

MEETING ABSTRACTS

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Center for Interdisciplinary Research in Health (CIIS) National Meeting 2023

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Paulo J. G. Bettencourt^{1,2}, Ana Mineiro^{1,3}, Paulo Alves^{1,4}, Nuno Rosa^{1,5}, André Correia^{1,5}, Marlene Barros^{1,5}

¹ Universidade Católica Portuguesa, Center for Interdisciplinary Research in Health, Portugal; ² Universidade Católica Portuguesa, Faculty of Medicine, Lisboa, Portugal; ³ Universidade Católica Portuguesa, Instituto de Ciências da Saúde, Lisboa, Portugal; ⁴ Universidade Católica Portuguesa, Instituto Ciências da Saúde, Escola Enfermagem (Porto), Portugal; ⁵ Universidade Católica Portuguesa, Faculty of Dental Medicine (FMD), Viseu, Portugal
Correspondence: Paulo J. G. Bettencourt (pbettencourt@ucp.pt)
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The Center for Interdisciplinary Research in Health (CIIS) is the research center of the Universidade Católica Portuguesa (UCP) focused on health care. The Center is organized in five platforms, and distributed in four geographies across Portugal: Lisbon, Porto, Viseu and Sintra (Table 1). The center has currently 155 active researchers and attracted funds exceeding 10M€.

For the first time ever, CIIS has organized a National Event that included researchers from all platforms and disciplines, in a truly interdisciplinary and translational scientific event, counting 117 registered participants and 120 abstracts. The meeting took place at the Faculty of Medicine, in the Sintra campus, on the 31st March and 1st April 2023. The Scientific Committee of the CIIS National Meeting decided that the theme for the meeting is *Interdisciplinary Health Care*. Rather than clustering researchers by platform or discipline, we decided to create three working sessions that are inclusive to everyone and not restricting the presentations by discipline, being therefore, interdisciplinary. These are: 1 – *Translational Care*; 2 – *Clinical Care*; and 3 – *Community Care*.

The meeting was held in the presence of the Universidade Católica Portuguesa Rector Professor Isabel Capelo Gil, the Vice-Rector Professor Peter Hanenberg, the Director of the CIIS, Professor Marlene Barros, the Director of the Faculty of Medicine, Professor António Almeida and the guest speaker Professor Tomáš Zima, Charles University, Prague, Czech Republic, and hosted by the Deputy Director of the CIIS, Professor Paulo J. G. Bettencourt.

For two days, papers were presented by invited speakers within each session, and posters were presented by CIIS researchers and students, in a highly anticipated poster session. All abstracts were peer-reviewed. To bring further excitement to the poster session, the Meeting Scientific Committee selected the best poster from each platform to receive the Best Poster Award. Finally, the CIIS platform coordinators presented their plans and vision for the future.

Following the success of this meeting, the Scientific Committee of the National Meeting, decided to implement yearly meetings of the Center.

We would like to acknowledge all CIIS members, staff and students that accepted the challenge of participating in this event, presenting their most recent data, sharing their knowledge, and making this truly an interdisciplinary health care event.

We hope this meeting has contributed to share the latest scientific achievements of all members and promoted the beginning of new collaborations for the future, keeping in mind the main goal of improving health care with an interdisciplinary view, to ultimately improve quality of life, with humanity and spirituality at the center of all scientific quests.

Acknowledgements

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Table 1 Platforms of the Center for Interdisciplinary Research in Health

Name	Location	Head
Neurosciences	Lisbon and Porto	Prof. Ana Mineiro
Nursing	Lisbon and Porto	Prof. Paulo Alves
CatólicaMed	Sintra	Prof. Paulo Bettencourt
SalivaTec	Viseu	Prof. Nuno Rosa
Precision Dental Medicine	Viseu	Prof. André Correia



as strategies, care styles, depending on nurse-patient relationship patterns or even professional behaviour. Nurses play a key role in promoting well-being and quality of life, hence why caring for individuals in a hospital setting means understanding people's needs, their concerns, their anxieties, their experiences of comfort and discomfort, and implementing interventions that provide comfort. In nursing, providing comfort can be understood as the fulfilment of a specific need or discomfort felt, promoting a state of relief, calmness, or wholeness, in search of a state of Health. The objective of the study is to map patients' experiences of comfort and discomfort in hospital settings within current literature.

