

RESUMOS DO SIMPÓSIO I | ABSTRACTS OF SYMPOSIUM I

**Formação No Ensino Superior Para A Capacitação Dos Cuidadores Informais
& Prestação De Cuidados À Pessoa Dependente No Autocuidado**
**Higher Education to Capacitate Informal Caregivers & Self-Care-Dependent
People Care Provision**



Seminário Internacional Educa&Care

Family Caregivers Of People In End-Of-Life Care: Contributions For A Supervision Model

Maria João Cardoso Teixeira,
Wilson Abreu,
Nilza Costa
maria.teixeira3@nhs.net

Keywords: caregivers; education; palliative care; self-care; supervision.

Introduction & Aim: Many guidelines are produced about care at end of life, which emphasise the importance of family caregivers. It is crucial that nurses have a set of supervisory skills that allow the caregivers to assume their role and preserve their own health status. The aim of this study was to design supervision strategies that nurses should develop in order to maximize the family caregivers of terminally ill at home potential, leading to the best conditions for the development of their role

Methods: In a first step, an ethnography approach was used (Spradley, 1980). We wanted to identify the nature of care that terminally ill required towards the deficit in self-care and risks associated. Moreover, we wanted to identify how care was performed by family caregivers and what needs emerged from this process. Data triangulation was performed with the support from literature review. In a second step, these contributions were subject to validation by experts using the Delphi technique.

Results & Discussion: Based on the Proctor's model of supervision (Proctor, 1986), we found that the normative function of nurses emerges from diagnostic criteria present in terminally ill. This function emerged when caregivers have to develop tasks or specific care related to self-care deficits and risks of complications.

The formative function appeared closely related to the previous one, since it intends to contribute to the quality and safety of care (Abreu, 2002; Enguidanos et al., 2014). Lack of knowledge was found in the caregivers, having in mind that they have to identify basic health care needs and problems which require the intervention of the health professionals.

Finally, we highlight the restorative or supportive role. The nurses should assess the physical, emotional and relational capacity of those who deal with the terminally ill. The management of emotions and how to deal with suffering are two dimensions relevant to consider in the caregivers, given the relation with the capacity to provide care and preservation of they own health.

Conclusion: The study explores the relevance and strategies of supervision of family caregiver of terminally ill. Findings demonstrate that supervisory processes are essential to the preservation of human dignity of terminally ill and promotion of family caregivers' care capacity. Additionally, this kind of supervision is crucial to preserve the caregivers' health integrity (Aoun et al., 2013).

References

Abreu, W. (2002). Supervisão clínica em enfermagem: pensar as práticas, gerir a formação e promover a qualidade. *Revista Sinais Vitais*, (45), 53-57.

Aoun, S. M., Bentley, B., Funk, L., Toye, C., Grande, G., & Stajduhar, K. J. (2013). A 10-year literature review of family caregiving for motor neurone disease: Moving from caregiver burden studies to palliative care interventions. *Palliative Medicine*, 27(5), 437-446. Retrieved from <http://web.ebscohost.com/ehost/pdfviewer/pdfviewer?sid=5e856006-b8c2-4dc7-81cf-5cd87f6af14e%40sessionmgr112&vid=8&hid=124>.doi: 10.1177/0269216312455729

Enguidanos, S., Housen, P., Penido, M., Mejia, B., & Miller, J. (2014). Family members' perceptions of inpatient palliative care consult services: A qualitative study. *Palliative Medicine*, 28(1), 42-48.

International Council of Nurses. (2013). International Classification for Nursing Practice (ICNP®) – 2013. Retrieved from <http://icnp.stemos.com/index.php/en/2013/>

Oliveira, J. O., Costa, M. M., Wille, M. Ferreira, & Marchiori, Patricia Zeni. (2008). *Introdução ao Método Dephi*. Curitiba: Mundo Material

Proctor, B. (1986). Supervision: a co-operative exercise in accountability. In M. Marken & M.

Spradley, J.P. (1980). *Participant observation*: Holt, Rinehart and Winston New York.

Teixeira, Maria João Cardoso (2015). Impacto dos programas educacionais nos membros da família prestadores de cuidados de pessoas em fase terminal - Revisão Integrativa. *Pensar Enfermagem*, 19(1), 2-18.

