

**(CO) THE PATIENT IN PALLIATIVE SITUATION: IMPLICATIONS OF FAMILY FUNCTIONALITY IN MEETING THE FAMILY FACE TO HEALTH CARE**

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### Introduction

Having a sick family member, especially in palliative care, is a crisis in the family system. It generates a lot of stress, because the disease is felt by family members as a threat due to the unpredictability of events and changing needs (Pereira & Lopes, 2012).

### Objectives

To identify the socio-economic variables that interfere with the satisfaction of family members of patients in palliative situation; To analyze the effect of family functionality in satisfaction of family members of patients in palliative situation.

### Methods

Quantitative, descriptive and cross-sectional study in a non-probabilistic convenience sample of 150 families of patients in palliative situation in Palliative Care Units in central Portugal, aged between 16 and 81 years and a mean of 37.17 (SD=1.279).

Instruments: Family Apgar Scale (Augustine and Rebelo, 1988); scale FAMCARE - Kristjanson (1993), translation by Almeida (2012). The study of reliability of FAMCARE obtained internal consistency (Cronbach Alpha) of 0,964.

### Results

Family functionality is better among men ( $M = 81.50 \pm 16.725$  SD). No statistically significant ( $Z = -0.786$ ;  $p = 0.432$ ).

Overall, 25.3% of family members showed to be very satisfied, 47.3% moderately satisfied and 27.3% somewhat satisfied with the health care provided to his family.

In males the level of satisfaction is higher ( $OM = 77.21$ ) as opposed to women ( $OM = 74.28$ ), with no statistical difference ( $Z = -0.291$ ;  $p = 0.771$ ). The family aged  $\geq 44$  years are more satisfied about the availability of information. Participants with a monthly household income greater than four times the minimum wage are more satisfied with the information, availability and physical care. Family members with high family functionality show a higher level of satisfaction with provided care.

Age and family functionality are predictors of all dimensions of satisfaction.

### Conclusions

Greater satisfaction with the care provided was encountered within the oldest and better family functionality. These variables must be considered when we plan differentiated assistance to the families of patients with palliative needs.

### Keywords

Family; Palliative care; Family satisfaction