» 28th International NURSING RESEARCH CONGRESS

27-31 July 2017 | Dublin, Ireland



The value of educational technology in the nursing care Benefits in clinical practice

Maria José Lumini Heloísa Peres Teresa Martins

lumini@esenf.pt

Health Policies

Health policies in Portugal warn of the responsibility of the citizen and the community to participate in health care.

Strengthening of home support services and reinforcement of the use of Communication and Information Technologies.

Nursing Care

Health professionals need to seek new solutions to enhance the quality of life of individuals and family.

Partnership between nurses and caregivers.

ICT in Health

Increasing use of educational platforms for citizens health education.

Need to provide reliable health information to ensure and protect citizens from misleading information. (HON, 1997)



Ageing

It is expected that in 2050, the aging index will be 2.43 and the proportion of older people will be around 32%, making Portugal the fourth EU country with the highest percentage of elderly. (INE, 2013)

Family caregiver role

The family dependency process has an impact on the quality of life and well-being of the family caregiver.

EIP-AHA

European Innovation Partnership on Active and Healthy -sharing of knowledge aimed at improving the quality of life of the elderly.

Creation of innovative solution based on ICT.

Purpose

To assess the influences of the educational technology Care for Dependent Persons in some clinical indicators.

Method



- ✓ A quasi-experimental study, not randomized, of the before and after type.
- ✓ Convenience sample of 65 family caregivers from two Medicine services of a hospital in Porto, Portugal.
- ✓ The Control Group consisted of 33 family caregivers and the Experimental Group of 32, identified by consecutive sampling.
- ✓ The experimental group had access to educational technology at home.

- ✓ Data were collected by socio-demographic and a evaluation of clinical indicators questionnaire:
 - Go to the emergency service,
 - o unscheduled consultation,
 - Asked for a nursing home visit,
 - o Call the INEM (National Institute of Medical Emergency),
 - o unscheduled hospitalization,
 - o pressure ulcer development.

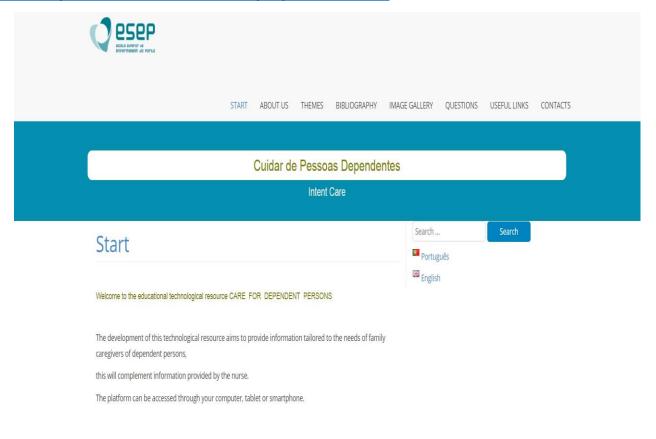
✓ The assessment in both groups were made one month after discharge.





Care for Dependent Persons

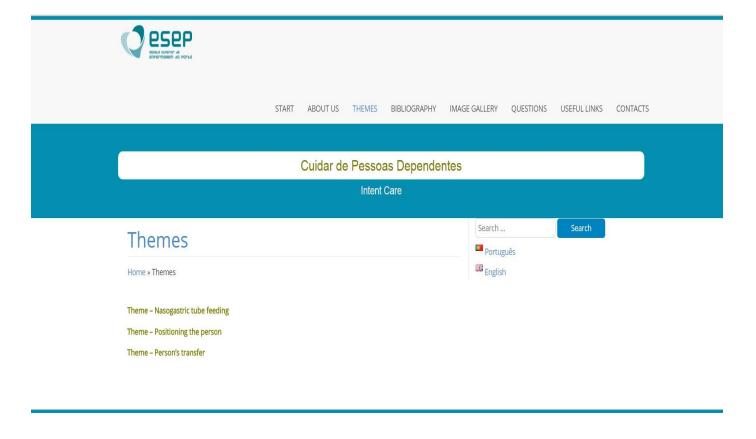
Link: http://pope.esenf.pt/intentcare/index.php/en/start/