Turner, D., Adams, E., Boulton, M., Harrison, S., Khan, N., Rose, P., . . . Watson, E. (2013). Partners and close family members of long-term cancer survivors: health status, psychosocial well-being and unmet supportive care needs. *Psycho-Oncology*, 22(1), 12-19.

Family Caregiver Capacity Building for People with Mental Health Disorders: A Clinical Supervision Contribution

Ana Teixeira, Luís Carvalho, Cristina Barroso

enf.anat@gmail.com

Keywords: Family Caregiver Capacity; Clinical Supervision; Mental Health Nursing.

Introduction & Aim: Clinical supervision is essential for the quality of nursing care and it's a mechanism to support nurses in their practice, promoting a reflective practice and supporting continuous quality improvement. Health benefits can be achieved through clinical supervision because nurses develop their expertise, improve and develop the quality of care provided, reduce stress, optimize their coping resources and emotional intelligence capabilities.

The role of family caregiver for a person with Mental Health Disorder is often tied to a larger amount of emotional work in meeting patients' needs for achieving well-being. Therefore, it's crucial to study how nurse's capabilities and skills can be enhanced by clinical supervision to supply families' needs in a structured intervention. Methods: Integrative literature review guided by Whittemore and Knafl (2005) method. The search was made in PUBMED and CINAHL databases using the following search terms: "family caregivers" or "family caregiver"; "mental health"; "nursing"; "intervention or program or best practice or strategy", limited to full text and published over the last 6 years.

Results & Discussion: Caring for people with dementia can be more stressful than that for physically-disabled people. It can influence on all physical, mental, social, spiritual, social and financial dimensions of caregivers life (Heydari, M., Razban, F., Mirzaei T. & Heidari, S., 2017). Authors consider self-efficacy a significant factor behind maintaining the caregiver's physical and mental health, promoting their healthy behaviors and empowering people for coping with different stressful and complex situations. It also enhances self-confidence, life satisfaction, sense of well-being and quality of life (Chiu, M., Wei, G., Lee, S., Choovanichvong, S. & Wong, F., 2011). We also found that coping strategy training would change the attitude and enhance caregiver's mental health by increasing the ability for problem solving, self-confidence, self-reinforcement and reduction of stress (Huang, H., LShyu, Y., Chen, M., Huang, C., Kuo, C., Chen, S. & Hsu, W., 2015).

Conclusion: Implementing a clinical supervision model in mental health nursing setting can be a formal support for education and training for delivering care that build family caregiver capacity in a way that they can respond to their daily tasks, but also develop coping strategies essential for self-efficacy.

References

Bifarin, O. & Stonehouse, D. (2017). Clinical supervision: an important part of every nurse's practice. *British Journal of Nursing*, 26 (6), 331-335. Retrieved from <https://www.ncbi.nlm.nih.gov/pubmed/28345984>. doi: 10.12968/bjon.2017.26.6.331

Buus, N., Cassidy, P. & Gonge, H. (2013). Developing a Manual for Strengthening Mental Health Nurses' Clinical Supervision. *Issues in Mental Health Nursing*, 34(1), 344-349. Retrieved from <https://www.ncbi.nlm.nih.gov/pubmed/23663021>. doi:10.3109/01612840.2012.753648

Chiu, M., Wei, G., Lee, S., Choovanichvong, S. & Wong, F. (2011). Empowering caregivers: Impact analysis of Family-Link Education Programme (FLEP) in Hong Kong, Taipei and Bangkok. *International Journal of Social Psychiatry*, 59(1), 28-39. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3764774/>. doi:10.1177/0020764011423171

Heydari, M., Razban, F., Mirzaei T. & Heidari, S. (2017). The Effect of Problem Oriented Coping Strategies Training on Quality of Life of Family Caregivers of Elderly with Alzheimer. *Asian Journal Nursing Education and Research*, 7 (2), 168-172. Retrieved from <http://ajner.com/AbstractView.aspx?PID=2017-7-2-7>. doi: 10.5958/2349-2996.2017.00034.9~

Huang, H., LShyu, Y., Chen, M., Huang, C., Kuo, C., Chen, S. & Hsu, W. (2015). Family caregivers' role implementation at different stages of dementia. *Clinical Interventions in Aging* 10, 135-146. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4289485/>.

doi: <http://dx.doi.org/10.2147/CIA.S60574>

Salamizadeh, A., Mirzaei, T. & Ravari, A. (2017). The Impact of Spiritual Care Education on the Self-Efficacy of the Family Caregivers of Elderly People with Alzheimer's Disease. *International Journal of Community Based Nursing & Midwifery* 5 (3), 231-238. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5478743/>.

