DEUTSCHE GESELLSCHAFT FÜR PFLEGEWISSENSCHAFT e.V.
GERMAN SOCIETY OF NURSING SCIENCE

4th International Conference of the German Society of Nursing Science (DGP)

Nursing Research: Are we keeping up?

08 and 09 May, 2025

Berlin

Book of Abstracts

Scientific programme

„Nursing Research: Are we keeping up?" was the focus of our 4th international conference.

272 submitted abstracts were accepted, and research results were presented over the two conference days in different formats by nursing scientists from 13 countries.

There were five subtopics:

(1) Methodological and clinical research issues addressed methodological challenges, solutions, and innovations in nursing and interprofessional research.

(2) Theory development focused on theoretical approaches and advancements for nursing, nursing research and nursing practice.

(3) Professional development highlighted themes such as knowledge transfer, interprofessional collaboration, advanced nursing practice and nursing and interprofessional education.

(4) Strengthening resilience through nursing research explored topics such as climate change, pandemic conditions, sustainability in nursing research and practice, migration, and workforce issues.

(5) Technology in Nursing examined the impact of digitalisation, robotics, and artificial intelligence (AI) on nursing research and practice.

Keynotes

The following renowned nursing researchers gave keynote presentations addressing the main conference topics.

- Prof. Anna Axelin (University of Turku, Finland): "Personalized prevention and early intervention through eHealth for mental health"
- Prof. Alicia O´Cathain (University of Sheffield, United Kingdom): "What to think about when developing a complex (nursing) intervention!"
- Prof. Kerstin Hämel (University of Vienna, Austria): "Strengthening primary health care nursing – international perspectives"
- Prof. Melanie Messer (University of Würzburg, Germany): "Building bridges: Reimaging the future of nursing"

On behalf of the Organising Committee
Prof. Dr. Inge Eberl, Chair of the German Society of Nursing Science

Submission and review process of the "Call for Papers" contributions:

Authors were invited to submit abstracts of their scientific and/or practice-related papers. These should present the motivation and problem, the approach and methodology as well as the most important scientific/practical results including a short conclusion. The contributions were reviewed anonymously. Each abstract was evaluated by two reviewers. The criteria for the evaluation were the scientific or practical relevance of the topic as well as the content and conciseness of the submission.

A total of 286 abstracts were submitted, of which 272 abstracts were accepted, corresponding to an acceptance rate of 95 %. Of the accepted abstracts, 53 were selected for oral presentations and 74 for posterpresentation on their ratings. There were also 19 symposia, including 38 abstracts and seven workshop.

At this point, we would like to thank the members of the advisory, scientific and review boards.

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Content

Workshops

Technology in Nursing

A-271 – Workshop 1

Barcamp AI in Nursing Care in Action: A Workshop for Open-Minded Collaboration

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Background and Objectives
The Barcamp method organizes unstructured, user-generated collaboration, networking and interaction between scientific, political or civil society actors. The Barcamp *AI in Nursing Care* has proven effective for fostering participatory, peer-level exchange between researchers, developers, and nursing practitioners with a shared interest. This workshop aims to introduce participants to the Barcamp method, make Barcamp tangible and open it up for discussion. Using the example of *AI and digital technologies in nursing care*, workshop participants can contribute their own questions, experiences and knowledge; Thus, experiencing first-hand how implementing the Barcamp method can benefit their own work and research projects.

Workshop sections
1. Introduction: A brief overview of the Barcamp principles and its history, including mutual agenda-setting, collaborative learning, and participant-led sessions.
2. Setting up an Agenda and Topic Brainstorming: Participants propose topics of interest, brainstorm ideas, and collaboratively decide on session topics.
3. Breakout Session and Facilitated Discussions: Attendees break into smaller groups based on chosen topics and participate in dynamic, participant-led discussions. Overall, four topics can be explored.
4. Debrief and Reflective Discussion: Groups reconvene to share key insights and reflect on the Barcamp experience.
5. Wrap-Up and Next Steps: The workshop closes with tips on organizing and leading Barcamps, additional resources, and an invitation to consider further exploration or implementation.

Interactive elements
Through facilitated open sessions, participants will suggest topics, vote, and self-organize into interest-based groups, simulating a true Barcamp environment. Session emphasize collaborative learning and spontaneous idea exchange, fostering a hands-on understanding of the method's flexibility and participant-driven format. This ensures that attendees gain theoretical insights as well as practical skills utilizing the Barcamp method.

