

year-old children without any language disorders, in order to analyse their potential influence on their language skills".

#### Methods

To this end, a 10-session program was build, evaluated and validated by a panel of experts. Before the beginning of the program, all the sample children were evaluated with a language test for preschool age. A sample of 12 children, divided equally in two groups, was selected and the program was applied by a Speech and Language Therapist only to one of these groups. At the same time, the Childhood Educator's opinion was collected in order to understand the influence of the respective program on the children's language skills.

#### Results

The final results of the study show that children who participated in the program improved their language skills, which was not the case of the children who did not take part in that same study. These results prove that the investment in prevention actions, through the promotion of language skills, enhances the oral and written language skills of children, especially in terms of literacy, something that is indispensable for their educational success.

#### Conclusions

Finally, the study also emphasizes the importance of primary prevention actions, such as the application and development of programs to stimulate or organize information actions, with a view to promoting the health and the well-being of society in general.

#### Keywords

Child language, Child-rearing, Early intervention, Prevention, Speech therapy.

## O102

### The impact of a training program on the performance of nurses working at a chemotherapy ward

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#### Background

Oral mucositis (OM) is the major complication reported by patients undergoing chemotherapy and/or radiotherapy, with a strong impact on their quality of life by compromising physical and psychological functions [1]. OM affects 40-76% of patients undergoing chemotherapy and up to 90% of patients undergoing radiotherapy [3,4]. Inadequate oral hygiene is a patient-related risk factor in which health professionals can intervene [5,7], namely nurses [6]. Oral examination allows diagnosing the different stages of OM and establishing an individualized care plan.

#### Objective

To assess the impact of a training program on the performance of nurses working at a chemotherapy ward regarding OM risk assessment and prevention in cancer patients.

#### Methods

This action-research study aimed to identify nurses' interventions in patients with or at risk for OM. Data were collected from the nursing records of 110 patients between October and November 2016 in order to analyse the nursing documentation pattern based on an evidence-based grid. Data were analysed using descriptive statistics. The discussion with the team nurses about the results obtained in the document analysis was used to design a three-session training program. The next step was to reanalyse the nursing documentation pattern with the purpose of identifying positive changes in the aspects under study. The study was approved by the Ethics Committee.

#### Results

The analysis of the documentation pattern showed that 31.8% of the patients were not asked about oral hygiene practices, although 25.7% of the sampled patients were in the 1st cycle of chemotherapy. A total of 21.9% of patients were not observed during oral hygiene care. Only 14.5% of patients were given instructions about the treatment of side effects, and only 12.5% of them were given instructions about oral hygiene care. Only 2.7% of the patients had their oral cavity/mucous membranes examined,

and all of them were diagnosed with OM. The implementation of the training program led to the introduction of standardized records for oral cavity surveillance. Nurses showed high adherence levels to this practice and considered it very relevant in clinical practice.

#### Conclusions

The research results show that nurses do not perform a systematic diagnostic evaluation of patients' oral cavity and that few patients receive instruction on oral hygiene care, which does not contribute to patient empowerment in this area. The implementation of the training program showed that nurses recognize the need for and are committed to changing practices in this area.

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#### Keywords

Oral mucositis, Nursing care, Oncology.

## O103

### Styles of conflict management and patient safety

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#### Background

Health is a demanding scenario of changes and successive adaptations that, very easily, allows the emergence of differences between the involved and conflicts between professionals. Ineffectively managed conflicts in health organizations reduce quality, compromise safety, and increase the costs of health care delivery, secondarily to the goals of being effective and efficient.

#### Objective

Thus, the general objective of the study is to investigate the relationship between the conflict management styles used and the level of patient safety climate among the clinical services professionals at Hospital Pêro da Covilhã of CHCB.

#### Methods

The research is of a quantitative nature, of a descriptive and correlational character and of a transverse nature. The sample is non-probabilistic, consisting of 137 health professionals who work at CHCB. The use of ROC-II and SAQ allowed the evaluation of the styles of conflict management and the perceptions of attitudes of health professionals related to patient safety.

## Results

The results show that professionals, in all relations with the opponent, opt preferentially for collaboration, with competition being the least common style of conflict management. There were no differences in the styles of conflict management used in relation to the opponent. The participants presented positive attitudes towards the patient's safety, and it was verified that the professionals perceived a lower security relative to the dimension of management's perception and greater in relation to the dimensions of job satisfaction and recognition of stress, which show the highest values. The relationship between conflict management styles and the security climate level was verified. There is an association between literacy and conflict management styles, and years of service and conflict management styles. Regarding the ordinal independent variables, all are associated with the perceptions of the security climate.

## Conclusions

Gender, marital status, integration period, function and years of service, influence the conflict management styles used; and age, gender, choice of service, integration period, function, area of service and years of service, influence the perceptions of professionals' attitudes related to patient safety.

