and systematic analysis of elaborate representations, was used as basis, the method of content analysis proposed by Bardin. The representations were organized into four categories of analysis, namely: *Health in the representation of men; The disease in the representation of men; Representations of men on how to care; Representations of men on assistance and solving health issues in the PHCU*. Elaborate representations reveal health as something indispensable to life, essential for quality of life, making it possible to perform all daily activities. Participants represent the disease as a pathology itself or the failure of any part of the body, alluding to the biologist care model. The representations show that men seek actions as self-medication, before seeking expert help. The representations also reveal that the resoluteness of services is measured by scheduling appointments, referrals to specialties, drug distribution and speed in service. Therefore, it is necessary strategies for integrating user and services designed specifically for this audience, strengthening the bond of trust; rethink to reorganize health services and vocational training on man's health. We also understand that it is necessary to overcome the biomedical model stimulating health promotion and disease prevention.

**Keywords:** Men's health; Primary attention; Social Representation

## Qualitative Health Research in Germany

Heike Ohlbrecht; Astrid Seltrecht

**Historical Framework:** Qualitative health research was established comparatively late in Germany. The establishment was done differently in the various scientific disciplines (medicine, public health, psychology, pedagogy, sociology, nursing). The delayed establishment of qualitative health research has diverse causes. After an early blossoming of qualitative health research in the 1970s/80s, initiated for example by the work of the research group around Anselm Strauss and the German anti-psychiatry movement, it was not possible to establish a methodological discourse for qualitative health research of its own in Germany. During this time, it became impossible to persist qualitative health research, and it was rather scattered between disciplines and was clearly repressed by social epidemiological and representative studies as well as by social indicator research. With the establishment of public health, health sciences and nursing science, qualitative research became increasingly recognized in the 1990s. In recent years, a strong establishment of qualitative social research has taken place in health science and particularly in medical sociology.

**Methodological Problems:** All in all, recent years have seen a stronger focus on qualitative methods

in many areas of health research, but the potential of qualitative research in all its diversity is not exhausted. In quality collection methods currently dominate interview methods, and in the evaluation methods, a preferred use of qualitative content analysis can be found. In particular ethnographic approaches are still an exception. Facing these challenges a network for qualitative health research in Germany was founded. This Network is a platform that enables an interdisciplinary qualitative health research. The Network for Qualitative Health Research is funded by the German Research Foundation. It aims at promoting interdisciplinary and international exchange and provides a platform for methodological discussion and development to reinforce the establishment of qualitative health research in Germany. The aim of the network is to contribute to the strengthening of methodological competencies in the field of qualitative health research. The focus was on the following topics: the discussion of the fit of the research topic and the research method used, the theory embedding, the discussion of quality criteria, the disclosure of implementation problems and methodological criticism, the consideration of the reflexivity of the researcher. In terms of qualitative survey and evaluation methods, diversity is to be exploited more. **Outcomes:** This paper illustrates the development of qualitative health research in Germany and discusses its current challenges, perspectives and development lines for example the Network of qualitative health research.

## Health Care Experience of Young Adult with Type 1 Diabetes

Hyung-Eun Seo; Miyoung Kim; Seung Eun Chung

**Purpose:** This study aimed to explore the meaning of the health care experience of young adult with type 1 diabetes. **Methods:** The phenomenological research method was used. Participants were six young adults who had been diagnosed with type 1 diabetes and had a minimum of one year. Data were collected via in-depth interviews from 12 November 2016 to 15 December 2016. Analysis of data followed Colaizzi's analyzing guide. **Results:** Six themes were identified that describe the endless characteristics of ongoing health care even though they were in control: 'tolerance', 'confidentiality', 'support system', 'positive thinking', 'recognizing importance', 'regulating emotion alone'. **Conclusion:** This study suggests a better understanding of the health care experience of young adult with type 1 diabetes. It is also important to provide basic data on the development of education and counseling intervention programs to improve their health care competency and quality of life in the future.

## Teaching Methods Used in Simulation and Their Efficiency in Nurses' Training: an Integrating Literature Overview

Jandra Ristikivi; Kristi Puusepp; Ere Uibu

Simulation learning is considered to be the most used teaching strategy in teaching nursing education. The continuing increase in the number of nursing students practice bases, and the resulting overcrowding has made the simulation exercise for nurses in training all the more important, and resulted in the need to create a high-tech simulation. The topic was chosen due to a fact that existing literature describing simulation learning does not give a good overview of learning and teaching methods used in simulation and their productivity. At the same time, the choice of teaching methods is of essential importance in relation to achieving productivity in



learning and teaching. In thesis topical scientific literature has been searched, combined and integrated to give an overview of the topic and create a conceptual model to describe the productivity of teaching methods used in simulation learning in nursing studies. The search for the materials to be investigated was conducted in databases MEDLINE and Science Direct from October, 2013 to January 2016. 15 articles met the selection criteria. In analysing data firstly the thought units were gathered, then different approaches were grouped and finally compared. As a result of thesis it was confirmed that different teaching methods are used in simulation and the choice of a specific method depends on the objectives of the learning and simulation stage. The efficiency of learning methods is evident in development of students affective, cognitive and psychomotoric skills. To develop a specific skill it is possible to choose suitable learning method.