Anticipated results
Participants gain practical insights into Barcamp's flexible format, learning to collaboratively set an agenda and manage self-organized sessions. They leave with hands-on experience in leading open discussions, crowd-sourcing ideas, and adapting to group needs, along with ideas for applying Barcamp to boost creativity in diverse settings. Direct experience empowers them to initiate and lead their own Barcamp sessions in professional, educational, or social contexts.

A-256 – Workshop 2

Digital Assistance Systems: stakeholders, categories, and interdependencies

März, H., Schlifski, M., Schäfer, S., **Schöttler, R.**, Kuhlmann, A., Kühnert, S.
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Background and Objectives
The number of people in need of care continues to rise due to demographic trends, while the shortage of nursing staff is increasing at the same time [1].
Digital asssistance systems represent a possible solution to this challenge [5]. The BMBF project *Actor-centred Integration of Digital Assistance Systems* tests the implementation of such a system in the context of outpatient care. The main aim is to identify *enablers*

and *barriers* to the implementation of these systems in outpatient care services. Research involves three stakeholder groups: people in need of care, nurses and the care organisation.
A framework model is developed based on the considerations of which aspects influence the implementation of digital assistance systems. Its five subject areas include
1. aim, which includes the expectations regarding the use of technology,
2. participation, because the involvement of different stakeholder groups in technology development projects is essential [4],
3. skills, as target group-specific training is considered essential for the implementation of new technologies [4],
4. resources, whose availability for the integration of innovations must be checked on an actor-specific basis,
5. readiness, comprises on the one hand acceptance in dealing with technology [3], on the other hand is understood as digital readiness [2].

Workshop sections
During the workshop, participants will categorise their experiences to date and hold a discussion based on the above categories.

Interactive elements
The participants take on the stakeholders' perspectives and contribute their own experiences in connection with the topic areas. The aim of the workshop is to reflect on the mutual influence of the actors and to identify the interdependencies that arise between the actor-specific categories. Questions to be addressed include, e.g.

- *How does the* aim of the person in need of care influence the nurses' readiness?
- *How can* the involvement of nurses be linked to the aims of the care organisation?

Anticipated results
We assume that the interdependencies between the categories within the stakeholder groups will create new perceptions in relation to the framework.

References:
[1] Boll-Westermann, Susanne; Hein, Andreas; Heuten, Wilko; Krahn, Tobias, (2019), Pflege 2050 - Wie die technologische Zukunft der Pflege aussehen könnte, Pflege und digitale Technik, Berlin, Zentrum für Qualität in der Pflege (ZQP)
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[3] Neyer, Franz J.; Felber, Juliane; Gebhardt, Claudi, (2012), Entwicklung und Validierung einer Kurzskala zur Erfassung von Technikbereitschaft, Diagnostica, 87–99, 58. Jg., Heft 2, 10.1026/0012-1924/a000067
[4] Schlifski, Manuel; Kuhlmann, Andrea; Köpke, Janina; Kühnert, Sabine; Schöttler, Roland; Nellen, Cosima, (2023), Digitale Kompetenzentwicklung in der ambulanten Pflege – Wissensstand und Anforderungen für die Implementierung digitaler Assistenzsysteme, Boll, S. et al., Mit Pflegeinnovationen die Zukunft gestalten – menschlich, professionell, digital. Zukunft der Pfleg, Oldenburg, 47–51
[5] Scorna, Ulrike; Frommeld, Debora; Haug, Sonja; Weber, Karsten, (2022), Digitale Assistenzsysteme in der Altenpflege – Fluch oder Segen? Eine empirische Untersuchung zu Chancen, Risiken und Auswirkungen, Corinna Onnen, Rita Stein-Redent, Birgit Blättel-Mink, Torsten Noack, Michael Opielka und Katrin Spä, Organisationen in Zeiten der Digitalisierung, Springer Fachmedien Wiesbaden, 211–223

A-212 – Workshop 3

Impact of digitalisation on role development in nursing and self-efficacy of care recipients

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Background and Objectives
By using digital options, caregivers can reach care recipients more flexibly than in traditional forms of community health care. In addition, digitalisation in care offers the potential to explore further fields of action. For a person receiving digital care, this can mean expertise delivered at home without long waiting times. The aim of this workshop is to discuss the changes in carers' roles and the benefits for care recipients as a result of digitalisation.

