

Evidence-Based Practice Questionnaire “ to 345 participants, the rate of response of 70.7% (n = 244). We proceed to univariate and descriptive statistics and performed the t Student and the chi-square (χ^2) tests.

Results: Nurses demonstrated a positive belief in supporting practices based on research, believing that this will contribute for a better future professional development. Comparing the studied settings we globally verified a favourable perspective for the adoption of an EBP existing however facilitators whose mean is highest in the hospital context.

Conclusion: It has been noted the need for additional support regarding the adoption of EBP. Therefore is essential an integrated policy to streamline clinical research involving the active participation both of the clinical practice nurses and academic institutions.

Keywords: Evidence based nursing. Cross-sectional study.

ETHICAL PRINCIPLES OF JUSTICE IN MICROALLOCATION HEALTHCARE RESOURCES

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Introduction: In a context of scarcity prioritization patients is plagued with ethical dilemmas focusing on principles of efficiency and equity. To define reasonable criteria for microallocation decisions requires knowing the ethical principles of justice defended by society.

Objectives: This study attempts to: 1) identify and compare the opinion of two groups of the Portuguese society – people in general and health professionals, about the personal characteristics of patients they value when prioritizing them; 2) understand the reasons behind that choice in order to fit them under efficiency or equity orientations.

Methods: Using quantitative and qualitative methods a sample of 180 college students and 60 health professionals were studied. A questionnaire was developed with eleven hypothetical emergence scenarios. Respondents must decide and justify which patients to treat when only one bed is available. Patients are distinguished by personal characteristics summarized in three types: 1) inherent to the person (age, sex, race); 2) person's relations with others in society (having children; marital status; economic status; labor status) and 3) person's causal relation with illness (smoking, drinking).

Results: Findings suggest the: 1) existence of significant differences in the choices made by both groups with health professionals to choose more often assign equal priority to patient's; 2) coexistence of equity and utilitarianism orientations among both groups even though efficiency received the greatest support especially by health professionals.

Conclusions: Results suggest the acceptance of social criteria in the microallocation of health resources primarily for utilitarianism reasons.

Keywords: Rationing. Ethical judgments.

PECULIARITIES OF POST OPERATION PAIN AND NON-PHARMACOLOGICAL PAIN MANAGEMENT

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Introduction: Intensive and continuous pain after surgery has negative impact on patient's emotional and physical state. Problem of post operation pain and reduction of it by using

non-pharmacological management is relevant and not fully disclosed.

Objectives: 1) Assess the peculiarities of postoperative pain and the factors influencing it; 2) identify practices of non-pharmacological pain management after surgery.

Methods: Was made quantitative study. Statistical methods: Correlation, Student's Criterion, Anova test. Representatives' sample 300 patients, who had surgery in past 2 years.

Results: 2/3 patients felt moderate or severe pain in the first days and 1/3 in few days after surgery. Women, younger people are more sensitive to pain than seniors. Postoperative pain is greater in urgent than in elective surgery. The highest postoperative pain is felt after Cesarean Section, abdominal operation. If the emotional state is worse pain is bigger. 3/3 patient got pharmacological pain treatment by doctors prescription ($p \leq 0.05$). Communication with relatives was frequently applied as non-pharmacological pain way (86.9%), book, magazine reading (46.3%), social media (27%), watching TV (24%). Psychological, spiritual, physical ways were rarely applied: relaxation (31.5%), breathing exercises (23.4%), prayer (29%). In respondents opinion non-pharmacological pain management was effective ($p \leq 0.000$). More than 2/3 participants would like to get more information about it.

Conclusions: Considering patients' interest, non damaging effect to the health, economical effect, possibility to reduce pharmacological treatment and implementation to the later postoperative period implementation of non-pharmacological pain management is beneficial in surgery and nursing practice.

Keywords: Postoperative period. Pain. Non-pharmacological pain management.

UNDERSTANDING IMMIGRANTS' ADHERENCE TO CHILD HEALTH SURVEILLANCE SERVICES IN PORTUGAL: HIGHLIGHTS FROM A GROUNDED THEORY

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Introduction: Immigrant children are a vulnerable group regarding health. Evidence suggests lower rates of their adherence to health services (vs non-immigrants, Javier et al, 2009), in general, and child health surveillance services (CHSS), in particular. Although the promotion of immigrant children's adherence to CHSS may be an important step in promoting their health, little is known about the determinants of their (caregivers') behavior.

Objectives: This study aimed to develop a Grounded Theory (GT) on the determinants of adherence to CHSS, of Cape Verdean and Brazilian immigrant child caregivers in Portugal.

Methods: 5 Focus Groups (n = 19) and 17 in-depth interviews were conducted, with Cape Verdean, Brazilian and Portuguese child caregivers, from heterogeneous socioeconomic conditions. Data was analyzed using the GT methodology of Strauss and Corbin (1990).

Results: Adherence to CHSS is a nuclear and multidimensional concept with several determinants at different levels of analysis. Some of these main determinants are: immigrants' socioeconomic conditions; (lack of) support for children's care in the host country; (cultural) beliefs about recommended interventions; the degree of similarity between consults/health-care providers of origin and host countries; (cultural) differences between caregivers' and health-care providers' practices.

Conclusions: These findings may contribute to increase the knowledge about immigrants' (non)adherence behaviors, especially those that aim at health promotion. Also, our findings may point to important direction for further research and intervention aiming at the improvement of immigrants' adherence to CHSS in Portugal.

Keywords: (Non)adherence. Immigrant children. Determinant.