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BACKGROUND:

Home palliative care is essential to meet the needs of patients with chronic, advanced and life-limiting illnesses who choose to remain in their home environment. By integrating the philosophy and essence of palliative care, nursing assumes a central role in identifying needs through a multidimensional approach.

Palliative care stands out as an intervention in the relief and prevention of suffering, involving the early identification and rigorous assessment of problems in various dimensions. The lack of standardised models hinders the training of professionals and coordination between healthcare teams.

AIM:

To identify the nursing care needs of people with palliative needs at home and propose a model for home care for health professionals, particularly nurses, to improve home care.

METHODOLOGY:

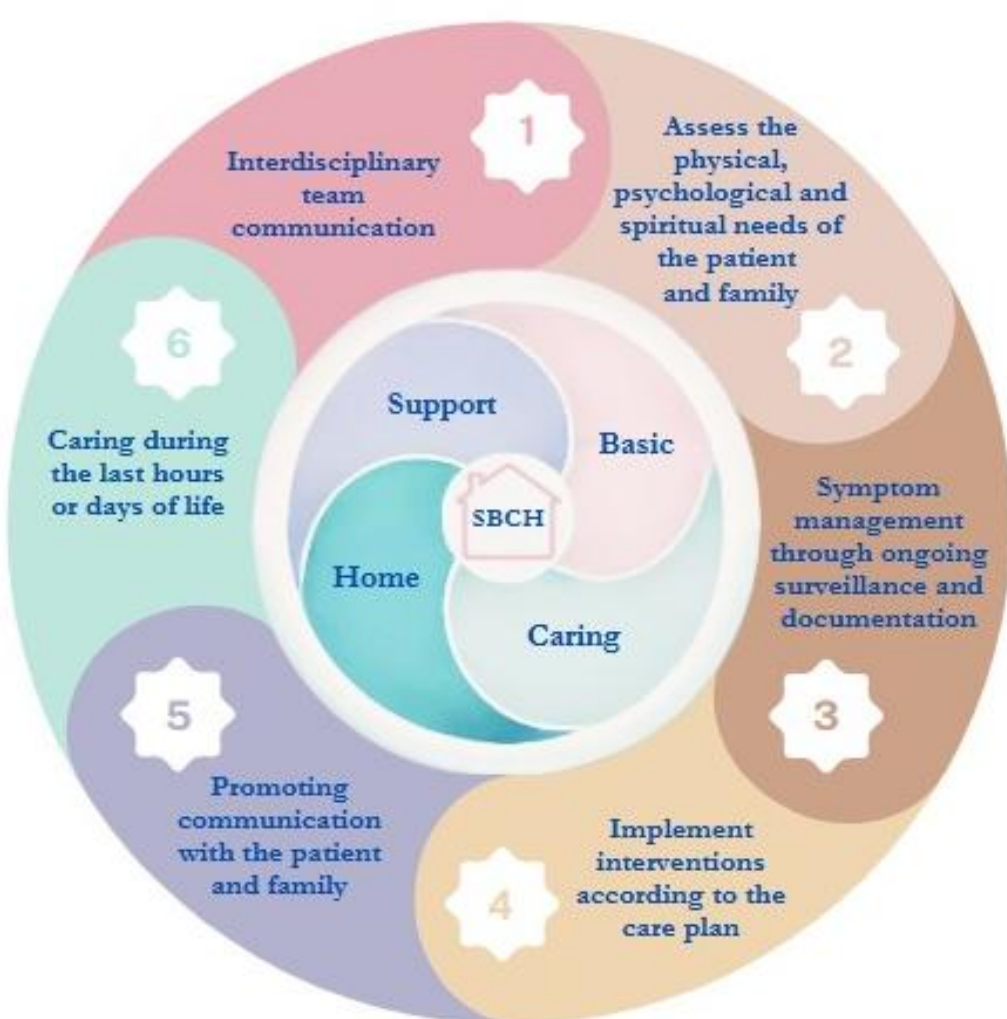
A quantitative, descriptive, cross-sectional and observational study carried out in primary healthcare. The final sample resulted from several stages and the surprise question to clinicians about whether they would be surprised if randomly selected patients died within a year.

RESULTS:

Of the 234 patients initially selected, 121 took part in the study, corresponding to a rate of patients with palliative needs (prognosis of life of less than one year) of 9.5 per cent.

Sociodemographic profile	Healthcare Resources
The majority were women, over 70, inactive, with low levels of education and living in inadequate housing conditions	The most commonly used resources included nursing consultations in health centres and at home, hospital medical consultations and complementary diagnostic tests, such as analyses and X-rays

Needs in the following dimensions: **Physical**, pain and asthenia as predominant symptoms. **Additional Concerns**, feeling of being a burden on the family, loss of independence and usefulness. **Emotional**, sadness and worry about the progression of the illness. **Spiritual**, lack of meaning and purpose in life, absence of peace of mind. **Social and Family**, fragile relationships with friends and family, low emotional closeness with carers. **Functionality**, dissatisfaction with quality of life and daily routine.