Workshop sections
1. The workshop will start with three very short impulse overviews on (a) the role models in the nursing discipline, (b) a brief introduction to strategies to strengthen patient self-management and (c) a link to the Digital Care and Nursing Modernisation Act (DVPMG) (approx. 15 min).
2. Afterwards we will start the interactive part with 3-4 discussion groups (max. 8 people per group; approx. 45min) about the potential of digitalisation to expanded fields of action in nursing, as well as the benefits for patients.
3. An exemplary research project will be presented (approx. 10 min) as a leading concept for bridging distance through digitalisation. The extended scope of responsibility of the carers and the promotion of the parents' self-efficacy through the asynchronous intervention components will be addressed.
4. Finally, a summary outlook for the future will be given (approx.15min).

Interactive elements
Participants work in discussion groups on two questions: 1. What potential do digital care services have to open up new fields of action in the care sector? 2. How can patients benefit from extended digital care services?

Anticipated results
Expected outcomes include a general list of options for how digitalisation can expand the scope of care and the benefits for patients, such as strengthening self-efficacy and self-management in personal health care.

Professional development

A-246 – Workshop 4

Current trainee programs for nurses in long-term care and their (missing) fit to 'new work' approaches

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Background and Objectives
Current working conditions in long-term care in Germany lead to frustration among employees. An approach that enables innovative, health-promoting, and participatory working conditions is called 'new work'. This paradigm aims to provide facilities and employees with sustainable skills for today's innovations. In this context, trainee programs for nurses and nursing assistants can be a valuable instrument to create a mutual learning process between leaders and employees. While trainee programs often focus on specific competencies, they could potentially enable participants to expand their personal development as part of a learning organization. This is particularly relevant for career starters. Therefore, this workshop aims to explore how trainee programs can align with 'new work' principles.

Workshop sections
The workshop follows the Expert Recommendations for Implementing Change (ERIC) framework. An introductory presentation provides an overview of the 'new work' concept and the current state of trainee programs in nursing practice in Germany. Following this, a moderated group discussion focuses on selected 'new work' topics in nursing. The discussion addresses the accessibility and main topics of trainee programs, with emphasis on career starters and workforce development. The session concludes with brief oral presentations from each group and an overall summary of findings.

Interactive elements
The joint, critical debate on 'new work' approaches in nursing facilitates an exchange and knowledge expansion. Discussion groups will rotate and remain small to enable dynamic yet intensive exchange and include diverse perspectives. The final plenary session allows participants to engage with other groups' findings.

Anticipated results
Trainee programs for employees in long-term care in Germany currently meet 'new work' requirements only to a limited extent and require adaptation. Access barriers must be reduced, and content and format need further differentiation to support individual development, especially for career starters. The workshop results will contribute to a regional competence center for labor research in health and social care ('KompIGA'), which is funded by the Federal Ministry for Education and Research. The KompIGA consortium will

help disseminate the workshop's results to nursing institutions, policymakers, and the scientific community.

A-216 – Workshop 5

Developing Nursing Research Relevant to Acute Care in Germany

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Background and Objectives
Nursing science and clinical nursing research in Germany is still a developing academic field. Research that specifically addresses acute care, with the potential to impact clinical nursing practice and patient-centered care, remains scarce. Several barriers have been identified, including limited support for early-career researchers, inadequate capacity-building measures, and insufficient research funding. Additionally, knowledge translation is hindered by the lack of pathways to clinical-academic nursing careers, such as the absence of Clinician Scientist programs for nurses. Nursing research in acute care also appears to be overlooked by current science policy frameworks and funding agencies.

To address these challenges, a three-day scoping workshop was held in July 2024. The workshop brought together senior German nursing researchers, academic nurses with clinical roles in acute care, representatives from federal organizations, and researchers from countries with more established nursing research traditions, including Switzerland, the UK, and the Netherlands. Additionally, representatives from geriatrics and general medical practice that have recently undergone similar developments within the German academic system were invited to share their insights.

The objective of this symposium is to present the findings of the scoping workshop and to further enrich these findings through discussions with a broader international audience.