Care for Dependent Persons

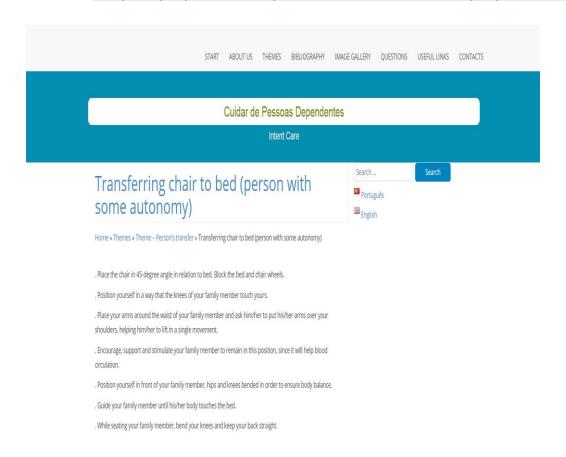
Link: http://pope.esenf.pt/intentcare/index.php/en/start/





Care for Dependent Persons

Link: http://pope.esenf.pt/intentcare/index.php/en/start/



- . Position yourself in front of your family member, hips and knees bended in order to ensure body balance.
- . Guide your family member until his/her body touches the bed.
- . While seating your family member, bend your knees and keep your back straight.



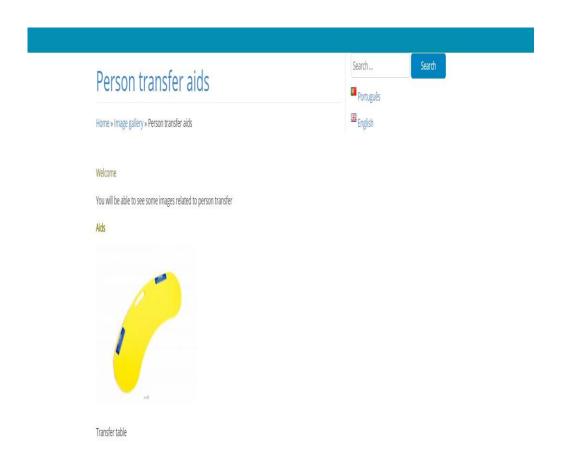
Transferring bed to chair (person with some autonomy)

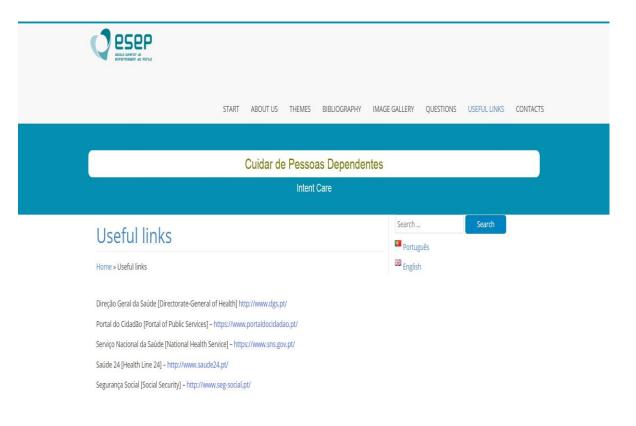
Transferring bed to chair (person with lack of autonomy)



Care for Dependent Persons

Link: http://pope.esenf.pt/intentcare/index.php/en/start/







Characterization of Family Caregiver

Sociodemographic

- The majority were **female**: 27 (EG) e 29 (CG)
- Average age was at the EG was 57,69 years and at the CG of 56,64 years
- The majority were **married** (67,7%)
- The majority 36 (55,4%) were daughters and 12 (18,5%) spouses
- **Profissional status**: retired 25 (38,5) and 23 (35,4%) active