## Patients` Experiences and Needs with Lifestyle Counseling in Tallinn and Harjumaa Family Health Centers

**Kadri Kõöp; Tiina Tõemets; Ruth Kalda**

Lifestyle counseling in family health centers allows to influence the risk factors of lifestyle-related chronic diseases, but health care workers acknowledge that patient-side barriers are the main obstacles to efficient lifestyle counseling. Research regarding patients' experiences with, and needs for lifestyle counseling would enable to support patients' efforts to make lifestyle changes and as a result lifestyle counseling could be effective and patient-centered. The research is qualitative, empirical, descriptive. Data were collected through semistructured interviews that were carried out between May and September 2015. The sample (n=15) consisted of patients from one Tallinn and one Harjumaa family health center who have been diagnosed with type II diabetes or hypertension or had cardiovascular disease risk (SCORE- systematic coronary evaluation system risk over 5%). Participation in the research was voluntary and confidential. To analyze the data inductive content analysis method was used. Data analysis led into the development of subcategories which were divided under two main categories: patients' experiences about lifestyle counseling and patients' needs about lifestyle counseling. Patients' experiences encompassed experiences with a counselor, counseling service recipient and counseling process. Patients' needs in relation to lifestyle counseling included needs concerning professionalism and individuality. The research showed that patients had experienced counselors' friendliness and attentiveness. However, it was also experienced that counselor had not been sufficiently focused and could not motivate the patient. Patients valued highly the development of trusting contact, justification of recommendations given and offering of alternatives. It was also deemed necessary that counseling would be regular, consistent and impartial.

## Ways to Bear and Overcome the Loss of a Newborn Child: Faith, Beliefs, Family and Crafts

**Larissa Rodrigues; Gabriel Lavorato Neto; Daniela Dantas Lima; Juliana Vasconcelos; Egberto Ribeiro Turato; Claudinei José Gomes Campos**

In the puerperal pregnancy process, feelings such as responsibility, love, fear, and uncertainty arise, generating strong expectations for birth. In this context, the death of a newborn child cannot be



natural for the parents, especially given the existing technology development in neonatology (Shimizu, 2007). The feelings involved in monitoring the death/dying process, as well as the experience of mourning, must be understood and elaborated by health professionals. The purpose of this article is to explore ways of overcoming grief exercised in the experiences of the parents in the process of mourning after the death of their newborn child. The clinical-qualitative methodology was used to construct the study and data analysis (Turato, 2011). The collection took place through interviews with the use of a semi-guided instrument. The selection of the sample was intentional and the interruption of the collection was by theoretical saturation. Six mothers and one father who were mourning the death of their children, participated in the study that occurred in the Neonatal Intensive Care Unit of a university hospital in the countryside of the state of São Paulo. Two categories were structuralized, the second of which was: "Ways to bear and overcome loss: faith, beliefs, family and crafts". According to the data collected, it is shown that good family ties can be strengthened during mourning, and may represent the support needed by the bereaved; spirituality and beliefs in something greater than the human being bring forth the sense of comfort and exclude the feeling of loneliness in such a painful moment; crafts are pointed out as an activity of relief and pleasure that seems to refer to the feeling of caring for the baby through activities that require the use of hands and gentle touches. Thus, we can realize that those three points can be stimulated by health professionals towards the well-being of the mourner. It is concluded that the professional work with the bereaved should consider the experienced moment with emphasis on the perception of the scenario of death, and relationships established with other health issues due to the suffering during the mourning process.

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## Dramatic Therapeutic Play: a Strategic Tool in Qualitative Research with Hospitalized Children and Their Family

Lidiane Ferreira Schultz; Ana Llonch Sabates

This work aims to present and report the use of the Dramatic Therapeutic Play (DTP) as a strategic tool for data collection in qualitative research in Pediatric Nursing. This data collection tool was used with seven hospitalized children (aged three to six) and their families. This qualitative research project was conducted at the Pediatric Unit of a Philanthropic Hospital in the city of São Paulo, Brazil. Data were organized into thematic units and categorized according to Bardin<sup>1</sup>. The ethical principles that guided the research were guaranteed by the Free and Informed Consent Term (FICT), as recommended by Resolution No. 466/12. Data obtained using this data collection instrument produced significant results about the family experience concerning the child with a chronic disease and the importance of using the dramatic therapeutic play with hospitalized children and their families. The use and application of the Dramatic Therapeutic Play allowed the exploration of fundamental aspects and knowledge of the family's experience during the child's illness and hospitalization, with the emergence of feelings, family relationships, conflicts related to illness and

hospitalization, criticism regarding hospital structure and health professionals as well as current and future wishes and needs. The DTP sessions were therapeutic as they allowed the child and the family to elaborate and externalize their emotions and experiences regarding the illness, hospitalization and the family context, from being passive to active, assuming different social roles, identifying with the situations constructed and characters and modifying attitudes and behaviors thus having their catharsis. Therefore, they resignify the moment lived. The choice of this tool in qualitative research favors and allows building links and improving the communication process between the researcher-researched. The DTP allowed the child to satisfy his/her recreational needs, favoring his/her physical, mental, emotional and social development, besides allowing emotional discharge and relief of the tensions imposed by that moment of his/her life cycle. Members of the families participating in the study, nursing professionals and companions of other hospitalized children reported that the child presented with clinical and mainly emotional improvements (decrease in anxiety, crying, improvement in feeding and sleep, participation and assistance in performing the procedures) after DTP sessions thus validating the importance of play as a strategic tool for data collection in qualitative research and confirming the nurse's need to use this care tool for hospitalized children and their family.