Materials and methods

A Scoping review, using the Joanna Briggs Institute methodology, between 1990 and 2022.

Results

The absence of pain, physical structure, health and safety of health care organisations, the presence and support of family and friends, the promotion and respect for spirituality, and the technical qualification and affection of health professionals are mentioned by participants as shared experiences in different clinical settings. Pain appears as an ally of discomfort, often being a constant cause of lack of comfort for patients, admitted in hospital settings.

Conclusions

The perception of comfort can be shared by subjects, although there are specific elements which characterizes each individual experience. The diversity of settings of the studies reveals the existence of a specific concept of comfort, depending on the setting the subjects are involved with. The need for a patient-centred nursing care process, based on each one's real experiences of comfort became clear, adopting interventions committed to satisfy the patients' needs for comfort, improving the quality of the care provided.

Keywords

Patient comfort, nursing, hospitalization, review.

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- Spiritual distress in cancer patients undergoing chemotherapy: a longitudinal study

Helga Martins^{1,2}, Joana Romeiro¹, Sílvia Caldeira¹

¹ Instituto de Ciências da Saúde, Universidade Católica Portuguesa, Center for Interdisciplinary Research in Health, Lisbon, Portugal; ² Escola Superior de Saúde, Instituto Politécnico de Beja, Beja, Portugal

Correspondence: Helga Martins (s-htmarts@ucp.pt)

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Background

Spiritual distress is a nursing diagnosis related to suffering and lack of meaning/purpose in life. However, spiritual distress in clinical practice is often undervalued and neglected in nursing care. Cancer patients go through a complicated health situation in which the spiritual dimension is affected and experienced through spiritual distress. The aim of this study is to assess spiritual distress in patients undergoing chemotherapy treatment.

Materials and methods

A quantitative, longitudinal, and prospective study conducted in a Hospital Day setting. 332 participants were assessed for spiritual distress before initiating chemotherapy and at three months, six, nine, and twelve-month follow-ups. A questionnaire was used and the outcomes were sociodemographic characteristics, clinical condition, and spiritual distress (Spiritual Distress Scale). Data analyses included descriptive and bivariate statistics, which were conducted with SPSS. The study was approved by the Ethics Committee where the study was conducted.

Results

At baseline, 56.6% were females, mean age of 60.3 years (SD= ±11.7), and 66.3% were married. At three months, were reached the highest value of spiritual distress, and the score gradually decreased; however, the value of spiritual distress at 12 months was higher than at baseline. Trajectories did not differ significantly between man and women, but age and religious affiliation was predictor of spiritual distress. Spiritual

distress exhibited a negative, weak, statistically significant correlation with religious involvement.

Conclusions

There is an important variation of spiritual distress at three months after the beginning of chemotherapy. These data reinforce the need for spiritual assessment in cancer patients to promote spiritual health and well-being.

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- Validation of instruments for assessing spiritual well-being, religious involvement, and spiritual distress: methodological studies

Helga Martins^{1,2}, Joana Romeiro¹, Sílvia Caldeira¹

¹ Instituto de Ciências da Saúde, Universidade Católica Portuguesa, Center for Interdisciplinary Research in Health, Lisbon, Portugal; ² Escola Superior de Saúde, Instituto Politécnico de Beja, Beja, Portugal

Correspondence: Helga Martins (s-htmarts@ucp.pt)

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Background

Spirituality is a dimension that is part of a holistic approach to the patient. However, in Portugal, there is currently a lack of validated instruments in the Portuguese cultural context.

In clinical practice, it is necessary to have appropriate tools to ensure the equivalence of the measure, regardless of the context in which it is used. However, the validation of an instrument is an intricate process requiring a high degree of methodological rigor.

The aim of this study was to validate instruments for assessing spiritual well-being, religious involvement, and spiritual distress in the context of oncology and in couples with reproductive health conditions.

Materials and methods

Methodological guidelines according to Sousa and Rojjanasrirat [1].

