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CULTURAL ADAPTATION AND VALIDATION OF THE PORTUGUESE VERSION OF THE ASSESSMENT OF CHRONIC ILLNESS CARE (ACIC) VERSION 3.5

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Introduction: The ACIC Version 3.5 was developed by The MacColl Center for Health Care Innovation, resulting from the chronic care model (CCM). This model has influenced many international health systems leveraging improvements in the process of chronic disease management. The ACIC provides scores, which reflect the level of support provided by the organizations of the chronically ill.

Objective: This paper aims at translation and validation of the Portuguese version ACIC (Assessment of Chronic Illness Care) version 3.5.

Methods: The procedure used for the translation and cultural adaptation included six phases: translation, synthesis of translation, back translation, review by an expert panel, pre-test and submission for consideration. Were collected 175 valid questionnaires, filled by health care professionals, in a group of health centers (ACES). The reliability was assessed by analysis of internal consistency (Cronbach's α). Construct validity was tested by factor analysis of principal components.

Results: The Cronbach's α value amounted to 0.958, indicating a high reliability. The coefficient of Kaiser-Meyer-Olkin amounted to 0.918, demonstrating excellent suitability of the data for factor analysis. After varimax rotation of the factors, it was found that they are grouped in a slightly different form from the original construct, but not compromising the original theoretical model.

Conclusions: The Portuguese version of the ACIC can thus be considered valid and has high reliability. We have an instrument in the Portuguese language that allows us to evaluate care to chronic disease, according to the chronic care model.

Descriptors: ACIC. Validation. Chronic disease. Chronic care model. Diabetes mellitus.

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KNOWLEDGE MANAGEMENT IN PUBLIC HEALTH INSTITUTIONS WITH DIFFERENT MANAGEMENT MODELS

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Introduction: The knowledge management has been raising an increased interest within business world, because knowledge is recognized as the most important resource to organizational performance. It is believed that is only due to it that organizations can innovate and remain active in a highly competitive market (Brito, 2003; Cardoso, 2003).

Objective: Evaluate the occurrence of knowledge management in public health institutions, and analyze if there are differences in the perception of knowledge management occurrence due to institution management model.

Methods: This is a quantitative study, which used a survey as an instrument of data collection. This survey was built and validated by us ($\alpha=0.962$). This study was done in a sample of 671 employees of ten health public institutions, with different management models: Public Administrative Sector Model, Public Corporate Entity Model and Family Health Unit Model.

Results: In health institutions knowledge management has average value of $3,37 \pm 0,62$ (scale range from 1 to 5). As for the average value of knowledge management it is $4,28 \pm 0,36$ in the family health units, $3,42 \pm 0,53$ in the public corporate entity institutions and $3,25 \pm 0,63$ in the public administrative sector institutions. These differences are statistically significant.

Conclusions: Knowledge management occurs in the Portuguese health institutions and the institution's management model shows to be crucial to this occurrence.

Descriptors: Knowledge. Employees. Knowledge management. Health institutions. Health management

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