## Keywords

Conflict, Conflict management, Patient safety, Safety climate.

## O104

### Influence of a rehabilitation nursing care program on quality of life of the patients undergoing cardiac surgery

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## Background

Cardiac rehabilitation (CR) is fundamental in the treatment of patients undergoing cardiac surgery (CS) regarding the educational, physical exercise and quality of life dimensions. Considering the competences of Specialist Nurses in Rehabilitation Nursing (SNRN) and the current prevalence of risk factors associated with cardiovascular disease, it is essential to implement programs in this area.

## Objective

To assess the impact of SNRN interventions on a CR program during hospitalization (phase I) and 1 month after CS (phase II).

## Methods

Participants (n = 11) submitted to CS, of both sexes, between 25 and 64 years of age (61.09 ± 7.09 years), that according to the American Heart Association and the American Association of Cardiovascular and Pulmonary Rehabilitation, met the criteria for low or moderate risk, class B for participation and exercise supervision, absence of signs/symptoms after CS, with a left ventricular ejection fraction greater than 40%. Supervised interventions were performed during hospitalization, pre- and post-cardiac surgery, and 1 month after hospital discharge. In phase II, a physical exercise program was fulfilled according to the norms of the American College of Sports Medicine, comprising 3 sessions of physical exercise per week lasting between 30 to 60 minutes, including heating, aerobic exercise and recovery/stretching. Hemodynamic data (blood pressure, heart rate, peripheral oxygen saturation, pain) and the Borg scale were recorded in the initial, intermediate and final periods of each session. The aerobic capacity was evaluated through the 6-minute Walk Test and the health-related quality of life using the Short Form Health Survey 36 (SF-36V2) questionnaire.

## Results

Significant statistical improvements were observed in the time/walk relationship, such as the increase in the respective functional capacity (p = 0.05) and quality of life (in various domains). During the hospitalization, the subjective perception of the effort of session to session decreased in 81.82% of the participants. T-test for

independent samples revealed that differences in resting heart rate (phase I) were not significant, however, the difference in distances was significant at a 95% confidence level.

## Conclusions

Nursing rehabilitation care is essential to improve the quality of life of patients undergoing CS in a phase I and II rehabilitation program. The benefits of CR programs are evident when initiated early after CC, reinforcing the need to increase their implementation in the rehabilitation of cardiovascular disease. Although the reduced sample size, the results represent a basis for future studies with a larger number of participants and a longer intervention period after CC.

## Trial Registration

NCT03517605

## Keywords

Cardiac Rehabilitation, Quality of Life, Rehabilitation Nursing.

## O105

### Study of knee arthroplasty in the elderly population with agricultural activity

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## Background

Arthrosis is a major cause of pain, disability and loss of quality of life [1]. It affects the knee of elderly, overweight people and women frequently, and is influenced by articular overload, that occurs in Agriculture [2-9]. The majority of the individuals submitted to Total Knee Arthroplasty (TKA) refer significant decrease of knee pain and increase of knee functionality [1]. In this context, there are no studies on the recovery of elderly if they return to Agriculture after TKA.

## Objective

Realize if elderly people between 65 and 80 years old, patients of Pêro da Covilhã Hospital, with Agricultural activity before surgery and submitted to TKA, with medial approach and posterior cruciate ligament sacrifice for the first time, can return to Agriculture and how long does it take; otherwise, identify the reasons for the interruption. Secondly, analyse if Body Mass Index (BMI), gender, job, among others, influence this return.

## Methods

This is an observational retrospective study with 38 patients between 65 and 80 years old submitted to TKA. Data was collected through clinical processes and patients self-report Western Ontario and McMaster Universities Osteoarthritis Index (WOMAC) and analysed on SPSS and R software (statically significant p < 0.05).

## Results

Of the 38 patients, 76.3% were female. Average age was 72.21 ± 4.50 and 75.13 ± 5.01 years old at the time of TKA and at the time of the questionnaire, respectively. On both moments the majority of the individuals had overweight or obesity. 84.2% returned to Agriculture (81.2% partially and 18.8 % fully), on average 6.34 ± 4.90 months after TKA. The median age at the surgery of the seniors who didn't return to Agriculture is superior to the one of the seniors who returned (p = 0.025). The higher score in Stiffness and the lowest total score on WOMAC was seen in the individuals who returned four or more months after TKA (p = 0.0125 and p = 0.026, respectively).

## Conclusions

The majority of the individuals between 65 and 80 years old, with Agricultural activity before surgery and submitted to TKA with medial approach and posterior cruciate ligament sacrifice, can return to Agriculture, in 6 months. Most of them don't return fully. The most cited reason was surgery consequences. The median age at the time of TKA of