Results

Spiritual well-being questionnaire embraced a four-factors solution and 20 items with an overall Cronbach's alpha=0.947; Religious involvement (Belief into Action scale) comprises a two-factor solution and nine items Reliability – with an overall Cronbach's alpha=0.86; Spiritual distress scale comprises a four-factors solution and 30 items with an overall Cronbach's alpha=0.91.

Conclusions

This process was achieved through a rigorous methodological approach. This way, reliable instruments were validated and considered reliable to evaluate these concepts in Portuguese samples.

Therefore, instruments for assessing spiritual well-being, religious involvement, and spiritual distress in different contexts provide nurses with the necessary resources and tools for measuring and evaluating spiritual and religious needs to plan appropriate nursing interventions, obtain better patient health outcomes and increase the quality of nursing care.

However, this is an underdeveloped area, and there are still few scales available in clinical practice that claim to need further development and investment.

Reference

1. Sousa VD, Rojjanasrirat W. Translation, adaptation and validation of instruments or scales for use in cross-cultural health care research: a clear and user-friendly guideline. *J Eval Clin Pract.* 2011;17:268-274.

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- Religious commitment of cancer patients after one year of chemotherapy: a cross-sectional study

Helga Martins^{1,2}, Joana Romeiro¹, Sílvia Caldeira¹

¹ Instituto de Ciências da Saúde, Universidade Católica Portuguesa, Center for Interdisciplinary Research in Health, Lisbon, Portugal; ² Escola Superior de Saúde, Instituto Politécnico de Beja, Beja, Portugal

Correspondence: Helga Martins (s-htmarts@ucp.pt)

BMC Proceedings 2023, 17(9):P56

Background

Cancer patients during their disease face several treatments, one of them is chemotherapy. One of the coping strategies to overcome this process used by these patients is religious commitment. Religious

commitment reduces stress, anxiety and pain related with treatments. The aim of this study is to assess religious commitment in cancer patients after one year of chemotherapy.

Materials and methods

This study is a quantitative, observational, correlational and cross-sectional, involving 274 outpatients with cancer in a hospital which were involved in the study through a random sample technique. Data were collected after one year of chemotherapy treatment and it was used a questionnaire which gathered sociodemographic characteristics, clinical conditions and the Belief into Action (BIAC) scale. Data analysis was performed through SPSS software. The study was approved by the Ethics Committee of the hospital.

Results

274 participants were recruited (females $n=167$; males $n=107$), most were married ($n=188$) and had a religious affiliation ($n=262$). Mean score of BIAC was 26.28 ($SD=\pm 11.96$). It was possible to achieve statically significant differences between males and females ($U = 5383.000$; $p < 0.001$) regarding religious commitment. In fact, females presented higher religious commitment (Mean Ranks= 158.77 than males (Mean Ranks= 104.31). However, this study did not achieve any statically differences between other sociodemographic and clinical condition variables and religious commitment.

Conclusions

After one chemotherapy treatment females' cancer patients experience a higher religious commitment than males. Therefore, gender plays an important role regarding religious commitment, and as such it is necessary to pay special attention to men regarding the coping strategies they use in this health/disease process.

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- Hopelessness a predictor of spiritual distress nursing diagnosis in cancer patients: a follow-up study

Helga Martins^{1,2}, Joana Romeiro¹, Sílvia Caldeira¹

¹ Instituto de Ciências da Saúde, Universidade Católica Portuguesa, Center for Interdisciplinary Research in Health, Lisbon, Portugal; ² Escola Superior de Saúde, Instituto Politécnico de Beja, Beja, Portugal

Correspondence: Helga Martins (s-htmartins@ucp.pt)

BMC Proceedings 2023, 17(9):P57

Background

Spiritual distress is defined as a lack of meaning in life, disconnection, suffering and anger at God. Also, spiritual distress, is a nursing diagnosis according to NANDA-International, Inc, which hopelessness is one of the defining characteristics. The aim of this study was to assess hopelessness as a predictor of in spiritual distress nursing diagnosis in cancer patients during chemotherapy treatment.

Materials and methods

A quantitative, observational and follow up study. It was comprised 322 outpatients with cancer followed at an Oncology Unit, randomly selected. The data was collected when patients were initiating chemotherapy and then quarterly until completing one year of chemotherapy. In addition, data collection occurred between February 2019 and May 2015, and was applied a questionnaire. The data was analyzed statistically through the program SPSS version 21. This study, was approved by the hospital's Ethics Committee where the study was conducted.