Whittemore, R., & Knaf, K. (2005). The integrative review: Updated methodology. *Journal of Advanced Nursing*, 52(5), 546-553. doi:10.1111/j.1365-2648.2005.03621.x

Cuidadores Da Pessoa Com Esquizofrenia: Suas Vivências!

Natália da Conceição Martins Rodrigues Fernandes,

Marília dos Santos Rua,

Elsa Maria de Oliveira Pinho de Melo

fernandes.natalie@gmail.com

Palavras-Chave: Família Cuidadora; Esquizofrenia; Modelo de Falloon.

Introdução & Objetivo: A esquizofrenia é uma doença mental caracterizada por uma perda do contato com a realidade, alucinações, delírios, pensamentos anormais e alterações no funcionamento social e laboral. Pretendemos conhecer e compreender as vivências das famílias cuidadores da pessoa com esquizofrenia, esperando que numa fase posterior possamos intervir de forma a capacitá-las para lidarem melhor com a doença.

Metodos: Enveredamos por um estudo fenomenológico, de abordagem qualitativa, cujos participantes foram 6 cuidadores da pessoa com esquizofrenia, do Concelho de Sever do Vouga. Foi utilizada uma entrevista semiestruturada, para que fosse possível recolher os dados que nos permitiram compreender a dinâmica familiar e de que forma a mesma, foi ou não alterada com a emergência desta patologia. Os dados foram sujeitos a tratamento qualitativo através da análise de conteúdo (Bardin, 1977; Bardin, 2009). Na análise dos dados emergentes das narrativas utilizamos como suporte o software WEBQDA, programa informático de análise qualitativa que nos permitiu a indexação das entrevistas realizadas, obtendo a organização da informação.

Resultados & Discussão: Os resultados apontam para a necessidade de maior atenção dos profissionais de saúde, da sociedade e da família enquanto unidade social em relação ao familiar cuidador. Torna-se pertinente uma futura intervenção profissional, de forma a capacitar o cuidador da pessoa com esquizofrenia para melhor controlar os sintomas e lidarem da forma menos traumática com as consequências inerentes à esquizofrenia.

Conclusão: Deixamos como proposta de intervenção familiar na esquizofrenia, o Modelo de Falloon de forma a ajudar a família a adotar métodos que facilitem a expressão das emoções, onde seja facilitada a partilha das dificuldades sentidas no cuidar da pessoa com esquizofrenia (Pereira, Xavier, & Fadden, 2007). Salientamos a necessidade de uma intervenção multidisciplinar de forma a melhorar a assistência à família, evitando o facto de muitas vezes a família adoecer como consequência da agressividade, da sobrecarga física, do preconceito e de sentimentos, que acabam por a desgastar, devido à convivência com a pessoa doente (Zanetti & Galera 2007). Esperamos que a concretização deste trabalho possa proporcionar mudanças de comportamento no sentido de aumentar a qualidade de vida dos cuidadores da pessoa com esquizofrenia.

Referências

Bardin, L. (1977). *Análise de Conteúdo*. Lisboa: Edições 70.

Bardin, L. (2009). *Análise de Conteúdo*. Lisboa: Edições 70.

Borba, L.O.; Schwartz, E.; Kantorski, L.P. (2004). A sobrecarga da família que convive com a realidade do transtorno mental. *Acta Paul Enferm*; 21(4). P. 588-94.

Figueiredo, M. H. (2012). *Modelo Dinâmico de Avaliação e Intervenção Familiar: Uma Abordagem Colaborativa em Enfermagem de Família*. (Lusociência, Ed.). Loures: Lusociência.