Workshop sections/ interactive elements:
1. Presentation of the methodology and key findings of the scoping workshop.
2. Moderated plenary discussion or smaller working group discussions (depending on the number of participants) to explore identified challenges and potential solutions.
3. Interactive summary of the discussion outcomes and take home messages.

Anticipated results
We anticipate that by integrating a broader range of national and international perspectives, such as those from junior researchers, nursing managers, and patient representatives, the symposium will generate a more comprehensive understanding of the needs and opportunities for advancing clinically relevant nursing research in Germany.

A-344 – Workshop 6

Mapping the Journey of Advanced Practice Nursing: An International Workshop on Clinical Developments, Barriers, and Opportunities

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Background and Objectives
The global journey of Advanced Practice Nursing (APN) requires adaptation to shifting healthcare needs, evolving healthcare delivery structures, and dynamic workplace cultures. Integrating APN into healthcare systems is complex, marked by unique national challenges and milestones. The AFG, an international working group supported by the German Network APN & ANP g.e.V., facilitates the exchange of experiences across diverse stages of APN development. This workshop aims to foster shared learning by examining APN's evolution across countries, highlighting clinical advancements, and promoting global connections.

Workshop sections
The session will begin with presentations from representatives of various countries within the international group, each highlighting key APN frameworks and recent clinical developments. Speakers will address essential aspects such as scope of practice, autonomy, and authority, providing a comparative overview of APN roles globally. These presentations will delve into the opportunities, challenges, and ongoing barriers within national APN policies and frameworks, drawing connections to current APN developments within German-speaking countries.

Interactive elements
After presentations, participants will engage in a collaborative mapping exercise to share experiences and create a visual representation of the global APN landscape. The workshop concludes with a dynamic fishbowl discussion, where emerging themes can be discussed in-depth encouraging reflective exchange on strategies and collective actions.

Anticipated results
Participants will gain a comprehensive perspective on the progress of APN across different countries, fostering stronger connections and networks among nurse professionals. They will leave with a clearer understanding of their country's standing in the global APN landscape, equipped with practical insights to drive APN integration at home. This workshop promotes collaboration to elevate APN standards worldwide by encouraging a shared commitment to advancing APN globally.

A-233 – Workshop 7

Political Barriers and Discourse in the Establishment of Nursing Boards in Germany: A Working Paper

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Background and Objectives
There are different perspectives on the development of the nursing profession in Germany. In principle, efforts to develop the nursing profession can be observed in Germany, which suggest that further legal development is foreseeable beyond the installation of nursing boards in each federal state [1]. The discourse on the installation of nursing boards has not yet been clearly examined [2] . However, why developments on the installation of nursing boards have not progressed so far and why a nursing board only exists in two federal states will be analysed in more detail with a critical discourse analysis with the Fairclough approach [3].

Workshop sections
Presenting a poster with elements of introduction, methodology, implications and potential outcomes, limitations, literature and conlusion.

Interactive elements
In this workshop the authors will present a poster with the theme and the elements above and will start a discussion process with the participants of this workshop. At first the discussion will start with a reflection of the poster, afterwards the hypotheses will be discussed as well as the potential outcomes of this study.

Anticipated results
The results of this workshop will be an overview of new perspectives from the participants during this workshop concerning the hypotheses and the potential outcomes. These new perspectives, documented on a flipchart format, will be used for the further development of the poster and the study itself.

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Symposia

Strengthening resilience through nursing research

Symposium 1

A-166 – **Overview Symposium 1**

Getting Reablement Ready! Effect, Cost-effectiveness and Process-Evaluation of the SELF-program to improve nurses' activity encouragement behavior

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Contributers
Stan Vuggen (chair/speaker), Silke Metzelthin (speaker), Michel Bleijlevens (speaker),
Sandra Zwakhalen / Erik van Rossum discussant(s))

Program Overview
The SELF-program is an intervention designed to promote self-reliance among people designated to long-term care. Primarily, the program focuses on the day-to-day care behavior of nurses and aims to create a culture and mindset shift among nurses to work according to the principles of Reablement. Inspired by reablement principles, the program equips care professionals to foster an environment where older adults are encouraged to perform daily tasks independently or regain these abilities.