Results

The initial sample embraced 188 females and 144 males. The drop-out rate of this study reached 17,5% after twelve months. The age range was between 22 to 83 years old. Most of the patients had breast cancer ($n=27.70\%$), colorectal cancer ($n=23.7\%$) and lung cancer ($n=14.8\%$). The frequency of hopelessness during the chemotherapy increased its value, such as before chemotherapy ($n=55$, 10.5%), after three months ($n= 40$, 12.7%), after six months ($n= 41$, 13.5%), after nine months ($n= 40$, 14.0%) and after twelve months ($n= 42$, 15.3%). Hopelessness was a predictor of spiritual distress after nine ($\beta=3.254$, $p=0.029$) and twelve months ($\beta=3.461$, $p=0.019$) since the beginning of chemotherapy.

Conclusions

At the end of nine months after the start of chemotherapy, hopelessness appears as a predictive variable for the diagnosis of

spiritual distress, therefore nurses can anticipate autonomous nursing interventions with the purpose for the readiness for enhanced hope in cancer patients.

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- Q methodology in research on the health of vulnerable groups

Susana Miguel¹, Rita Silva¹, Joana Bragança¹, Sílvia Caldeira¹

¹ Institute of Health Sciences, Universidade Católica Portuguesa, Lisbon, Portugal

Correspondence: Susana Miguel (s-samiguel@ucp.pt)

BMC Proceedings 2023, 17(9):P58

Background

Patients with poor or no voice quality or difficulty articulating are group vulnerable. They are often excluded from research due to their inability to be interviewed. Researchers should find the best method to fit the research goals and dignity-preserving rules when conducting research with vulnerable participants. The Q methodology may be appropriate and inclusive method for this specific population.

Material and methods

Discussion about the adequacy of the Q methodology as an option with vulnerable participants based on the research developed with head and neck cancer patients undergoing surgery.

Results

This research method combines qualitative and quantitative procedures, which require participants to order statements written on cards according to their preference to ask a research question. It is often described as the method to study subjectivity. The Q methodology allows the study of subjective phenomena in clinical and non-clinical topics in nursing and health by providing an objective dimension for analyzing ideas, attitudes, and perceptions. The Q methodology includes five steps: definition of concourse, Q sample, P sample or P set, Q sorting, and analysis and interpretation. During this process, the participant doesn't need to have verbal speech.

Conclusions

The Q methodology involves the participant reflecting on a given topic under study, diverging from other types of instruments, such as questionnaires, in which the response may have greater impulsiveness. The participant's involvement can lead him to understand that the answers he presents are individual and represent his personal view of the situation. It allows the health researcher to gain knowledge of certain phenomena in vulnerable groups that could usually be excluded from research.

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- Resilience in the elderly: accuracy study of a nursing outcome

Susana Miguel¹, Gabriella Santos Lima^{1,2}, Sílvia Caldeira¹; Luciana Kusumota³

¹ Instituto de Ciências da Saúde, Centro de Pesquisa Interdisciplinar em Saúde, Universidade Católica Portuguesa, Lisboa, Portugal; ² Programa de Pós-graduação em Enfermagem Fundamental, Escola de Enfermagem de Ribeirão Preto, Universidade de São Paulo, São Paulo, Brasil; ³ Departamento Enfermagem Geral e Especializada, Escola de Enfermagem de Ribeirão Preto, Universidade de São Paulo, São Paulo, Brasil

Correspondence: Susana Miguel (susanasamiguel@gmail.com)

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Background

Elderly or older adults are characterized by their resilient potential, which develops throughout life and is a protective factor in old age, and resilience is included in the Nursing Outcomes Classification (1). This study aimed to analyze the accuracy of the elements of the nursing outcome "Personal resilience: elderly" in elderly.

Materials and methods

The methodological study was developed in three stages. First, the concept analysis (2) identified the attributes, antecedents, consequences, and empirical elements of "resilience in the elderly." Next, a focus group (3) with experts verified the suitability and recommendation of the title,