

of health services is also measured by the satisfaction of professionals.

Objectives: To evaluate the quality of life of nurses in three hospital units ULSNE.

Methods: The sample consisted of 124 nurses in three hospital units ULSNE. The questionnaire consists of the SF12 scale (Ferreira, 1992) and is composed of 12 items that make up eight dimensions. They are aggregated into two components, physical and mental designed by MSF and MSM. It is a descriptive, exploratory study with a quantitative approach. Sampling is not probabilistic.

Results: We found that there are statistically significant differences in MSF with regard to age, professional category and contractual arrangements. In MSM observed statistically significant differences with regard to marital status and profession.

Conclusions: The identification of these relations is very important in health organizations. Facilitates decision making and therefore the provision of better health care.

Keywords: Quality of life. nurse.

11. HEALTH AND MINORITIES

THE ACCESS TO HEALTHCARE SERVICES BY THE UKRAINIAN IMMIGRANTS - FACTORS THAT PLAY A PART

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Introduction: The constant presence of immigrants in Portugal and the coexistence of diverse cultures impose changes in the behavior of healthcare professionals in relation to access to health care services.

Objectives: Determining the factors influencing the demand for health care by Ukrainian immigrants in the metropolitan area of Porto.

Methods: Exploratory and descriptive study of both quantitative and qualitative nature. The information was gathered by questionnaires from a convenience sample of 212 Ukrainians immigrants residing in the metropolitan region of Porto and eleven interviews.

Results: There were detected difficulties in accessing healthcare arising from the language barrier and/or different interpretations along with the disarticulation between the various support services for immigrants, ineffective communication, cultural barriers, beliefs, difficulty in combining schedules, costs of treatment, lack of rights as an immigrant, illegal situation and consequent fear of discrimination. The lack of information, particularly concerning the access to healthcare for undocumented immigrants and the fear of having their condition told out to the authorities causes them to avoid attending healthcare services, resorting to other alternative services where the - lack of - documentation is not a determinant factor.

Conclusions: The necessity to train and to create awareness between all the professional that deal with immigrants, and also all healthcare professional. It is suggested to perform longitudinal studies for transcultural approaches with immigrants of different ethnic groups with different cultures and values, in order to improve the cultural competency of healthcare professionals.

Keywords: Ukrainian immigrants. Access to Healthcare care. Cultural diversity and transcultural nursing. Human Rights.

SCABIES IN A LOCAL ROMA COMMUNITY, A PROBLEM OR AN OPPORTUNITY? A CASE STUDY

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Introduction: In general, the Roma Community in Portugal is a population who is living a profound social exclusion process that results in poor housing conditions, health and sanitation, low literacy rates, marginalization at work, incidence of some diseases, stereotypes and social cultural segregation. Many communities live without water, sewages and electricity, which make personal hygiene and housing conditions inadequate leading to scabiose.

Objectives: To show how to approach a parasitic disease in a specific community: a local Roma Community.

Methods: This is a qualitative case study of research-action. Strategically it involved many institutions: the school (which signaled the problem), the local authorities, the social institutions and the health center, to resolve a parasitic problem of high spread (scabies) in a specific community, with no water at home.

Results: With this community we have negotiated wash and dry personal clothing and bedding using industrial machines at high temperatures and the realization of baths with antiparasitic application in 6 of 7 families (30 people agreed to participate) in the locker room of a local football club. One family refused to participate. Scabies ceased to exist, but the community itself requested the continuation of professional football club baths, which have maintained a weekly periodicity. The next step will be to work hygiene in house.

Conclusions: The results show that a collaborative work between the health center and the local Roma community has proved very effective in eliminating scabies. We believe that this work will enhance improvements in personal hygiene and housing. Therefore this will be an opportunity to improving the lifestyles of this kind of communities, respecting their cultural values.

Keywords: Scabies. Roma community. Personal hygiene.

APPLICABILITY OF THE TRANSCULTURAL NURSE - MODEL BY JOSEPHA CAMPINHA-BACOTE

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Introduction: Respect for cultural differences, habits and customs leads us to reflect on interculturality in nursing care, increasingly visible through migratory processes due to global contingencies. Campinha-Bacote understood this need, and developed her work in the field of cultural competence of health professionals. The Model of Cultural Competence Process is an ongoing process in which the professional tries to work effectively within the cultural context of the customer (individual, family, community) and covers five cultural constructions (ASKED): Awareness, Skill, Knowledge, Encounters, and Desire. This model allows nurses to examine their own cultural skills through self-examination questions about consciousness, the ability, and cultural knowledge: What do I know about the other? What is my interest in the interaction? Do I intend to become culturally competent? (Campinha-Bacote, 2011).

Objectives: To reflect on the practical applicability of the Model of Cultural Competence Process in nursing care.

New perspectives: To consider the direct relationship between the level of competence of care providers and the ability to provide culturally sensitive health care. Theoretical and practical implica-