Elderly care faces significant challenges, such as an aging population, more complex care needs, and staff shortages. This situation underscores the importance of enabling older adults to remain as independent as possible, which requires a shift from taking over care tasks to supporting self-reliance. Reablement emphasizes rediscovering strength and abilities, aiming to enhance quality of life through a structured process that promotes independence. However, practical implementation can be difficult for care organizations, as it demands training, cultural shifts, and adjustments in care planning.

The SELF-program addresses these challenges by providing care teams with methods and techniques to motivate residents and support their independence. A large randomized study including an effect, cost-effectiveness and proces-evaluation, has demonstrated the program's (cost)-effectiveness in boosting self-reliance, reducing care demands, and improving residents' well-being. It emphasizes a positive approach that not only develops practical skills but also promotes a mindset that values and encourages independence. This support enables care organizations to more successfully adopt reablement and deliver sustainable, high-quality elderly care.

Brief reference to individual symposium abstracts
Stan Vluggen will discuss the effectiveness of the SELF-program as established by the large randomized trial. Silke Metzelthin will discuss the cost-effectiveness of the program. Michel Bleijlevens will discuss the thorough process-evaluation conducted parallel to the trial. Erik van Rossum and Sandra Zwakhalen will wrap-up the symposium.

A-384 – Symposium Abstract 1/1

Effectiveness of the 'SELF-program' on nurses' activity encouragement behavior and nursing home resident's self-reliance; a cluster-randomized trial

Vluggen, S.
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Background and Objectives
The SELF-program is a holistic, theory-based intervention aimed at improving nurses' behavior in promoting activity and independence among nursing home residents. Often, nurses unnecessarily take over tasks, reducing residents' abilities. Inspired by the principles of Reablement and Function-Focused Care, the SELF-program was developed to address these issues and enhance activity encouragement. The study aimed to evaluate the effectiveness of the SELF-program in Dutch nursing homes compared to standard care.

Design and Methods
A cluster-randomized trial was conducted in Dutch nursing homes to assess the program's effectiveness compared to standard care.

The study involved 28 wards, 287 nurses, and 241 residents. The MAINtAIN questionnaire measured nurses' activity encouragement behavior, while the GARS-4 questionnaire assessed residents' self-reliance in daily living activities. Data were collected at baseline, three months, and at six or nine months, respectively.

Results

Results indicated a significant improvement in nurses' behavior at three (effect size d = 0.53) and nine months (d = 0.38), showing enhanced activity encouragement. However, there were no statistically significant effects on residents' self-reliance. Still, a trend suggested a less pronounced decline in self-reliance among residents in SELF-program wards, with small to medium negative effect sizes at three and six months.

Conclusions

In conclusion, the SELF-program effectively improved nurses' behavior, and process evaluation insights could refine the program before broader implementation.

A-386 – Symposium Abstract 1/2

Process-evaluation of a cluster-randomized trial examining the effectiveness of the 'SELF-program' on Nurses' Activity Encouragement Behavior

Bleijlevens, M.
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Background and Objectives

The SELF-program is an interactive, tailored and theory-based program that aims to improve activity stimulation behavior in nursing care professionals. This study aims to provide insight into the process of implementing the SELF-program in Dutch nursing home care.

Design and Methods

A process-evaluation with a mixed-methods design was conducted parallel to a 9 months, two-arm (SELF-program vs. care as usual) Cluster Randomized Trial in Dutch nursing home care. Following the principles of the Medical Research Council Framework, data on implementation, mechanisms of impact and contextual factors were collected using checklists, evaluation forms, (attendance) logbooks, questionnaires and focus-group interviews among program participants and trainers.

Results

Overall, the attendance of the nurses ranged from 75-48%, with an average of 60%. In total, 90% of all sessions were provided. With minor deviations from protocol, all components of the program were delivered. The team approach and practical application of the content was especially appreciated by the nurses. The program has led to positive changes in knowledge, attitudes, social influences, self-efficacy and willingness of the nurses to provide activity stimulation behavior. The interactive nature of the program facilitated its implementation. Several barriers to implementation were found, including lack of managerial support and national COVID-19 measures.

Conclusions

Overall, the program participants and trainers were satisfied with the SELF-program and the program was experienced as beneficial for daily practice. The program may benefit from minor adaptations before wide-spread implementation.

