S1 The role of practice-based research in stimulating educational innovation in healthcare
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Background
Practice-based research is not uncommon in healthcare. In fact, the way nurses and doctors train is through extensive and intensive practice [1]. In other words, practice-based research has been used to gain new knowledge partly by means of practice and the outcomes of that practice [2]. Practice-based research networks have also been gaining on importance in healthcare as ways of addressing research questions informed by practiced clinicians. They aim to gather data and improve existing practices of primary care [3], practice-based research is not only about gaining new knowledge via practice and improving existing practices.

Objective
In this presentation/paper I explain and highlight the role of practice-based research as an instrument for educational innovation in healthcare sciences.

Methods
I used interview excerpts and examples of projects related to healthcare at different universities of applied sciences in the Netherlands and Germany (also known as polytechnics in Portugal) to advance the role of practice-based research in educational innovation. This type of research is an integral part of teaching and curricular assignments in the healthcare settings in the Netherlands and Germany, and particularly at universities of applied sciences. I emphasized how practice-based research can improve and enrich the curricula, while at the same time, building necessary skills of future healthcare professionals and improving practices in already existing healthcare institutions.

Results
I show that practice-based research is in fact short term problem-oriented research which serves educational purposes by upgrading students' and teachers' skills and knowledge of the profession and dynamics in the work environment; which also has the potential to improve company products or design solutions and at the same time contribute to local and regional innovation in professions and profession related institutions [4-5]. Its role is multidimensional and dialectic insofar it serves multitude goals and is accomplished in dialogue among relevant stakeholders [6]. Practical suggestions for healthcare educators and practitioners in designing their curricula to incorporate the basic elements of this practice-based research are also offered in this presentation/paper.

Conclusions
Practice-based research is more than knowledge acquisition via practice. Its role and goals expand to enriching educational curricula with a more comprehensive engagement of external and professional stakeholders, at the same time contributing to student soft and professional skill development and solving stakeholder problems or optimizing services and products at local or regional levels.

References

Keywords
Practice-based research, Short term, Problem oriented, Healthcare, Universities of applied sciences.

S2 Is sexuality a right for all? Sexual revolution in the old age
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Background
“Do not you think your grandmother has sex? What happens with old gays? Why does a kiss between two elders tenderizes us and we do not think it is erotic” (interview, Ricardo Iacob, 2018). It still impacts us, and what do we do with it? Do we let it pass? Do we encourage them? Throughout the centuries, sex has been postulated as the impulse that gives life to people. This word, of Latin origin, has always aroused much interest in society and in all stages of life; but it must be differentiated from “sexuality”, because it contemplates various aspects among which it is found; sex, identities and gender roles, eroticism, pleasure, intimacy, reproduction and sexual orientation [1-6]. Sexuality is a vital dimension that is present in all stages of life, at least since adolescence. It contributes significantly to health and quality of life and is, moreover, a right recognized by international organizations such as the World Health Organization (WHO) [4, 7-9].
Keywords
Childhood obesity, Food consumption, Sport activities, Health promotion.

O140
Dating violence in university context: practices, beliefs and impacts on the health of victims
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Background
Dating violence is an obvious and worrying social and health problem with serious consequences for its victims. It is characterized as a pattern of coercive and abusive tactics employed by one partner in a relationship to gain power and control over the other partner. It can take many forms, including physical violence, coercion, threats, intimidation, isolation, and emotional, sexual or economic abuse and occurs in the context of intimate heterosexual or homosexual/lesbian relationships. This kind of violence seems to be supported on conservative and traditional gender norms and stereotypes.

Objective
The main objective of this study is to characterize university students’ beliefs and practices regarding dating violence, identifying the impacts of this type of violence on the psychological, physical, sexual and social health of their victims.