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## Management in Nursing of Human Resources in the Ambit of the Primary Health Care

Luana Carla Santana Oliveira; Adriana Fernandes Coutinho; Heloisy Alves de Medeiros; Luciana Dantas Farias de Andrade

**Conceptual framework:** The nursing management in human resources (HR) in the Primary Health Care (PHC) holds fragilities faced by the nurse during his or her working routine. The importance of adoption of a creative, dialogical and shared approach of this professional is emphasized in the process of management in HR. **Investigation Problem:** In daily work of the nurse in the PHC, this professional faces difficulties of management of the staff members, which influences negatively the process of work and assistance to the health provided. This study aimed to analyze the process of management of HR in the perspective of the nurses working in the PHC. **Method:** It is a qualitative nature research, performed in the Health Family Units (HFU) of cities of the State of Paraíba, Northeast-Brazil. The nurses who work in the HFUs, totaling nine participants, constituted the sample of the study, determined by the technique of saturation. The technique of data collection used was the semi-structured interview. The technique of data analysis used was the analysis of content, in the thematic modality. It is emphasized that this study was supported by the Resolution CNS 466/2012 and approved by the Committee of Ethics in Research, with authorization number .1.431.139. **Results:** Three thematic categories were built: Management of Human Resources in the Primary Health Attention: conceptions and perspective of nurses, which presented two subcategories – Strategies of the nurses in delegating activities and The importance of the staff unity in the personnel management. Interfaces of the Interpersonal Communication in the Routine of the Staff, with a subcategory called Conflict Resolution; and Abilities Inherent to the Management of Nursing of Human Resources and Difficulties faced, with the subcategory – Obstacles in the quotidian of the personnel management in the Primary Health Attention. The activities considered by the

interviewee as part of the management of human resources were: staff meeting, delegating activities, teamwork, planning, coordination, permanent education and supervision. On the abilities inherent to the nursing management mentioned by the interviewee, we highlight: leadership, qualified listening, ethics, empathy, dialogue, flexibility and organization. Among the main obstacles to the management of human resources in the ambit of the PHC, the workload and the supervision of the work performed by the Health Community Agents are highlighted. **Conclusions:** Therefore, the nurses showed several fragilities in the management of human resources in the PHC, which highlights the urgent necessity of better qualification of them for the management practices.

**Keywords:** Health management. Nursing. Administration of Human Resources.

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## Environmental stressors and patient safety on the process of peripheral venous puncture

Luciene Muniz Braga; Pedro Miguel dos Santos Diniz Parreira; Maria Adriana Parreira Henriques; Cristina Arreguy-Sena; Diene Monique Carlos; Virginia Mirian Pianetti Albergaria; Pâmela Torres

**Conceptual Framework:** The administration of intravenous treatment is a part of nursing practices and requires a venous access, which is obtained through a process of puncture of peripheral veins, for its implementation. This process is influenced by environmental stressors, therefore it is necessary that the nurse recognises them to subsidise the implementation of preventive measures with a view to patient safety. **Objective:** Analyse the factors that influence the nursing practices in the process of peripheral veins puncture. **Method:** Institutional case study using participant observation and individual interviews with nurses who cared for patients with intravenous treatment in a hospital service at the central region of Portugal, between July and December 2015. The observations and impressions were recorded in field notes and recorded audio interviews, and fully transcribed. The findings were subjected to thematic analysis using the NVivo® program. Ethical requirements were met. **Results:** 22 nurses took part on the participant observation and 16 on the interviews. The team work, the influence of peers for adherence to good practices and tacit knowledge are understood as positive influences on patient safety. Noise, activity disruption, the absence of a sink for hand washing, the reduced physical space, the ineffective communication

between physician-nurse, the influence of physicians in planning the schedule of drugs and the pressure to perform venous punctures attempts were perceived as risk factors for patient safety. **Conclusion:** Interpersonal and intrapersonal stressors related to the nurse favouring the safety of the patient were identified and interpersonal and extrapersonal ones that were constituted as risk factors. Improvements in the communication process, particularly in face-to-face communication, revision of the (counter)indications for insertion of a peripheral venous catheter and to the work environment with a view to reducing noise and disruption of the activities of nurses are essential to improve patient safety.

**Keywords:** Nursing; Catheterization, Peripheral; Infusions, Intravenous; Patient Safety.

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## A Mentor experience teaching Evidence Based Nursing

M Nélida Conejo Pérez; Francisca Casas Martínez

**Conceptual framework:** Evidence-Based Nursing (EBN) can be considered in terms of Kuhn as the new science in which the Nursing Discipline is to be developed. The ARCC Model has developed various interventions to implement the evidence in professional practice, where the cornerstone of this Model is the Mentor. **Research problem:** Mentor supports clinical nurses to find the answer to a real research question derived from a knowledge gap of their daily practice following the EBN methodology. It also increases knowledge, attitude and practice of EBN. However, although the Advancing Research from Close Collaboration Model (ARCC) has been implemented with very positive results, no study has explored the Mentor experience from this Model. **Method:** The aim of this study is to describe Mentor experience of the continuing education course "Evidence-Based Nursing: clinical and socio-clinical applicability of nurse research" held at the Nursing College of Madrid and in collaboration with the Foundation for the Development of Nursing in January-February 2016. For this purpose, a biographical study has been carried out. The subject of study is the course Mentor. The data collection was done through the reading of the notes in the Mentor field diary made during the course. A content analysis was carried out, and the information obtained was then grouped into three main themes. **Outcomes:** The main final topics were: attitude towards EBN, leadership role and frustration of mentoring. **Conclusion:** The overall experience has been very positive. Mentoring improves attitude through EBN learning from mentees. Mentees makes him feel his leader, developing feelings of protection and seeing himself with the responsibility of solving

their problems. Mentor also had negative feelings like frustration when mentees did not achieve their goals. The results of this study can help the ARCC Model to improve the Mentor selection criteria.

