



PARALLEL SESSIONS: SYMPOSIUMS

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SYMPOSIUM: NATIONAL NETWORK OF INTEGRATED CONTINUOUS CARE: EVOLUTION OF THE DEPENDENTS HEALTH PROFILE.

(Symposium composed of 6 communications)

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Communication 3

FAMILY CAREGIVERS FOLLOWED BY THE NATIONAL NETWORK OF INTEGRATED CONTINUOUS CARE (NNICC): POTENTIAL TO TAKE CARE

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ABSTRACT

Introduction: One of the main objectives of the National Network of Integrated Care (NNICC) creation was the family caregivers (FC) training to take care of dependents.

Objective: To evaluate the potential of the FC to take care of dependents (PFCTC) followed by the NNICC.

Material and Methods: An exploratory study of quantitative profile. Sample of 358 FC of dependents admitted into units and followed by teams of NNICC in Minho region of Portugal. Was applied the form "Profile of Dependents Integrated in NNICC providers" on discharge, during 1 year (between 2013 and 2014). The form includes a PFCTC rating scale with four dimensions in which the score ranges from 17 (low) to 51 (high).

Results: Most of the FC are female (79,1%), daughters (48,9%) or spouses (28,5%), married (79,9%), cohabiting with dependent (76,3%), caregivers for the 1st time (72,3%) and education 1st cycle (56,4%). They have a mean age of 55,4 years 17,3 % ≥ 70 years and 6% ≥ 80 . The PFCTC has a mean score of 40.3 (moderate to high, Cronbach Alpha = .895). The "formal support perception and previous experience to take care" is the dimension with the lowest score (34) and, the "process of adaptation and informal network perception support" has the highest score (42,2). There were statistically significant associations between PFCTC, FC age, dependent potential of autonomy reconstruction and family economic income.

Conclusion: Is required more systematization on the evaluation of PFCTC, since the adaptation to role in the different dimensions involved is not homogeneous. The study reveals the need for greater support from the formal network.

Keywords: Family caregiver, FC Potential to take care, NNICC