Methods
We were used self-administered questionnaires and a socio-demographic survey for data collection: Gender Belief Inventory (Maia University Institute and Interdisciplinary Centre for Gender Studies, version for research, 2017) and the Inventory on Violent Youth Relations (University Institute of Maia and Interdisciplinary Centre for Gender Studies, version for research, 2017). These were applied to 200 university students (142 females and 55 males), aged 18-44 (M = 20.54; SD = 4.435) who were attending the Maia University Institute. Data analysis was performed using the statistical program IBM-Statistics Package for the Social Sciences (version 24).

Results
The results showed that 12.8% of students reported having been victims of some act of violence by someone with whom they maintain or maintained a relationship of intimacy. Men were identified as the main perpetrators, with women having the highest rates of victimization. With regard to the type of violence perpetrated, psychological and social violence appear as the most experienced by students. With regard to gender social beliefs, this study reveals that these students maintain conservative and traditional gender beliefs that continue to perpetuate violence. Regarding the impact of dating violence, there was awareness among respondents of the implications of this violence on the health of the victims.

Conclusions
This study shows that despite the efforts that have been made in the implementation of policies and projects to prevent gender violence, this has not been enough to finish its practice. The commitment to the implementation of gender equality programs in school education seems fundamental in order to prevent this public health problem.

Keywords
Dating Violence, University Students, Beliefs, Practices, Implications to health.

O141
Defining clinical conditions in long-term healthcare as a first step to implement Time-Driven Activity Based Costing (TDABC)
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Background
Increasing healthcare costs is a concern of all developed countries. In Long Term Healthcare (LTH) this is reinforced by population ageing and corresponding prevalence of chronic diseases. Thus, it is fundamental to accurately measure costs and outcomes in healthcare, improving value created for patients, i.e., patient-centred health outcomes per monetary unit of cost [1, 2]. TDABC methodology applied to healthcare allows identifying the cost for each clinical condition in the full cycle of care, mapping processes, activities, resources and allocated time [3–5]. It has been mostly applied in acute-care settings, partly due to complexity of defining chronic condition [6].

Objective
This paper focuses on the cost component of a larger on-going research project (CARE4VALUE), aiming to enhance value creation in LTH providers and applied to a partner LTH unit. Specifically, the main objective is to define clinical conditions in the context of LTH, as a first step in the implementation of TDABC.

Methods
Mixed qualitative and quantitative methods were applied, including: 1) three focus groups conducted with the health team of the LTH unit (physician, nurses, physiotherapist, psychologist, social assistant) to select, discuss and validate the criteria to define clinical conditions; 2) construction of a composite indicator and testing it over a sample of anonymized clinical data from 21 patients; 3) structured observation of processes taken throughout the full cycle of care of patients in different conditions. Qualitative data was submitted to content analysis and validated among participants. Quantitative data used in the composite indicator, based on validated scales, was subject to normalization, aggregation and sensitivity analysis.

Results
One consensual outcome of the focus groups was that, in LTH, the disease or cause of entrance is less relevant to costs than the overall complexity of the patient, entailing psychological, social, spiritual and psychic-mental dimensions. Accordingly, a multidimensional classification model of patients in four complexity levels was delivered, after being validated and receiving consensus from the LTH team. Additionally, it will include a logging tool and dashboard to integrate separate patient-centred information and aid patient classification in complexity conditions.
Conclusions
The completion of this step allowed progressing in the design and implementation of the cost model, which, in turn, will support value measurement, and enhancing of the focus LTH unit. Besides, all involved professionals stated that their engagement in this phase of the project generated exceptional opportunities for interdisciplinary meetings and debate, contributing to closer ties between different areas of LTH.

References

Keywords
Long-term healthcare, Time-Driven Activity Based Costing (TDABC), Clinical conditions, Patient-centered data, patient complexity.

O142
Effects of aerobic land-based and water-based exercise training programs on clinical and functional parameters in older women Rafael Oliveira 1, Carlos T Santamarinha 1, João Brito 1
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Background
In Portugal, most exercise training programs are offered by municipalities, seasonally, by 8 to 10 months.