## Representations of adolescents about sexually transmitted infections

M.A. Sousa; M.I.F. Freitas

**Introduction:** The use of condoms, popularly known as condoms, is one of the most effective ways to prevent sexually transmitted infections, including AIDS. Thus, it is fundamental to verify how adolescents, who are initiating their sexual life, realize the importance of condom use and the risk of becoming infected by some sexually transmitted infection, because in Brazil the largest increase in AIDS cases is among young people, since 15 to 24 years old. In the last eight years, there have been almost 30,000 new cases in this population group, which represents an average of 10 new cases per day. The purpose of the present study is to understand representations of adolescents of both sexes about condom use, focusing on sexuality, sexual health, risks of HIV infection and ways of coping with these risks. **Methodology:** This is a research with a qualitative approach that used as a conceptual framework the theory of representations. The study included adolescents of both sexes, with more than 15 years of age, high school students of two schools of the state public network in the city of Belo Horizonte / Minas Gerais - Brazil. For the analysis of the data was used the process of structural analysis of narrative. **Results:** Twenty-eight interviews were conducted with male and female adolescents, aged 15 to 18 years old. The results indicate that some adolescents with active sex life do not care about the use of condoms for the prevention of AIDS and other sexually transmitted infections. The main concern related to the use of the condom is associated with a possible pregnancy, and thus, the condom has been used by these adolescents as a contraceptive method, and not as a method of prevention of diseases. **Conclusions:** Given the behavior of adolescents and the non-use of condoms by a large part of the population of this age group, it is important to have sex education campaigns aimed at this population group.

**Keywords:** Condoms. Sexual health. Sexuality. Sexually Transmitted Diseases. Social representation. Social Perception. Teenager. Qualitative research.

## Representations of health service users participating in VIGITEL 2015 on health promotion and disease prevention.

M.A. Sousa; N.C.P. Costa; M.I.F. Freitas

**Introduction:** The high morbidity and mortality due to chronic non-communicable diseases (NCD), appears as a complex and multi-causal worldwide situation, often addressed in research that relate to objectives and measurable factors, and underlie public policies for its prevention and control. However, aspects of living and thinking health and illness in people's daily lives have not yet being effectively included in these policies. **Objectives:** To understand representations on health and illness by health services users in Belo Horizonte, Minas Gerais, Brazil, that participated in the Project for Surveillance of Risk and Protective Factors for Chronic Diseases using Telephone Survey (VIGITEL) of 2015. **Methodology:** This is a qualitative research, grounded in the theory of social



representations, by the perspective of Alain Giami. Participants were part of the VIGITEL list and were invited by telephone for an interview with open and deep-dive questions at their home or at health service near their residence. The data were interpreted based on the Structural Analysis of Narrative. **Results:** 32 participants of VIGITEL were interviewed, 11 men and 21 women. The results pointed out two central categories of representations: "Health and disease: the relationship between the social norm and the subjects possibilities"; "Care in the ways of living: the influence of gender and age". These representations are anchored in life stories and social interactions with the interviewees. Men and women tend to seek some kind of transgression of health norms, especially in diet and physical exercise, showing that no one constantly thinks about health or illness. The female protagonism in the universe of caring is emphasized, but women tend to take care of others first, leaving their self-care for later. The lack of men's self-care is anchored in their own representations of work as a strong aspect of male gender. There are changes of this mindset as a result of the search for joviality and good appearance arisen by modernity. **Conclusion:** The results show that, although hegemonic representations are persistent, there is a space of construction and possibilities of ruptures, indicating that health professionals must increasingly commit to expand and deepen the understanding of broader conceptions about health, illness and care, taking into account the importance of psychosocial aspects in the search of healthy lifestyles. The offering of actions should prioritize the autonomy, integrality and equity, based on the protagonism of the users and their choices.

**Keywords:** Health Promotion. Disease Prevention. Chronic Diseases. Public Policy, Qualitative Research.

## VaKE (Values *and* Knowledge Education). Piloting strategy for Nursing Education

M Rosário Pinto; Ana Spínola; Alcinda Reis; Jean-Luc Patry; Dilma Silva; Joana Gonçalves; Luís Rainha; Mariana Esteves; Paula Feijão; Tiago Jeans

Nursing, whether in the hospital or extramural, is a very complex practice. Nurses are expected to have health responses which imply interdisciplinary, multi-professional dynamics, require high responsibility and consistent general knowledge to deal with many different, very specific patient needs, which lead them to deal with situations often triggering dilemmas.

In this paper we present a teaching method that can account at least for some of these factors simultaneously: Values *and* Knowledge Education (VaKE) that has been shown to be successful in many studies in different academic disciplines, never tested in Portuguese reality. A pilot study was conducted, as a contribute included in the participation in a TEMPUS Project- Lifelong Learning in Applied Fields, with a group of 3<sup>rd</sup> year nursing students. Results underline the significance of a structured discussion of values combined with knowledge integration, by applying VaKE, and emphasize the importance of incorporating personal experience into this reflexive approach. Likewise, motivation inherent to this strategy is highlighted by all participant due to the possibility of argumentation based on theoretical dimensions, but as well in previous life path and experience. Based on these positive experiences, it is suggested that further studies using VaKE in Nursing Applied Fields should be conducted.