Fortin, M. F. (2009). *Fundamentos e etapas do processo de investigação*. Loures: Lusociência, D. L. 595 p. ISBN 978-989-8075-18-5.

Hanson, S.M.H. (2005). *Enfermagem de Cuidados de Saúde à família. Teoria, Prática e Investigação*. Segunda Edição. Lusociência. Loures. ISBN: 972-8383-83-5.

Melo, R., Rua, M., & Santos, C. (2014). Necessidades do cuidador familiar no cuidado à pessoa dependente: uma revisão integrativa da literatura. *Revista Referência*, 2, 143–151.

Ordem dos Enfermeiros (2011). *Modelo Dinâmico de Avaliação e Intervenção familiar, como referencial teórico e operativo em Enfermagem de Saúde Familiar*. Retrieved from http://www.ordemenfermeiros.pt/colegios/documentos/referenciaisaudefamiliar_mceec.pdf.

Pereira, M.G., Xavier, M. & Fadden, G., (2007). O Modelo de Falloon para intervenção familiar na esquizofrenia: Fundamentação e aspectos técnicos. *Análise Psicológica*, 2 (XXV): p. 241-255. Lisboa. Retrieved from <http://www.scielo.oces.mctes.pt/pdf/aps/v25n2/v25n2a06>.

Zanetti A.C.G; Galera S.A.F. (2007). O impacto da Esquizofrenia para a família. *Revista Gaúcha de Enfermagem*; 28(3):385 - 02. Retrieved from http://scholar.google.pt/scholar?q=o+impacto+da+doen%C3%A7a+mental+na+familia&hl=ptPT&as_sdt=0&as_vis=1&oi=scholar&sa=X&ved=0ahUKewjmu5ft8LMAhVGbBoKHZguCKkQgQMII-DAA retirado a 5 de Maio 2016.

The Nursing Educational Focus Over Elderly Pain Management For Family Caregivers: An Integrative Review

Ana Claudia de Souza Leite,
Maria Manuela Ferreira Pereira da Silva Martins
ana.claudia@uece.br

Keywords: Education; Nurse; Caregiver; Pain; Family Caregiver.

Introduction & Aim: The pain perception changes as age goes by, but it doesn't cease to exist, requiring the look of nurse at the learning needs of family caregiver (Reblin et al., 2015). In this context, this research aims to analyze the nursing educational focus for the pain management of elderly people destined to family caregivers in the last ten years.

Methods: Integrative revision of the scientific literature by the databases by EBSCOhost Web in the following databases: CINAHL, MedLine, MedicLatina and Academic Search Complete databases. Included original articles in English language journals from 2010 to 2017, reviewed by specialists, the elderly category over 65 years with the following descriptors: education, pain, perception of pain, pain perception, family health strategy, caregiver, and its specifications, obtaining the sample universe of 285 articles. There were excluded reviews, dissertations, theses, books and articles. These were organized and analyzed qualitatively in the WebQDA software and discussed in the highlight of the systemic theories with a focus on the family.

Results & Discussion: From the content of 14 articles emerged four categories. The first category "Technology for the pain clinical care" brings information about the clinical management of pain and its innovations for the nursing use (Faucher et al., 2012; Hodgson et al., 2014). In the second, called "Caring for Caregivers", was emphasizing the importance of clinical pain care over the relieving symptoms and facilitating carer's wear and tear (Ribeiro et al., 2012; Senden et al., 2015). The third "Integrated family communication and health system" raises the discussion about the focus of care and communication kind within the health system (Reblin et al., 2015). The fourth category "Caring for the elderly with dementia" evidences the need to provide values for pain management with ethics and science (Husebo et al., 2010; Monroe et al., 2013).

Conclusion: The nursing educational focus for elderly pain management of family caregivers in the scientific nursing research included the technologies for clinical pain care, caring for caregivers, integrated communication between the family and the health system and the pain management of the elderly with dementia.

References

Faucher, N., Safar, H., Baret, M., Philippe, A., Farid, R. (2012). Superabsorbent dressings for copiously exuding wounds. *British Journal of Nursing*, 21(12), 22-28.

