

compassion and psychological and emotional adjustment variables point to the relevance of developing compassion skills during this developmental stage.

Keywords

Compassion attributes, Compassion actions, Adolescents, Positive and negative affect, Peer attachment

O111

Association palmar grip strength with self-reported symptoms in the arm

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Background

World Health Organization (WHO) defined work-related musculoskeletal injuries as multifactorial diseases. These injuries are the main concern of public health and individual health, and are becoming increasingly frequent, in both developed and developing countries. Workers during working hours are often exposed to repetitive movements, the lifting and carrying heavy loads, verifying an increase in demand in terms of muscle strength in the upper limbs. The palmar grip strength provides an objective index of the functional integrity for the evaluation of upper limbs.

Objective

Verify that the palmar grip strength is associated with self-reported symptoms in the arm in industry worker's electrical components.

Methods

An observational, analytical study was performed on a sample of 167 workers. The Nordic Musculoskeletal Questionnaire was applied and the palmar grip strength was measured using the hydraulic dynamometer. Descriptive statistics were used to analyse the prevalence of self-reported symptoms and the U test of Mann-Whitney, Kruskal-Wallis H test, Chi-square test and Fisher's exact test was used to analyse relationships between variables, with a 95% confidence level.

Results

The palmar grip strength was related to self-reported symptomatology in the dominant upper limb, shoulder regions ($p = 0.018$) and wrist ($p = 0.005$) in females. It was also found that the risk factors are not associated with palmar grip strength in individuals of both genders.

Conclusions

Palmar grip strength is associated with self-reported symptomatology in the shoulder and wrist of the dominant upper limb in female workers.

Keywords

Dynamometer, Palmar grip strength, Upper limb, Symptomatology auto referred.

O112

Social-skills as facilitators of a healthy lifestyle

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Background

The Knowledge of behaviours and social-skills of adolescents can contribute to the construction of an effective school-based intervention to promote healthy lifestyles.

Objective

Identify homogeneous groups (clusters) according to lifestyle and social skills.

Methods

This cross-sectional study included 1,008 students from 5 elementary schools of Tâmega and Sousa region, mean age of 13.43 (SD = 1.1) and 50% of girls. A sociodemographic questionnaire "My Lifestyle" was used with 28 items composing 4 subscales: Physical Exercise (PE), Nutrition, Self-Care, Monitored Safety, Use of Drugs and Similar (UDS) ($0.41 < \alpha < 0.85$). A "Social Skills Inventory for Teenagers" questionnaire (Social-Skills) was applied, including subscales: Empathy, Civility, Assertiveness, Self-Control, Affective Approach and Social-Development ($0.64 < \alpha < 0.90$). Both questionnaires had 5 categories of answers from "almost always" to "almost never" or "rarely". In order to identify homogeneous groups of students, according to lifestyle and social skills, it was performed a k-means cluster analysis

Results

For Lifestyle, mean scores were: UDS = 4.09, Self-Care = 4.07, PE = 3.86, Monitored Safety = 3.63 and Nutrition = 3.40. For Social-Skills, 50.7% had a highly elaborate repertoire of Social Skills, 11% had elaborate repertoire, 20.1% had good repertoire and 2.7% had lower average of social skills repertoire. It was decided to follow a three-cluster solution. Cluster 1 included students with a poor elaborated repertoire of social skills, but with good lifestyle indicators in all subscales. In cluster 2, students had a good repertoire of social skills, with good lifestyle indicators in all subscales, except for subscales of nutrition with poor indicators (38.7) and Monitored Safety (46.95). Cluster 3 included students with highly developed repertoire of social skills and the best lifestyle indicators.

Conclusions

Results revealed healthy practices in general, however students had the lowest scores in Nutrition, especially in sugar intake and absence of dietary plan. Students included in cluster 2 presented also the lowest results in Monitored Safety, especially about driving with alcohol. These students at risk of develop unhealthy lifestyle need special attention. The high profile of social skills in particular Affective Approach and Assertiveness, should be taking into account as a mechanism for intervention programs. In addition, relevance given to PE, should also be used as a good strategy to reinforce the accomplishment of healthy eating habits in all students. In another point of view, good indicators of lifestyles (cluster 1) can act as matrix to reinforce improvements in social-skills.

Keywords

Adolescents, Lifestyle, Social Skills.

O113

Palliative care: nursing student's conceptions and motivations

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Background

Palliative care (PC) is an inevitability in view of the demographic and epidemiological transition curves of Western society. The inclusion of a PC Curricular Unit (CU) in the Nursing Undergraduate Program (NUP) translates into the acquisition of competencies that allow caring for people and families in need of those carefulness. Although considering professional, institutional and family barriers, there is evidence that students apply, in clinical practice, the principles inherent of PC [1]. During clinical education, students are confronted with persons in need of PC, however without benefiting from such care. These experiences can form the basis, from which, it is possible to build the teaching-learning process of future nurses, regarding this theme.