## Nursing education in the 3rd Cycle: evolution in Portugal and in the World

Manuela Néné; Maria do Céu Barbieri

The evolution of nursing education in the last decades has required adjustments and re-adjustments for the progress of the discipline and of a profession, that is more and more recognized by social point of view, but not always visible at other levels. In this context, it is important to observe its position in Europe and in the World, emphasizing the parallelism between the nature of Teaching and the produced Investigation, as a source of sustainability in the evolution of the proper knowledge of a Science. **Aim:** Describe the evolution of Nursing training at the 3<sup>rd</sup> cycle level; Recognize the importance of knowledge in the academic and professional development of Nursing. **Methodology:** Narrative review, in the electronic databases of EBSCO and RCAAP, between 2010 and 2016. Were used the follow descriptors: Nursing, nursing teaching, doctorate in nursing. Inclusion criteria: articles of free access, in full text, in English, Portuguese and Spanish. Eleven of them were considered qualified studies. From those were extracted the relevant data and synthesized the findings considered more significant. **Results:** In Portugal, Nursing education at the 3<sup>rd</sup> cycle level is held in three Universities, two public and one private. The University of Porto (ICBAS), the University of Lisbon and the Portuguese Catholic University, respectively. Over the last 15 years there have been about 250 PhDs in Nursing, in a wide range of subjects, from teaching, therapy and clinical practice. In Western Europe, United States, Brazil and Australia the existence of this formative level starts on the decade of the 80's, as it was in Sweden and Australia. There are several doctoral programs such as in United Kingdom, as well as in the United States, where the duality training is expressive with the PhD in conceptual research and the Doctor in Nursing Practice. **Conclusions:** Knowledge is the tool capable of generating evidence that is the basis for decision-making at the policy level, with health gains, sustained on an evidence-based practice.

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## Teacher of basic education in the project "Health in Focus": experiences and challenges

Marco Aurélio Sousa; Camila Sâmara Alves Soares; Natassya Hoffmann Ribeiro; Vitor Magalhães Silva; Maria Bernadete de Oliveira Viana; Rosane Geralda Nascimento

**Introduction:** This study describes the experience report of a primary education teacher about her trajectory as a scholarship researcher. This study presents a broad vision about the performance, feelings, expectations, gains and difficulties experienced by the teacher of basic education with attribution so peculiar to basic school daily life. Points are made for the construction of possible ways towards a probable integration of the research that approaches the University of basic education. Considering theoretical conceptions and the conviviality of the authors of this study with the daily life of the school, articulated with the activity developed by the scholarship researcher, doubts emerged that gained prominence. How is to the teacher to be a scholarship in the project? How has this experience been? What are your feelings, expectations and perspectives regarding this interconnection research, basic education, higher education and health? In this perspective, the purpose of this study is to describe the trajectory of the scholarship holder of the Health in Focus project, identifying training, feelings, interests, experiences, challenges, expectations and expectations about basic education, higher education, research and health integration.

**Methodology:** This is a research with a qualitative approach, having as subject of this study a teacher of basic education, scholarship of the project Health in Focus: Research in Basic Education. The data were obtained through an open interview. **Results:** From the interview conducted, it was possible to organize the material obtained in categories of meanings, which allowed the understanding of the stories. These categories are: The contribution of research and its modifications in the way of being a teacher; Researcher teacher's feelings about research; The school environment and research; Perceptions of the teacher-researcher in relation to the teachers of basic education co-workers. There are barriers that are faced for combining education, research and health, as well as different opinions among co-workers, which generates different feelings about education and research, and may motivate or even discourage the work being done.

**Conclusions:** Investing in research in basic education is fundamental to understand the training of teachers and students, as well as the factors that affect their work routines and health. Corroborating for more effective practice aimed at both the teacher and the learner, forming more critical and humanistic students, recognizing and valuing the role that the teacher represents both within the classroom and society.

**Keywords:** Basic education. Health. Qualitative research.

## The collective imaginary of community health agents regarding mental health patients

Mariana de Abreu Barbosa Pereira da Silva; Rodrigo Sanches Peres

In Brazil, Community Health Agents (CHAs) are responsible for mediating actions between family health teams and the community in the context of primary health care, including mental health care. The establishment of a therapeutic relational field with mental health patients, however, is

affected by certain beliefs and negative images still held by society. According to the psychoanalytical approach adopted for this study's conceptual framework, the collective imaginary refers to a set of beliefs and images a given social group holds regarding another group. This study's aim was to understand the collective imaginary of a group of CHAs regarding mental health patients. This cross-sectional, qualitative study addressed six CHAs, all female workers from a Brazilian health service. Data were collected from a psychoanalytical discussion group developed over four meetings that lasted one hour and twenty minutes for each meeting. The meetings were recorded with the participants' consent. Various topics related to mental health were addressed during the meetings and the confidentiality of the participants' identities was ensured. The corpus, composed of transcriptions the meetings, was analyzed inductively using the psychoanalytical interpretation as a methodological procedure to enable the identification of its latent meanings. The interpretation of the corpus led to the emergence of two fields of affective-emotional meaning. The first was basically based on the belief that mental health patients are characterized by certain instability and danger, so they arouse fear. The second was delimited by the belief that there are certain alternatives to provide care to mental health patients, but psychotropic drugs are the main means of controlling symptoms. Hence, this study meets the established objective and enables understanding important aspects of the collective imaginary of a group of CHAs concerning mental health patients. Nonetheless, more studies including workers from different healthcare services are needed to acquire deeper knowledge of the subject. (Support: CNPq)

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## Challenges for the women care after implementation of the Paraná's Mother Network

**Renata Andrade Teixeira; Rosângela Aparecida Pimenta Ferrari; Sebastião Caldeira; Mauren Teresa Grubisich Mendes Tacla; Adriana Valongo Zani**