Sociodemographic

- Scholarity average 8,34 years (EG) and 7,85 anos (CG)
- Most (73,8%), lives with dependent person
- The majority (93,%) already care dependent person
- Average time providing assistance 5,4 years (EG) and 3,8 years(CG)
- The majority (61,5%) didn't have familiar support



Characterization of Dependent Person

Sociodemographic

- The majority were **female** 43 (66,2%) and 22(33,8%) **male**
- Average age at the EG was 80,97 years and at the
 CG of 78,85 years
- Time of dependency:

< one year (24,6%)

One to four years (43,1%)

Four to 27 (32,3%)

Average time of dependency 4,4 years

Clinical

- Degree of dependency:
 The majority **47** (72,3%)were totally dependent
 14 (21,5%) severe dependence
 4 (6,2%) moderate dependence
- Main reasons for hospitalization:
 - Respiratory
 - Cardiac
 - Urinary
- Main causes of dependency were:
 - Alzheimer and dementia (31,1%)
 - AVC (16,9%),
 - Parkinson disease (7,5%)

There were no statistical differences in the distribution of age, gender, educational level of family caregivers, time being caregiver and age of the dependent person, between EG and CG.

In relation to nominal variables sex, marital status, relationship to the dependent person, the application of Chi-Square also did not show significant differences between EG (32) and CG (33).



Clinical Indicators	EG				CG			
	Yes		No		Yes		No	
	N(32)	%	N(32)	%	N(33)	%	N(33)	%
Go to the emergency service	13	40,6	19	59,4	9	27,3	24	72,7
Go to unscheduled consultation	7	21,9	25	78,1	4	12,1	29	87,9
Asked for a nursing home visit	9	28,1	23	71,9	3	9,1	30	90,9
Call the INEM(National Institute of Medical Emergency)	1	3,1	31	96,9	1	3,0	32	97,0
Occurred unscheduled hospitalization	11	34,4	21	65,6	9	27,3	24	72,7
Pressure ulcer development	4	12,5	28	87,5	3	9,1	30	90,9

When comparing the groups it was considered a significance level of p < 0.05.

The assessment of the clinical indicators revealed no statistically significant differences between the two groups of dependent persons



Conclusions

Highlight to the need to reinforce essential information during the process of immediate recovery at clinical discharge.

This technology can be used in health, particularly in hospital and essentially home context by family caregivers.

Emphasis on the key role of nurses in the monitoring and management of this process.

Advised by the nurses in the hospital for use after discharge, as well as to remember their teachings.



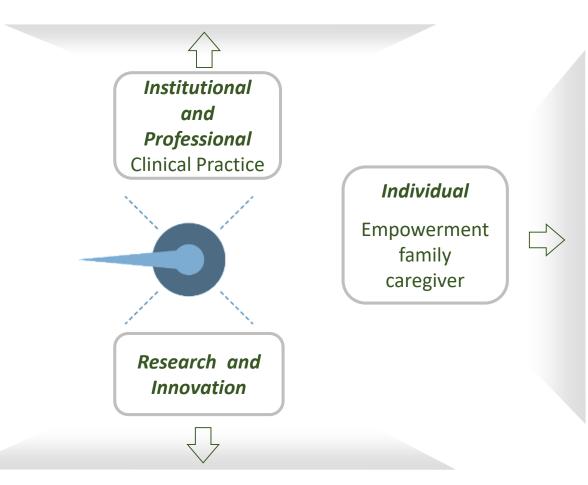
Technological platform to exchange knowledge

Conclusions



Innovative Educational Plans

Benefits in clinical practice



Integrating educational technologies into the formal education of family caregivers

More autonomy in decision making

ICT Innovative solution
Better Knowledge about the value of educational technology in the nursing care.





Thank you for your attention

Maria José Lumini- lumini@esenf.pt