Hodgson, H., Gitlin, L. N., Huang, J. (2014). The influence of sleep disruption and pain perception on indicators of quality of life in individuals living with dementia at home. *Geriatr Nurs*, 35(5): 394-398.

Husebo, B. O., Strand, L. I., Moe-Nilssen, R., Husebo, S. B., Ljunggren, A. E. (2010). Pain in older persons with severe dementia: Psychometric properties of the Mobilization-Observation-Behaviour- Intensity-Dementia (MO-BID-2) Pain Scale in a clinical setting. *Scand J Caring Sci*, 24(1), 380-391. doi: 10.1111/j.1471-6712.2009.00710.

Monroe, T. B., Keela K. A., Mion, L. C., Cowan, R. L. (2013). Ethical and legal issues in pain research in cognitively impaired older adults. *International Journal of Nursing Studies*, 50(1), 1283-1287.

Reblin M., Cloyes, K., Carpenter, J., Berry, P., Clayton, M., Ellington, L. (2015). Social support needs: Discordance between home hospice nurses and former family caregivers. *Palliat Support Care*, 3(3), 9-13.

Ribeiro, S. B., Cárdua, M. C., Almeida, L. C. (2012). Biomechanical and organizational risk and prevalence of low back pain in the old adults caregivers of a nursing home in João Pessoa/PB. *Work*, 4(1), 1933-1939.

Senden, C., Vandecasteele, T., Vandenberghe, E., Versluys, K., Piers, R., Grypdonck, M., Van Den Noortgate, N. (2015). The interaction between lived experiences of older patients and their family caregivers confronted with a cancer diagnosis and treatment: A qualitative study. *International Journal of Nursing Studies*, 52(1), 197-206.

The Spiritual Coping Of Cancer Pain By The Patients From Pain Reference Center, Brazil

Ana Claudia de Souza Leite,
Louanny Carneiro da Rocha,
Livia Pinheiro Mesquita,
Liane Carvalho de Brito de Souza,
Erasmus Miessa Ruiz,
Maria Manuela Ferreira Pereira da Silva Martins
ana.claudia@uece.br

Keywords: Pain Coping; Pain; Cancer; Resilience; Education; Nurse; Family.

Introduction & Aim: The biopsychosocial and spiritual repercussions of the cancer diagnosis impact even more on the patient life when pain is associated and becomes even more complex situation (Hennemann-Krause, 2012; Gobatto & Araújo, 2010). This research aims analyse the spiritual coping of the cancer pain in patients from Pain Reference Center.

Methods: Quantitative, cross-sectional and retrospective research approved by the Health Ethic Committee at State University of Ceará (Process nº 677.393). The universe contained 960 patients treated at Pain Outpatient Clinic of a Reference Center from Brazil. It was obtained a sample of 201 them between July 2015 to July 2016. The data collection instrument was a form with questions about pain and their coping. Then, was organized in the SPSS statistical software for analysis simple nonparametric, discussing and interpreting the findings from the concept of Resilience and updated literature on coping.

Results & Discussion: Sample (n = 201) predominated of the elderly women (58%), aged > 60 years (51.5%) with breast cancer diagnosis (24%), located in the posterior thorax (33.83%) with severe intensity of pain (7-9) (43.28%). Some studies corroborate these findings (Hennemann-Krause, 2012; Gobatto & Araújo, 2010; Moayedi & Davis, 2013). Elderly people with 78 a 93 years presented higher percentiles (63.6%) regarding for their life satisfaction, planning for the future (72.7%), taking medications (44%) and practicing exercises (22%). The spiritual support (43.3%) had the highest percentile as a method for coping the life problems, considering high satisfaction in this (91.5%) (Folkman, 1984). The percentage of 79.6% of them, report pain coping with faith in something or someone, and your religion helps in this (83.8%). It seems that improving the level and quality of positive religious affiliation can be effective on the amount of stimulation and pain of cancer patients (Fradelos et al, 2017; Gobatto & Araújo, 2010; Guerrero et al., 2011).

Conclusion: The greatest source of internal resources for pain coping was the spirituality in the elderly women with the pain experienced as severe intensity. Recommended to include the approach of the transpersonal and spiritual theories in higher education, health care and the training of family caregivers.