**Introduction:** the evaluation of programs and networks is one of the best mechanisms to respond to the information needs of managers and professionals who implemente<sup>(1)</sup>. **Objective:** In this context, the objective was to understand the experience of managers, nurses and physicians in the care of women in the pregnancy- puerperal cycle in the Parana's Mother Network, since studies are scarce from the perspective of the professionals implementing actions in primary health care. **Method:** Qualitative research with a approach in light of the theoretical-methodological reference of the Social Phenomenology of Alfred Schütz<sup>(2)</sup>, from October 2014

to February 2015, with professionals working in primary health care in a Regional Health, the second largest of the State, consisting of 21 counties and 884,039 inhabitants, located in the Northern of Paraná, Brazil. The counties of Regional were selected through the availability of the three social groups of the same city. The interviews were conducted individually, recorded in audio in a private setting in the Health Unit, and closed with evidence of convergence of "reasons for" and "reasons for" <sup>(2)</sup>. The guiding questions were elaborated based on the matrix of the Network Guide Line, organized and analyzed, fulfilling the six steps of the theoretical-methodological Framework <sup>(3-4)</sup>. The research was authorized by the State Department of Health, Regional Health Board and approved by the Research Ethics Committee of the State University of Western Paraná, n.544.107, CAAE:26317614.8.1001.0107. **Results:** 44 interviews were carried in 10 counties, of which 10 were managers, 12 were nurses and 22 doctors. The biographical characteristics included: age between 25 and 65 years and the working time ranged from five to twenty. The training of managers was diversified in nursing, geography and accounting. The "reasons why" were seized from the different perspectives of the professionals and the size of the counties regarding the planning and implementation of the Network, as well as the operation of the new routines and procedures to meet the guidelines Guide Line regarding prenatal care delivery and puerperium. The "reasons for" the expectation of the implementation of the Network in the primary health care service that still point to many challenges to be overcome, especially in small counties. **Conclusion:** was learned that the new concept in Network has brought positive proposals, but there are still difficulties to be overcome in the health system for the qualification of assistance to women.

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## Mental health in basic attention: Territorialization of care for the youth of Brasilândia

Rodolpho Augusto Da Silva Martins; Nathália Yamasaki; Gabrielle Borges; Paula Cavallaro; Isabela Concilio; Simone Rabelo Dos Santos

The present paper reports an action in the scope of the public policies of mental health and psychosocial rehabilitation, in interface with the national policy of basic attention. The action came from the concern mainly coming from the Community Health Agents regarding a lack of access to the adolescents of the territory, in interface with what involves the question of alcohol and other drugs. It was proposed to think about this care, supported by a network of attention composed by

the Family Health Strategy, Family Health Support Center and the three Psychosocial Support Center of the territory. This action resembles the practices advocated by the concept of social rehabilitation, which is a set of strategies that increase the user's ability to establish social and affective exchanges in the various scenarios, creating spaces for intervention in the community itself. The objective of this study was to propose the encounter in the territory, from the commitment with the user, without delimiting themes or interventions. This is an experience report based on the coexistence between professionals from the health units and the population to the environment, and fortnightly meetings were held in the period from February to July of the year 2016. As a result it was possible to identify several questions regarding the change paradigm of services in relation to the care of users of the territory. Raising the problematization about the cares that cross the care in interface with the existing contexts in the community. Another important issue that has been observed is observed is in relation to other ways of "doing health" that include expanded clinical strategies and harm reduction, broadening access to health services through the link, understanding of the population that the Basic Health Unit And other services make up the community and the territory beyond its geographical spaces, expanding the relationships of affection and belonging. It is therefore concluded that it is important to reaffirm and strengthen Basic Care as a strategic point of care, as well as to provide the proximity of the Psychosocial Care Center with the Basic Health Units, consolidating the Psychosocial Care Network based on local demand.

**Keywords:** Basic Attention. Psychosocial Attention. Territorialization.

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## Adolescenc Sexuality Worhshop: a report case

S.T. Canabarro; G.E. Menin; G.P. Carvaho; C. Krás; A.S. Silva

**Introduction:** Adolescence is a period comprises questions of interpersonal relationships, changes, questions and expectations by the transformations experienced in the body. At the educational context, the Brazilian Publish Politics and the Public Health provided the thematic discussions on sexuality education classes. For nurses and multiprofessionals teams working at primary health, is challenging featured an effective education with schools, allowing to young a reflection/discussion and interaction about doubts, fears and feelings resulting from modifications in the areas: biological and relational affective. **Methodology:** This is a report of the workshop experience developed together Extension Program "health fair"- Universidade Federal de Ciências da Saúde de Porto Alegre (RS/Brazil), a region in a public school. As there were activities at second half of 2016, through workshop, in small groups, a participatory dynamic language with teenagers from 12 to 16 years, on the theme of sexuality. The aim to build knowledge, articulate discussions/reflections and to development with young peoples a self-awareness and self-care. Active participation occurred among the organizers of the workshop and the teenagers, in the intermediation of issues raised, from questions written and arranged in a box. The questions have fostered discussion as wheels, the two nurses, started the dialogue if profound as young people felt ears on your questions,

discoveries and aspirations. Results and discussion: The course of questions, a correlate difficulty in school environment appears to be related with teenager's sexuality. Reflecting on responsibility of young people, like pregnancy adolescence and discussion about self-care and consequences on their choices and actions including aging. However, the same implications of social prejudice, expose front option. No context of sexually transmitted diseases/HIV, there was ignorance of teenagers about condom use, being a major concern, with an early pregnancy. **Conclusion:** at the end of the rounds among the workshop groups different questions arise in relation to the challenges at education in featured and guide young people on a thematic include misinformation and prejudices, to be able to generate new ideas at school environment and community. As Universities have social responsibility in working with education aimed at changing paradigms, and as workshops can be the beginning of this actions protective and promote emancipatory dialogue guided by the trust, knowledge and respect due to friendship relation.