Objective
The aim of the study was to access the clinical and functional effects of the application of different fitness exercise training programs, which included aerobic fitness group classes, with calisthenics exercises and water-based exercise, for nine months, to older women.

Methods
In the study, 96 active older women participated. They were divided into four exercise groups: 2xland-based group (GA, n=21; age 71.46±9.75 years; body weight 72.44±11.85 kg; height 153.82±5.83cm); 2xwater-based group (GB, n=9; age 70.10±29.98 years; body weight 70.48±10.92 kg; height 153.68±5.64cm); group of 1xland plus 2xwater-based (GC, n=7; age 71.35±8.32 years; body weight 73.42±11.20 kg; height 154.39±5.01cm), group of 2xland plus 2xwater-based exercise (GD, n=39; age 71.46±7.38 years; body weight 71.70±11.66 kg; height 154.23±6.82 cm). Clinical parameters were also assessed, such as, fast glucose, triglycerides, rest blood pressure, rest heart rate frequency (FCR) and functional parameters [1]: resistance of upper and lower limbs, agility and aerobic capacity. The training intensity of the programs was moderate, 10-14 on the “Rate of Perceived Exertion” scale [2], run accordingly [3]. It was use inferential statistic through T-test to compare baseline vs post-training.

Results
After nine months of intervention, the main results were at fast: glycemia (GA=116.0±12.11 vs 101.50±13.36 mg/dL; GC= 120.43±15.34 vs 100.47±11.65 mg/dL; GD = 127.29±36.60 vs 111.23±29.18 mg/dL); triglycerides (GA= 288.13±136.78 vs 158.13±147.24 mg/dL; GC= 295.94±112.92 vs 153.63±101.96 mg/dL; GD= 244.79±122.41 vs 144.98±69.27 mg/dL); FCR (GD=71.34±11.26 vs 66.31±8.68 bpm); aerobic capacity (GB= 541.88±51.03 vs 605.0±31.12 m; GD=127.29±174.06 vs 111.23±131.65 m), in resistance of lower limbs (GA=16.57±5.19 vs 18.90±5.07 repetitions; GB=14.89±5.21 vs 19.11±4.83 repetitions ; GD=20.54±5.38 vs 22.87±6.39 repetitions) and agility (GA= 7.94±3.52 vs 8.82±2.91 seconds; GB=8.86±4.09 vs 6.53±2.40 seconds; GD=7.90±4.56 vs 6.81±3.78 seconds; GD 6.13±1.66 vs 5.48±1.87 seconds), p < 0.05 for all. Also, it was observed that there were correlations between aerobic capacity and triglycerides; fast glucose and triglycerides.

Conclusions
The results showed a positive effect in all exercise training programs offered by municipality of Esposende, for clinical and functional parameters in older women. Groups of land-based exercise, at least twice a week, seem to lead to better results. The study supports the role of physical exercise to improve hemodynamic, lipid profile and functional parameters as reported previously by another similar study [4]. In addition, this study also revealed efficiency to improve clinical parameters that were not studied yet.

References

Keywords
Older women, Water-based exercise, Land-based exercise, Functional capacities, Clinical parameters.s

O143
The influence of emotional intelligence in stigmatizing attitudes toward mental illness of undergraduate nursing students
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Background
Health care professionals share the general public’s attitude towards people with mental illness, being generalized the harmful beliefs and the subsequent negative attitudes to these patients [1]. A significant correlation between emotional intelligence and mental illness stigma has been found.

Objective
To analyse the correlation between emotional intelligence and stigmatizing attitudes towards mental illness and to access the influence of this intelligence in those stigmatizing attitudes, among undergraduate nursing students.

Methods
It was performed a cross-sectional correlational study. Data was collected from a non-probabilistic sample of nursing students from a health school of the centre region of Portugal, using a questionnaire with sociodemographic questions, the Wong and Low Emotional Intelligence Scale (1-5) [2] and the Community Attitudes Toward the Mentally Ill Scale (0-200) [3]. Ethical procedures were taken into account during research according the Helsinki Declaration.