

Conclusions

This pilot study will be implemented in several other regions of the country and this would allow to understand the motivations and needs of users and to improve offers and support to other areas of research (*i.e.*, development of technological devices).

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Keywords

In-water activities, Questionnaire, Physical activity.

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Critical patient's comfort: Strategies to reduce environmental noise levels

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Background

Noise may have harmful effects. For critically ill patients, highlights have main consequences cardiovascular disorders, reduction of arterial oxygen saturation, increase in gastric secretion, stimulation of the pituitary gland, sleep disturbance, immunosuppression and reduction of the cicatrisation process [1]. Noise has an overall negative impact on patients' recovery. Identification and dissemination of strategies to reduce environmental noise empowers nurses towards changes in their professional practice.

Objective

Identify evidence in Literature of nursing care strategies to reduce environmental noise in critical patient care. **Methods**

This research was conducted in two phases. 1st Phase: Mediated by an integrative literature review (16/04/2017) we carried out database research through the Academic Search Complete; Complementary Index; CINAHL Plus with Full Text; Directory of Open Access Journals; Supplemental Index; Psychology and Behavioural; Sciences Collection; SPORTDiscus with Full Text; RCAAP; SciELO; Europeana; Business Source Complete; Education Source; IEEE Xplore Digital Library; MedicLatina; JSTOR Journals; PsycARTICLES; ScienceDirect. Descriptors: (TI (Noise* or sleep*) AND (Nurs*) AND (intervention or care or patient care or care plan* or critical care), non-temporal. Inclusion criteria: Primary, secondary, opinion/reflexion studies. Exclusion Criteria: Paediatrics context, REM, pharmacological intervention. From the initially 441 articles obtained, we excluded 391 by reading abstracts, 22 by summary and 15 by the complete text, concluding with 13 articles as final sample. 2nd Phase: Content analysis according to [2] in order to categorize results.

Results

We have identified 6 feasible categories for environmental noise reduction, which we present as main strategies: Behavioural changes (creation of awareness to the importance of the tone of voice and silent handling of equipment and materials); Material and Equipment management (mobile phones, televisions and radios volume configuration; determination of correct parameters for alarm configuration); Management of silence promotion care (implementation of periods of silence, avoid noisy tasks); Training in environmental noise (behavioural change programs and health education about negative effects of noise); Care quality control (usage of ear plugs); Others (infrastructural adaptations, encourage suppliers to produce more silent products).

Conclusions

This study systematizes strategies to be implemented by nursing professionals in order to reduce environmental noise within health structures and improve patient comfort. The implementation of a silence culture enables an adequate and essential physical environment to patient recovery [3]. Empower nurses with the identified strategies allows the improvement of people's quality of life. The shortage of published research reflects the need of forward research.

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Keywords

Noise, Comfort, Integrative literature review, Content analysis.

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Nurse-patients' family interaction in ICU and the establishment of effective therapeutic partnerships: vulnerability experienced and clinical competence

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Background

When faced with a negative event such as the situation of a critical illness, nurses and patients' family build their interaction on a daily basis [1-3]. The closeness and the joint interest in finding together the answer to their common issues motivates them for a common path, based on trust [4]. We find that nurses' clinical exercise time and their clinical competence can influence this process [5, 6].

Objective

To analyse how family perceives the interaction between nurses and the family. To diagnose how to build a daily basis interaction when facing a critical illness, and which steps highlight the existing confidence. Having Benner's theoretical framework as a support, we need to understand the relationship between the time spent in critical care and nurses' clinical competence.

Methods

Qualitative study. Data collection through open interview to 12 family members, of an adult person hospitalized in ICU. The interviews content analysis was carried out according to the phenomenological approach suggested by Van Manen. The Software used for qualitative data analysis was Nvivo. This software showed the advantages of time saving and allowed to carefully explore the relationship between the data [7].

Results

Family members recognized how determinate the interaction with nurses to their daily life in the ICU was. They reported the careful construction of discourse and the effective presence with the sick person as nurses' strategy for interaction. The need to know better the situation and to discover what will happen, motivated families to start the interaction. Trust was revealed in founded solicitude and compassion. Families know that nurses are vulnerable to their suffering. During interaction, family members noticed that clinical competence is inherent to the nurse person and not related to the time of practice.

Conclusions

The co-existence compromises nurses and family in the construction of an effective therapeutic partnership. They recognized that the information they have from the sick person, arising from different circumstances, must be shared, considering professional ethics, beliefs and values and also the relevance for the therapeutic process. It is in interaction and for the interaction that they discover vulnerability, comfort and trust each other.