References

Folkman, S. (1984). Personal control and stress and coping processes: A theoretical analysis. *Journal of Personality and Social Psychology*, 46(4), 839-852.

Fradelos, C. E., Papathanasiou, I. V., Venetos, A., Daglas, A., Christodoulou, E., Zyga, S., Kourakos, M. (2017). Distúrbio e resiliência psicológica em mulheres diagnosticadas com câncer de mama na Grécia. *Asian Pac J Cancer Prev*, 18(9): 2545-2550.

Gobatto, C. A. & Araújo, T. C. C. F. (2010). Religious-spiritual coping: reflections and perspectives for the performance of the psychologist in oncology. *Rev. SBPH*, 13 (1), 31-38.

Guerrero, G. P. et al. (2011). Relationship between spirituality and cancer: perspective of the patient. *Rev. Bras. Enferm*, 64(1), 53-59.

Hennemann-Krause, L. (2012). End-of-life pain: evaluate to treat. *Revista do Hospital Universitário Pedro Ernesto UERJ*, 11(2), 26-31.

Moayedi, M. & Davis, K. D. (2013). Theories of pain: from specificity to gate control. *J Neurophysiol*, 10(9), 5-12.

Improving Aging And Brain Health Through Technology

Jorge Alves

jorge.alves@cerebro.org.pt

Keywords: Aging; Brain Health; Technology.

Introduction & Aim: Technology is considered to have the potential to advance assessment and treatment of brain disorders and unhealthy aging trajectories, which represent considerable individual and societal burden (Alves, 2015; Alves & Santos, 2016). In this work we provide an overview of recent technologies for aging and brain health used in Portugal.

Methods: Exemplificative recent technological approaches and tools used in Portugal were identified through author's knowledge, experience in our center (Centro CEREBRO), selective literature review and online searches.

Results & Discussion: Despite the existence of several validated and efficacious technologies at the international level, adoption and clinical use in Portugal of innovative tools it is still limited. We present recent developments in fields such as Virtual Reality Therapy (VRT) for Stroke, VRT for Balance Training and Fall Prevention, and Assistive and Monitoring Technologies for Aging.

Conclusion: Evidence-based and innovative technologies can improve care in aging and brain health, holding the potential for enhanced treatment and management. Future studies should address factors impeding dissemination and adoption of validated technologies.

References

Alves, J. (2015). Neural Effects of Cognitive Intervention in Healthy Aging and Dementia. *Journal of Advanced Neuroscience Research*, 2(1), 28-35. <http://dx.doi.org/10.15379/2409-3564.2015.02.01.4>

Alves, J., & Santos, A. (2016). Virtual Reality Therapy for Balance Training in Aging and Neurological Disorders. *Journal of Advanced Neuroscience Research*, 3, 1-8. <http://dx.doi.org/10.15379/2409-3564.2016.03.01.01>

O Processo De Construção Da Cartilha Educativa: Meu Filho Tem Um Novo Coração, E Agora?

Luciana Vieira de Carvalho,
Sarah Maria de Sousa Feitoza,
Aline Cruz Esmeraldo Áfio,
Juliana Freitas Marques,
Joana de Freitas Rocha,
Lorita Marlena Freitag Pagliuca,
Cristiana Brasil de Almeida Rebouças,
António Luís Rodrigues Faria de Carvalho
lucianavcarvalho@hotmail.com

Palavras-chave: Tecnologia Educacional; Transplante Cardíaco; Criança.

Introdução & Objetivo: As crianças transplantadas, quando estão no domicílio, demandam cuidados contínuos de natureza complexa, constituindo-se em desafios para os familiares responsáveis por seus cuidados, os quais necessitam aprender novas formas de cuidar. Assim, torna-se necessária a construção de materiais educativos para auxiliar nas orientações fornecidas. Na literatura nacional não foi evidenciado material educativo com intuito de capacitar cuidadores de crianças que receberam transplante cardíaco, porém, estudos reforçam a importância das estratégias de educação para a saúde, tanto para criança como para seus cuidadores (Castro & Jimenez, 2013; Penaforte et al., 2009). Desse modo, o estudo tem como objetivo descrever o processo de construção de uma cartilha educativa para cuidadores de crianças no pós-transplante cardíaco.