**Keywords:** Adolescence, Health Education; Sexuality.

## Governance and quality management in the supply network: a study of a network in health organizations

Saturnina Alves Da Silva Martins; Marcio Cardoso Machado

The present study aimed to identify how the formal and informal governance instruments influence quality management in the supply network in the context of health organizations. It was identified that there are several papers cited on matters involving supply chain, governance and quality management, however, there are few cited works that deal with the context of health organizations, through this aspect, this research was justified. This is an applied, exploratory research with a qualitative approach to multiple case studies. The sample consisted of five health organizations that provide Renal Replacement Therapy services and an organization that supplies hospital materials, the focus of which is the supply networks of these organizations. Data were analyzed through subject discourse and triangulation of data. It is believed through the research carried out that in the context of health organizations the integration of formal instruments such as informal instruments of governance influence and can provide qualitative results in the supply network, which will depend on the impact of formal mechanisms. The study has as main academic contribution to demonstrate that research on supply networks in health organizations is relevant, as they provide subsidies that promote a deeper look at the instruments of governance and their implications in supply networks related to health organizations.

**Keywords:** Business Networks. Governance. Supplies Network. Quality Managementt

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## Feelings experienced by mothers after the news of the birth of a child with Down syndrome

Solange Abrocesi Iervolino; Aline Arins da Silva; Gabriela Maia da Silva Mira

Down syndrome has specific features. The way is given the news of the birth can define feelings that are experienced by the mother, and influence in how the child will be stimulated for development.

**Objective:** to identify the perceptions of the mothers after the news of the birth of a son with Down syndrome. **Methodology:** descriptive exploratory Research with qualitative approach held with 19 women who gave birth to a son with Down syndrome from 2009 to 2015, Joinville, Santa Catarina – Brazil. Data collection occurred through individual interview using a questionnaire, validated by pre-checking, from June to October 2016. For analysis and interpretation of data, using the thematic analysis consists of three steps: 1ª) pre-analysis; 2nd) exploration of the material; 3rd) treatment of the results in which we need to get the nuclei of meaning to "make up a communication whose presence or frequent as meaning something for the analytical object in question" (Minayo 2013, p. 316). Organized three categories: the time of news. The (MIS) understanding of Down syndrome and feelings after receiving the news. Research approved by the Research Ethics Committee of Bom Jesus Ielusc, with 1,521,714 opinion. **Analysis and discussion:** the mothers of the 49-year-old had 21; 16 gave birth to this son after 35 years; Eleven lived with companions; nine attended the elementary schools, five middle and five superior; twelve received the news after delivery; sixteen had no knowledge about the condition of his son; seventeen experienced unfavorable feelings and highlighted the shock and fear for the future of the child; a expressed feelings of guilt, a grieving and a narrated that experience could not have been worse. For these women, the way and the moment when the news given interfered heavily in their reactions. Believe that the professional prepared it can inform and reassure the woman helping her deal with the condition of the child. **Final thoughts:** the link is something that demands time, it is believed that the best time to give the diagnosis if not during pregnancy; it would be after 48 hours of birth. The more satisfactorily meet the needs of the child and specific features of the syndrome, the better will be the development and quality of life. The nurse has the role to assist and mediate the binds, offering resources to lessen the suffering of the mother and the family.

## Perceptions of families of adolescents with Down syndrome

Solange Abrocesi Iervolino; Cintia Rosa Machado; Maria Helena Nascimento Marquesi

Adolescence is a transitional period between childhood and adulthood, characterized by the impulses of physical, mental, emotional, social and sexual. The Brazilian Ministry of health classifies teenager the person between the ages of 10 and 19 years (BRAZIL, 2010). Both adolescence in typical development as the child with Down syndrome represents a critical moment that involves the whole family. **Objective:** to identify the conceptions of parents of teenagers with Down syndrome on this phase of the personal development. **Methodology:** descriptive research with qualitative approach held with eight family's participants from a non-governmental organization, of Joinville, Santa Catarina – Brazil, which caters exclusively to people with Down syndrome. Data collection occurred through individual interview using a questionnaire, validated by pre-checking, containing open and closed questions, from June to September 2016. For analysis and interpretation

of data, using the thematic analysis consists of three steps: 1<sup>a</sup>) pre-analysis; 2nd) exploration of the material; 3rd) treatment of the results in which we need to get the nuclei of meaning to "make up a communication whose presence or frequent as meaning something for the analytical object in question" (Minayo 2013, p. 316). Therefore, the data organized into three categories: Perceptions of families about the teenager with Down's syndrome. Feelings of families about adolescence of her son with Down syndrome and conceptions of families. Research approved by the Research Ethics Committee of Bom Jesus-IELUSC, with 1,598,128 opinion. **Analysis and discussion:** The parents stated that the lack of autonomy of teenage son with Down syndrome is closely related to the tribulations of the everyday life of families; recognized that they super protect the children for fear of exposing him the embarrassing situations on its limitations; expressed feelings of sadness and anguish when talking about demonstrated "fitness of life/death"; talked about their concerns about the person who would assume responsibility for the care of the child after the death of her parents.

## Women who did Bariatric Surgery: perceptions and feelings about the maintenance of the desired weight and changes in personal and family life

