

224

FORMULATION OF A NURSE'S CLINICAL JUDGMENT ABOUT THE POTENTIAL OF AUTONOMY RECONSTRUCTION

Eloísa Maciel^{I,II,a}, Filipe Pereira^{I,III,b}, Inês Cruz^{I,III,c}^IPorto Nursing School. Porto, Portugal^{II}Póvoa do Varzim. Vila do Conde Hospital. Vila do Conde, Portugal^{III}Institute of Biomedical Sciences Abel Salazar. Porto, Portugal

Introduction: The self-care dependency translates into a change that leads people to initiate transition processes aiming the autonomy reconstruction. This change can be influenced by a series of factors defined by Meleis et al (2000) as transition conditions.

Objective: Evaluating the self-care dependency evolution three months after discharge; comparing the dependency evolution with the nurse's clinical judgment (formulated at discharge) about the potential of autonomy reconstruction; and exploring the key factors involved in the formulation of this judgment.

Methods: Exploratory, descriptive, quantitative and longitudinal study, developed at a Medicine service, with a convenience sample comprising 60 people with self-care dependency and their respective caregivers. In order to evaluate dependency, we used the "Self-care Dependency Evaluation Instrument" (Duque, 2009). Based on the theory of transitions of Meleis, we built "scales" to evaluate the different transition conditions.

Results: Three months after discharge, people improved their self-care (in)dependence. According to the nurse's clinical judgment, 58,3% of the patients had "low" and 36,7% had "moderate" potential of autonomy reconstruction. We found statistically significant differences between groups concerning supported and autonomous decision-making, accessibility to services, positive attitude towards the therapeutic plan, confidence about the future, providing profile promoter of autonomy, awareness of the caregiver, and education of the caregiver.

Conclusions: After three months, most of the cases improved their dependency level, exceeding the nurse's clinical judgment about their potential of autonomy reconstruction.

Descriptors: Self-care. Nurse's clinical judgment. Transition. Autonomy reconstruction.

^a eloisa107@hotmail.com^b filipepereira@esenf.pt^c inescruz@esenf.pt

225

PHYSICAL ACTIVITY ESTIMATES IN COPD REHABILITATION: SELF-REPORT VS. OBJECTIVE MEASURES

Joana Cruz^{I,II,a}, Dina Brooks^{III,b}, Alda Marques^{II,IV,c}^IDepartment of Health Sciences. University of Aveiro. Aveiro, Portugal^{II}School of Health Sciences. University of Aveiro. Aveiro, Portugal^{III}Graduate Department of Rehabilitation Science. Department of Physical Therapy. University of Toronto. Toronto, Canada^{IV}Unidade de Investigação e Formação sobre Adultos e Idosos. Porto, Portugal

Introduction: Self-report physical activity (PA) measures are often used to assess changes before/after chronic obstructive pulmonary disease (COPD) rehabilitation, as they are easy to employ and more feasible than objective measures. However, the ability of self-report measures to detect intervention-related changes in PA should be determined.

Objective: To examine the sensitivity of the International Physical Activity Questionnaire short-form (IPAQ-sf) to detect intervention-related changes in PA compared to accelerometry in patients with COPD.

Methods: Eleven patients with COPD (67.5±9.2yrs) participated in a 12-week pulmonary rehabilitation program. Participants wore an accelerometer (Actigraph GT3X+) for 7 consecutive days on the 1st and 12th weeks of the program and completed the IPAQ-sf. Spearman's correlation coefficients (ρ) were used to assess relationships between the results of the IPAQ-sf and the accelerometer.

Results: Both the IPAQ-sf and the accelerometer showed non-significant differences in time spent in sedentary activities [median(IQR): IPAQ=60.0(240.0) min/day; accelerometer=1.1(128.0) min/day], moderate-to-vigorous physical activities (MVPA: IPAQ=-150.0(1080.0) min/week; accelerometer=12.0(60.0)min/week) and total PA (IPAQ=-495.0(1060.0) min/week; accelerometer=-9.0(559.0) min/week) as a result of the intervention ($p>0.05$). Changes in sedentary activities obtained by self-report were significantly correlated to those obtained by accelerometry ($\rho=0.714$, $p=0.014$). Changes in self-reported and accelerometer-based MVPA were moderately yet non-significantly correlated ($\rho=0.588$, $p=0.057$). No significant correlations were found for total PA measured by self-report and accelerometry.

Conclusions: The IPAQ-sf showed limited correlations with accelerometer-based PA. Patients with COPD tend to under-report their PA levels. Thus, objective measures should be preferred when assessing the impact of rehabilitation interventions in patients with COPD, as these have greater potential to detect PA changes.

Descriptors: accelerometer. COPD. Physical activity. Pulmonary rehabilitation. Self-report measures.

^a joana.cruz@ua.pt^b Dina.Brooks@utoronto.ca^c amarques@ua.pt