

collection took place between March and May 2011. Quantitative data were statistically analyzed using SPSS and qualitative data were worked through a technique of content analysis. **Results:** Nurses focus their speech on three major themes: “Nurses and humanization”, “Humanizing is Caring” and “What remains to humanize?”. To the interviewed nurses the concept of humanization is very comprehensive and implicit in all the care they provide. Nurses see the child and the family as a whole and, for them, technical care can and should be provided with humanization. The questionnaires analysis show that parents are welcomed in the vast majority by nurses and, in general, are satisfied with the humanized care provided by them. Their discontent is related to service logistic conditions and with visiting hours.

**Conclusions:** The hospitalized child needs human care and technological support. In addition to the technical and scientific competence it is essential that nurses are aware of aspects as the host, respect the uniqueness and affective involvement in humanized practices, as well as sensitivity, commitment, ethical and cultural respect.

### EMPOWERING TO SAVE

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**Introduction:** The 2012-2016 National Health Plan emphasizes the importance of gains in health “through the alignment around common goals, the integration of sustained efforts from all sectors of society, and the implementation of strategies focused on citizenship, on equality and access, on quality and on healthy policies”. Based on the Universidade Católica Portuguesa’s mission of “generating and sharing critical, innovative and socially relevant knowledge to the service of integral development of the person and the common good”, and considering that the human being is conceptualized as a person who materializes in a health project, taking care of herself, others, things and the surrounding world, arises, the training project in basic life support in secondary schools. This project aims to empower the students for a civic intervention, as health promoting agents, preventing disease and building a healthy society.

**Methods:** Qualitative/quantitative study, using content analysis and statistic treatment of questionnaires of students in a sample of 10 schools.

**Results:** Regarding the addressed subject and content, most of the students, consider them very important. They argue that the project motivates and empowers them for a safer intervention for emergency situations. They feel directly involved for being able to save lives, assuming that this responsibility not only belongs to doctors and nurses, but to everyone.

**Conclusions:** The results highlight the importance of strengthening these intervention projects within the educational community, by empowering the interveners, in a perspective of citizenship and health as integrative concepts in society.

### INFLUENCE OF THE SLEEP ON HEALTH, BEHAVIOR AND SCHOOL PERFORMANCE OF STUDENTS OF 2ND AND 3RD CYCLE OF BASIC SCHOOL

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**Introduction:** Sleep is a vital function, playing a central role in health and quality of life.

**Objectives:** To determine the quantity and quality of sleep of the students according to their residence milieu, gender and school grade; identify external factors that influence sleep; inquire the influence of sleep quality in physical and emotional health, behavior and learning in students.

**Methods:** We conducted a transversal study, predominantly quantitative. As an instrument for data collection we construct and validate a questionnaire. The sample included 502 individuals, aged between 9 and 17, 249 females and 253 males. The data were treated statistically, and a descriptive and an inferential analysis were done. We used the Student T test for comparisons between sexes and milieus (rural and urban). Chi-square test was also applied to verify the relation of dependence between several variables.

**Results:** Students from rural milieu tend to go to bed sooner than those in urban areas ( $p < 0.0001$ ); girls tend to wake up earlier than boys during the week ( $p = 0.004$ ). Across the school levels a progressive reduction in time of sleep was observed. The majority of students have multimedia equipment in the bedroom, which seems to delay the moment to go to the bed. Students with poor sleep hygiene reveal a higher incidence of negative symptoms, a not always appropriate behavior, and feel more difficulties concerning with attention and concentration ( $p < 0.0001$ ), thus leading to a weaker school performance ( $p < 0.0001$ ).

**Conclusions:** The results reinforce the importance of good sleep hygiene to improve students’ personal, social and academic life.

### MOTIVATION FOR BREASTFEEDING: SOCIODEMOGRAPHIC, OBSTETRIC AND FAMILY BACKGROUND

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**Introduction:** The prevalence of breastfeeding after leaving the maternity hospital is high, but it decreases during the first year of life. The father, grandparents and health professionals are important in the motivation for this practice.

**Objectives:** To identify sociodemographic and professional variables, and family resources that influence breastfeeding motivation. Analyse the influence of obstetric variables on breastfeeding motivation. Identify the relation between breastfeeding history in the previous and current lactation with motivation to breastfeed.

**Methods:** This is a cross-sectional, descriptive, correlational analysis. The non-probabilistic sample is composed by 271 mothers. The evaluation protocol characterizes the sample in terms of sociodemographic, practitioners, obstetric and experiences of breastfeeding. It also includes the motivation scale for breastfeeding (There, Duarte & Ferreira (2008) and the scale of family resources (Sierra, Firmino, Ramalheira & Canavarro, 1990).

**Results:** The majority belongs to a nuclear family, are first-time mothers, planned and oversaw their pregnancy, had a vaginal delivery at term, initiated breastfeeding within 30 minutes after birth, did not set breastfeeding schedules and reported difficulties on baby’s latching onto the breast. Women who breastfed previously did so for more than 3 months, which was a pleasant experience. Age, marital status and residence area do not influence motivation to breastfeed. Participants with two or more births were more motivated in the cognitive dimension. No relation was found between the variables of previous and current lactation with motivation to breastfeed. Family resources predict motivation.

**Conclusions:** We suggest the creation of rooms in obstetric services to support nursing women.