CONCLUSION:

The results show the complexity of the palliative needs of patients in the home context in various dimensions, requiring a structured intervention. Based on these, the Basic Support for Home Care Model (SBCH) was developed, a tool aimed at empowering nurses, maximising quality of life, promoting comfort and facilitating cooperation between health professionals and specialist teams. This model represents a significant contribution to nursing and helps to fill a significant gap in clinical practice in the home setting, fostering an improvement in care for people with palliative needs.

METHODOLOGY

Type of study: Quantitative, descriptive, cross-sectional and observational

Context: Primary Health Care (PHC)

Participants: Patients enrolled in a Health Centre Grouping of a Local Health Unit.

Sampling: Random stratified by health unit

Selection Criteria: Answer to the surprise question: "Would you be surprised if this patient died within a year?"

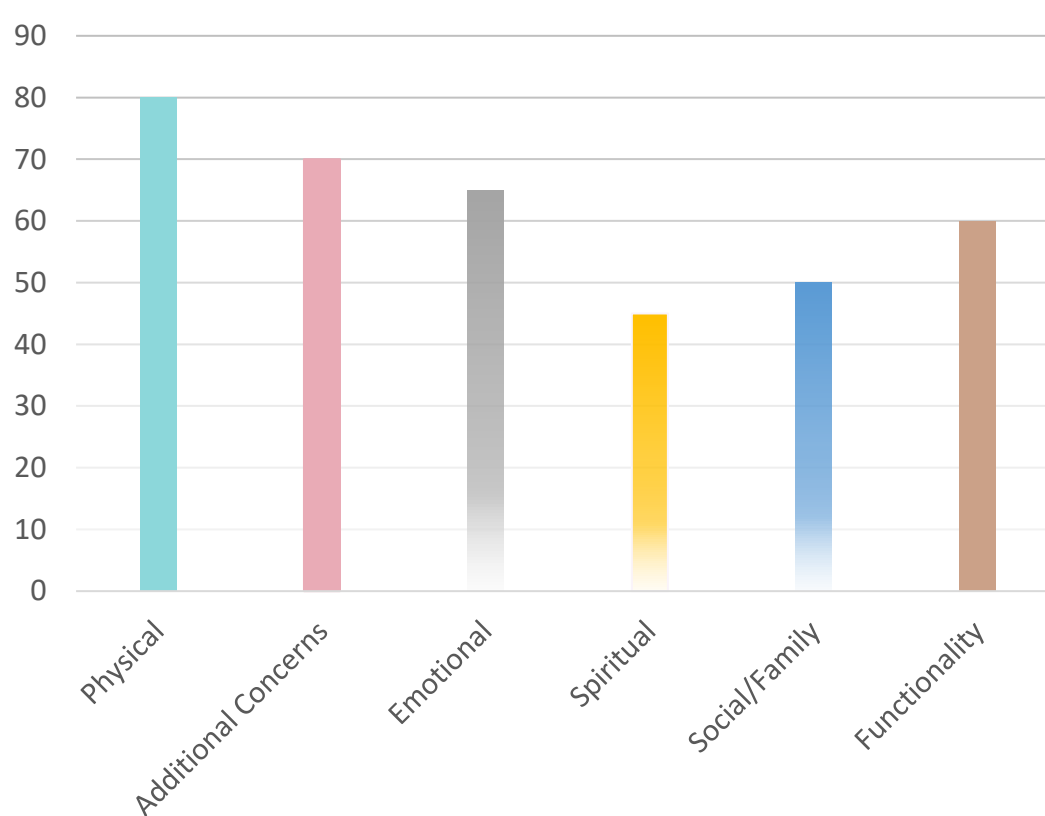
Data collection: In a single moment, with face-to-face contact at home

Dimensions analysed: Physical, emotional, spiritual, social/family, functionality and health resources

Ethical Considerations: Positive opinion from the Ethics Committee and informed consent

Data Processing: Descriptive and inferential statistics with SPSS

Chart 1: Needs Identified by Dimension



DISCUSSION:

The Basic Support Model for Home Care emerged from identified needs and was developed to guide healthcare professionals, namely nurses, in providing home care to people with palliative needs. The model focuses on a holistic approach that values patients' physical, emotional and social needs, promoting dignity and quality of life. It's a practical and useful tool that could represent a breakthrough in the integration of palliative care into the health system, with an impact on the provision of more effective and personalised care, with implications for the development of health

Bibliography