Método: Pesquisa metodológica desenvolvida em cinco etapas: diagnóstico situacional, levantamento na literatura, elaboração textual, confecção das ilustrações e diagramação (Echer, 2005).

Resultados & Discussão: O trabalho resultou na produção da versão final do material em formato de cartilha, que teve o título “Meu filho tem um novo coração, e agora”? Os seguintes domínios compuseram a cartilha: apresentação, transplante cardíaco, acompanhamento de saúde, cuidados com a higiene do corpo, tratamento medicamentoso, alimentação, cuidados com o ambiente e qualidade de vida. As informações foram escritas em forma de conversa. Ilustrações compõem o conteúdo da cartilha, sendo apresentadas características de aparência das mães e das crianças de acordo com a realidade. A última etapa de construção da cartilha refere-se à diagramação, sendo utilizado o programa Adobe Indesign para essa fase final.

Conclusão: A cartilha educativa poderá ser usada pelos cuidadores como forma de apoio e divulgação das informações para manutenção da saúde da criança transplantada.

Referências

- Castro, E.K., & Jimenez, B.M. (2013). O Transplante de órgãos pediátrico: Papel do psicólogo. , 266-269.
- Echer, I.C. (2005). Elaboração de manuais de orientação para o cuidado em saúde. Revista Latino-Americana de Enfermagem, 13(5), p.754-757.
- Penaforte, K.L., Araújo, S.T., Campos, A.C.S., Rolim, K.M.C., & Santos, F.G.M. (2009). Transplante cardíaco infantil: Perspectivas e sentimentos maternos. Escola Anna Nery, 13(4),733-740.

Avaliação Dos Benefícios De Tecnologia Assistiva Sobre Hipertensão Arterial Para Pessoas Cegas E Familiares Cuidadores

Luciana Vieira de Carvalho,
Lorita Marlena Freitag Pagliuca,
António Luís Rodrigues Faria de Carvalho
lucianavcarvalho@hotmail.com

Palavras-chave: Pessoas com deficiência; Tecnologia; Enfermagem.

Introdução & Objetivo: Dos 285 milhões de deficientes visuais, 39 milhões são cegos e 82% possuem idade acima de 50 (Mariotti & Pascolini, 2012). A população idosa também é vulnerável ao acometimento de doenças crônicas, como a hipertensão arterial. É necessário que o cuidador detenha conhecimento sobre esta patologia e dos procedimentos realizados no dia-a-dia para promoção da saúde. Objetivou-se avaliar os benefícios de tecnologia assistiva sobre hipertensão arterial para pessoas cegas e seus familiares cuidadores.

Método: Estudo metodológico, a realizar em outubro e novembro de 2017, em Porto, Portugal. Como população-alvo tem-se cegos e seus familiares assistidos por associações de cegos da região. Construiu-se a tecnologia assistiva através do Modelo de Desenvolvimento de Material Educativo Digital de Falkembach (2005). A tecnologia tem formato de manual online, sendo estruturada em módulos didáticos com conteúdo sobre aspectos clínicos da hipertensão, medidas de prevenção da patologia e promoção da saúde. Para avaliação dos benefícios da tecnologia serão utilizados instrumentos pré e pós-teste compostos por perguntas sobre a temática em questão e o Questionário de Avaliação de Tecnologia Assistiva (QUATA). O tratamento dos dados ocorrerá por meio do programa SPSS com comparação das proposições de antes e depois com testes específicos. Os cegos, devido alteração da função visual, possuem algumas restrições que comprometem as interações com o ambiente, o cumprimento de tarefas diárias e práticas de autocuidado. Assim, a elaboração do manual educativo, poderá viabilizar o acesso às informações sobre hipertensão e contribuir no desenvolvimento das capacidades individuais para o autocuidado. Em relação aos familiares cuidadores, desempenham papel relevante no cuidado, uma vez que auxiliam e/ou estimulam o cego em atividades de vida diárias (preparo de refeições; observação do rótulo dos alimentos; prática de exercícios; controle do peso; acompanhamento da saúde; avaliação frequente da pressão arterial, dentre outros), a depender da limitação existente. Nesta perspectiva, no estudo proposto, pretende-se avaliar os benefícios do manual educativo no processo de ensino-aprendizagem para a referida população, avaliando a contribuição para a promoção da saúde e prevenção da hipertensão através da implementação de estratégia educativa inovadora.

