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ABSTRACT

Introduction: In Europe 20% of the working population is somehow involved in shift work. Studies show that it can have a negative impact on workers' health and well-being, with direct consequences on performance and efficiency [1]. Nurses are among health professionals with a higher risk of burnout [2], which can negatively affect their alertness, attention and concentration, with direct consequences on patient's health [3]. The aim of this study is to identify relevant factors regarding the impact of shift work in nurses' health and well-being.

Materials and methods: This study is a literature review which consists of a narrative and comprehensive analysis of the literature [4]. Articles were search in the following databases: Academic Google, Scientific Electronic Library Online (SciELO) and EBSCO Host. Keywords were defined according to the acronym PCC (Population, Concept, Context): P: nurs*; C: burnout; C: shift work*). Inclusion criteria were: articles in Portuguese and English, available in full-text, published between 2013 and 2018. The review was conducted in parallel by two independent researchers. 10 articles were selected for final review. Data were extracted and synthesised using an information systematisation table.

Results: The articles allowed to identify the impact of shift work on nurses physical (interrupts the circadian rhythm, affects sleep quality, causes fatigue, gastrointestinal, neuropsychological, cardiovascular, and musculoskeletal disorders), mental (depersonalization, cynicism, aggression and frustration), and social dimensions (deterioration of family relationships and social life). Although most studies mention the impact of burnout on nurses professional performance and quality of care, no details are provided on the specific consequences for healthcare consumers, or for the health system itself.

Discussion and conclusions: Although there's a widespread concern about the impact of shift work on nurse's health, few studies mention the consequences of burnout on nurse's performance and on the quality of care. Strategies to minimise the impact of burnout are superficially addressed and reduced to the intervention of occupational health [5]. Developing, testing, and implementing intervention programs to reduce burnout may produce a variety of beneficial effects. Burnout appears to be an important indicator for healthcare leaders at both strategical and tactical level, to track and solve quality of care issues particularly in the current context of nursing shortage [6].

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Strategies used by nurses and tracheostomized users in communication: systematic review

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ABSTRACT

Communication is a basic human need necessary to establish a relationship of trust between patients and multidisciplinary team, especially with nursing team. With this, it is necessary to find strategies that allows not only the tracheostomized patients but also nurses to communicate in an effective way [1].

This is a systematic review that aims to give an answer to our investigation question: "Which strategies are used by nurses and tracheostomized patients in communication?" To understand which strategies are used by nurses and tracheostomized patients in communication. Our research was based on electronic data such as B-On, SciELO, RCAAP and

EBSCOhost. According to our descriptors: communication, strategies, nursing and tracheostomy, we included articles published between 2011 and 2019, in Portuguese or English. Seven articles were included in this systematic review. From the analysis of the data emerged three fundamental themes regarding the strategies used by nurses and tracheostomized patients in communication, that are: (1) Communication strategies used; (2) Communication facilitators; (3) Difficulty in communication and social interaction. Regarding the first theme, we consider that the alternative communication strategies used by tracheostomized individuals involve gestures or writing, lip reading, illustrative cards, the speech valve and tracheostomy occlusion [2]. According to the second theme, we found that the user must be encouraged to speak clearly and slowly, taking into account key words or phrases (that may give clues) and to blink differently for yes or no [3]. Regarding the last theme, the difficulties shown by the tracheostomy user go through the inability to change the volume and tone of voice, thereby affecting social interaction with others [4]. The knowledge of health professionals regarding the stress factor of these users leads to a lack of expressiveness due to the inability to communicate. The communication of these two actors is considered a key element, helping to reassure the user [5]. For all these strategies, the positioning of the user and the receptor of the message is a primary factor [2]. The need for strategies to overcome the difficulties experienced by tracheostomized users provides a consistent basis for promotion quality nursing care [1,2]. The studies analysed indicate that currently, despite the existence of several communication techniques between the user and the other health professionals, (namely nurses), there is still some difficulty in teaching them. This difficulty has implications for the continuity of health care and affects not only users, but also their family and all professionals with whom they are in contact during hospitalisation. This review is important because it contributes to the improvement of nursing care and the compliance of the user.

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Work environment and quality of nursing care in primary health care: a scoping review

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ABSTRACT

Introduction: The nursing practice environment (NPE) has been analysed and is now recognised as a variable that influences the results of nursing care, since the promotion of favourable environments is fundamental to the quality of care optimisation [1]. The development and implementation of a positive NPE in primary health care (PHC) improve nurses' well-being, influence nursing satisfaction, reduce nurses' intention to leave, improve nursing care outcomes and patient care quality [2]. Investigating the characteristics of the NPE and the quality of care in PHC has become a priority. The aim was to map and analyse the scientific evidence on the NPE and the quality of nursing care (QNC) in PHC.

Materials and Methods: We conducted a scoping review, according to Joanna Briggs Institute's approach [3]. A three-step search was carried out: (a) keywords search within MEDLINE and CINAHL; (b) keywords search within COCHRANE, PSYCHOLOGY AND BEHAVIOUR SCIENCES, and COLLECTION B-ON; (c) literature search of references lists to identify additional studies. From published literature in English and Portuguese, with no date restrictions, we selected articles considered eligible to study the NPE and QNC in the context of PHC. A qualitative content analysis was performed.

Results: We retrieved 289 records and selected 12 papers, including quantitative and qualitative studies. Our analysis revealed that positive NPE improves nurses' satisfaction and, consequently, improves QNC. Additionally, some