Solange Abrocesi Iervolino; Elisa Karla Eigenberg; Jair Marcos Schwertz

Obesity is a chronic disease of multifactorial character. In Brazil is increasing and more women seek Bariatric Surgery, mainly because in current society the slimness is one of the strong parameters of beauty, also because the comorbidities are severe. Objective: to know the perceptions and feelings about the changes in personal and family life of women who performed Bariatric Surgery, in a public hospital in a municipality of Santa Catarina – Brazil, from May 2011 to May 2012. **Methodology:** descriptive exploratory research with qualitative approach, held from June to August 2015 with 30 women who underwent Bariatric Surgery, kept the desired weight, lived with their families and were residing in the municipality. Research approved by the Research Ethics Committee of Bom Jesus Ielusc, with 1,063,842 opinion. **Data collection:** through individual interview using a questionnaire, validated by pre-checking, of which responses guided the roadmap of the focal group. For **analysis and interpretation of data**, using the thematic analysis consists of three steps: first) pre-analysis; 2nd) exploration of the material; 3rd) treatment of the results in which we need to get the nuclei of meaning to "make up a communication whose presence or frequent as meaning something for the analytical object in question" (Minayo 2013, p. 316). Resulted in four categories: health; Family; Quality of life and food. **Analysis and Discussion:** 28 women had more than 30 years, 12 have completed high school; married 22. 26 had one or more children. Before surgery: 18 had Hypertension, and 19 with musculoskeletal problems. 9 dyslipidemias; 25 with obesity grade III. On the day of the interview: 10 with normal weights, 16 with weight excesses. One had obesity grade II and three with grade 1. All improved of Comorbidities. Currently they prefer healthy foods, decreased or eliminated medicines for the treatment of Comorbidities and had improvement in quality of life. Feel physical well-being, morale and improves for locomotion, work and leisure. Feel more loved, cared for and protected by his companions and other family members. The family developed a key role providing support and support. Realized that the success of the intervention was only possible because the family reorganized itself to participate in the new habits and life style. **Final considerations:** Bariatric Surgery determines the beginning of a new phase of life, the nurse beyond all multidisciplinary team also plays the role of conciliator between patient-family-multidisciplinary team.

## The child's vision before the peripheral venous puncture

Stela Cruz Faccioli; Mauren Teresa Grubisich Mendes Tacla

**Introduction:** During hospitalization, the child becomes exposed to factors that can be caused by trauma, and the peripheral venous puncture one of painful procedures performed with greater frequency and that can cause pain and stress in the child, in his family and in the nursing team. The venipuncture is one of the invasive procedures more feared by the children, since it causes pain, discomfort and anxiety. **Objective:** To understand the perceptions of children hospitalized at the peripheral venous puncture. **Method:** This is a field research, descriptive and exploratory qualitative study, performed in the Pediatric Unit of a university hospital in southern Brazil. The sample was composed of 20 children aged 6 to 11 years who had already been submitted to peripheral venous puncture. The data were collected in the period from March to June 2015 after approval from the Research Ethics. The collection was made by means of interviews with the consent of the responsible through the Informed Consent Form. For analysis of the data was used to Content Analysis by Bardin. **Results:** The feelings most often cited by children during the interviews were the fear and the pain and the speeches were full of scars and traumas related to previous experiences. The majority of children undergoing peripheral venous puncture does not have clarity about the procedure, what makes it scary. **Conclusion:** It is important that the child is orientated on the procedure in order to demystify their fear. It's necessary that the professional use of language and appropriate strategies for their age and their cognitive level

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## Punctuation of blood vessels for transfusion: a case study on the peculiarities of the process

Valesca Nunes dos Reis; Cristina Arreguy-Sena; Aline Almeida Peres; Michele Nakahara Melo; Luciene Muniz Braga

**Background:** In Brazil, in 2012, 3,127,957 transfusions were performed, of which 85.23% were carried out at hospital care and in Minas Gerais were performed 320,524 transfusions<sup>1</sup>. The situations involving blood transfusion recipients must be characterized in their specificity in order to facilitate the nursing practitioner for therapeutic decision-making<sup>2</sup>. **Objective:** The aim was to understand the specificities of the peripheral vascular puncture process performed for hemotherapy purposes in the perspective of the occurrence of peripheral vascular trauma. **Method:**

A case study on the profile of persons punctured for hemotherapy purposes in a public health and teaching institution in a city of Minas Gerais, Brazil. Sample by typicality composed of six recipients of blood components. Data collected from June/2015 to August/2016. Individual interview with clinical evaluation based on semiological techniques was carried out, consultation of medical charts and photographic records of the catheter insertion site. Data collected by android device using the Open Data Kit and processed in the NVivoPro11 Software. Ethical and legal recommendations of the research with humans according to Brazilian legislation were met. **Results:** Six patients who were hospitalized had anemia, thrombocytopenia and/or immunosuppression, whose blood vessels allowed the infusion of hemoderivatives and intravenous therapy to be feasible. There was loss of puncture and divergence between professional records and labor practices was identified. Complex of fixation did not meet the institutional protocols. There were manifestations of vascular trauma: edema and ecchymosis documented by photographic records. Recommendations were given on the size of the intravenous catheter and the use of a central vessel for the infusion of vesicant drugs. **Conclusion:** Among the peculiarities that characterize the procedure of puncture of vessels performed in people with alterations in the blood profile for hemotherapy purposes are: the state of illness, the concomitant use of drugs and volumes infused; specificities required by hemoderivatives when infused and the inability to puncture peripheral veins motivate the use of central punctures. Photographic records were relevant and constitute strategies for the composition of didactic material for use in lifelong education.

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## Doctor's Experiences of Continuing Professional Education

Youngho Oh; Seung Eun Chung

This study is to determine the current status and the problems related to the continuing education of the medical professionals, as they are the key personnel among all health care professionals. Ten in-depth interviews were conducted (4 doctors, 3 dentists, and 3 doctors of oriental medicine) through purposeful sampling using qualitative thematic analysis. The experiences of continuing education were identified: (a) perception of obligation duty in certifying (inconvenient and essential education; and easy education in fulfilment of obligation), (b) contents and effects of education (professionalism and generalization; update and basic compaction; clinical applicability; and relationship orientation), and (c) methods and management of education (diversity and concentration; rigor and autonomy; and feedback and stasis). The conclusion of this study is that to improve continuing education of doctors, changes in the perception of continuing education and the development of its curriculum are required. Finally, to improve the quality of the continuing education, an accreditation system for continuing education providers needs to be introduced.