Referências

- Falkembach, G. A. M. (2005). Concepção e desenvolvimento de material educativo digital: Novas tecnologias na educação. Renote, 3(1), 1-15.
- Mariotti, S. P., & Pascolini, D. (2012). Global estimates of visual impairment: 2010. British Journal of Ophthalmology. 96(5): 614-618. doi: 10.1136/bjophthalmol-2011-300539.

RESUMOS DO SIMPÓSIO I | ABSTRACTS OF SYMPOSIUM I

Programas De Intervenção Dirigidos A Cuidadores Informais *Intervention Programs Delivered to Informal Caregivers*



Seminário Internacional Educa&Care

Informal Caregiver: An Adaptive Strategy In The Transition To Retirement

Helena Maria Almeida Macedo Loureiro

hloureiro@ua.pt

Keywords: Retirement; Adapted Strategies; Family health; Informal Care.

Introduction & Aim: Retirement is a life-changing event that affects the physical and mental health of individuals, negatively or positively (Meleis, 2015), whose adaptive responses can originate different states of vulnerability in their protagonists (Loureiro, Fonseca & Veríssimo, 2012). The aim of this communication is to present the informal caregiver experience as an adaptive strategy adopted by newly Portuguese retired.

Methods: A quantiquitative study was conducted. In a first phase, we have approached the adaptive responses of newly retired individuals (n=432) by the application of a self-filled questionnaire. In a second phase, we interviewed families of 32 individuals who manifested changes/difficulties in the retirement transition. The data obtained from the open questions in the first phase was analysed using Bardin Content Analysis (2009) in the SPSS21 program and qualitative information achieved from the second phase was subjected to thematic analysis using NVivo9. Ethical and formal assumptions were previously fulfilled.

Results & Discussion: 31.5% of the respondents perceived changes and imbalances during transition to retirement and “family support” was the strategy most adopted to deal with these (71.5%). From the narratives, the central theme that emerged was “Informal Care”. The subtheme “Caring for grandchildren” was strongly present in the newly retired men and women. In addition, the subthemes “Childcare” and “Caring for others: friends or neighbours” also emerged revealing itself as a significant adaptation strategy to deal with this life transition. “Informal Care” seemed to contribute to improve the sense of social utility, continuity of life stimulation and maintenance of self-esteem of the Portuguese retirees (Loureiro, 2011; Loureiro et al., 2015). This perception of successfulness as an “Informal Caregiver” is strongly related with the personal social network that these individuals organized during their life cycle (Sluzki, 1996; Alarcão & Sousa, 2007).

Conclusion: Findings revealed that individuals do not retire alone. In fact, personal resources and strategies are mobilized in the first place, but the family, society and community are also called to be involved in this transition. The awareness of being socially useful and “investing” in themselves and their family are the most rewarding aspects for the newly retired Portuguese, motivating them to adopt the role of informal caregiver as a life goal.

References

- Alarcão, M. & Sousa, L. (2007). Rede Social Pessoal: do conceito à avaliação. *Psicológica*, 44, 353-376.
- Bardin, L. (2009). *Análise de Conteúdo*. 5ª Edição. Lisboa, Edições 70
- Loureiro, H. (2011). *Cuidar na “Entrada na Reforma”: uma intervenção conducente à promoção da saúde de indivíduos e de famílias*. Tese de Doutoramento em Ciências da Saúde. Repositório institucional da Universidade de Aveiro. Retrived from WWW: URL:<http://ria.ua.pt/bitstream/10773/4159/1/tese.pdf>
- Loureiro, H.; Fonseca, A. & Veríssimo, M. (2012). Evolução dos comportamentos e do estado de saúde na passagem à reforma. *Rev. Enf. Ref.* [online]. vol.serIII, n.8, pp.47-56. ISSN 0874-0283. <http://dx.doi.org/10.12707/RIII1232>.