A-385 – Symposium Abstract 1/3

Economic Evaluation of the SELF-Program: A Reablement Approach for Nursing Staff vs. Usual Care in Long-Term Geriatric Nursing Homes

Metzelthin, S.
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Background and Objectives

Economic evaluations are scarce, especially for Reablement inspired programs aiming to improve nurses' activity encouragement behavior and older people's self-reliance. This study aims to evaluate the cost-effectiveness and cost-utility of the SElf-reliance, autonomy, Life quality, and Functionality-program (SELF) for nursing staff in nursing homes who provide long-term care to geriatric clients as compared to care as usual from a societal perspective.

Design and Methods

The economic evaluation ran parallel to a two-arm multicenter cluster-randomized trial, in which the intervention condition received SELF-program, and the control condition received no program and delivered care as usual. Outcomes and societal costs for clients who received care from nursing staff were measured using questionnaires at baseline, 3 months, and 6 months. The main measures

included Activities of Daily Living, as measured with the GARS-4, utility scores as measured with the EQ-5D-5L, and costs associated with the intervention and utilization of health services. Both a cost-effectiveness analysis and a cost-utility analysis were conducted. Incremental cost-effectiveness ratios were calculated from both a societal perspective and healthcare perspective.

Results
Two hundred forty-one clients were randomized, with 115 receiving care from professionals who received the SELF-program and 126 receiving care as usual. From a societal perspective, care delivered in the intervention group led to lower costs than care as usual over the 6-month period, with incremental costs of -€584. In terms of the GARS-4 sum score, the SELF-program resulted in a favorable decrease of 0.81 points, and in terms of QALYs, it resulted in a favorable increase of 0.07. From a healthcare perspective, the incremental costs amounted to €556, with ratios of €410 per point reduction on the GARS-4 and €8,356 per QALY.

Conclusions
The main analysis suggests that over 6 months from a societal perspective for both outcomes, the intervention is cost-effective as compared to care as usual.

Symposium 2

A-190 – Overview Symposium 2

Nurses' Moral Burden: Exploring a Threat to Nursing Resilience

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Contributers
Dr. rer. med. Anna-Henrikje Seidlein, M.Sc. (Chair), Karen Klotz, M.A., Prof. Dr. phil. Annette Riedel, M.Sc, Dr. rer. medic. Tobias Mai, Prof. Dr. Michael Schilder

Program Overview
The symposium will comprise three presentations.

1. „The many Faces of Nurses' Moral Burden: Conceptual Foundations"
(presenter: Karen Klotz and Annette Riedel)

2. "Frequency and Predictors of Moral Distress and Moral Injury among Nursing Professionals in Germany" (presenter: Tobias Mai)

3. „The Nature of Moral Burden(s) in Practice: Insights from a Qualitative Interview Study" (presenter: Anna-Henrikje Seidlein and Michael Schilder)

Brief reference to individual symposium abstracts
The first presentation „The many Faces of Nurses' Moral Burden: Conceptual Foundations" by Karen Klotz and Annette Riedel will report on a project which developed a model for the emergence and impact of moral burden in nursing professionals within long-term care facilities.
The second presentation "Frequency and Predictors of Moral Distress and Moral Injury among Nursing Professionals in Germany" will be held by Tobias Mai. He will report on the results of a quantitative cross-sectional online survey on moral distress and moral injury among nursing professionals in hospitals in Germany
The third presentation „The Nature of Moral Burden(s) in Practice: Insights from a Qualitative Interview Study" will be held by Anna-Henrikje Seidlein and Michael Schilder.
They will depict an improved understanding of different forms of moral burden through qualitative interviews with nurses

A-346 – Symposium Abstract 2/1

The many Faces of Nurses' Moral Burden: Conceptual Foundations

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Background and Objectives
The moral dimension of nursing care is often complex, leading nurses to experience their professional lives as morally burdensome. This burden can manifest in qualities such as moral distress or moral injury, undermining nurses' moral integrity, contributing to turnover, and negatively affecting quality of care. Understanding the situational and prospective effects of moral burden and its various qualities is essential for effective prevention and mitigation.

Design and Methods
As part of a 2-year research project (2020-2022) funded by the state of Baden-Württemberg, a model for the emergence and impact of moral burden in nursing professionals was developed in a participatory research process with long-term care facilities. This included a systematic literature review, a survey to assess morally burdensome experiences, and structured discussions with nurses to reach consensus on the model's elements.

Results
The model illustrates that the emergence and effects of moral burden do not form a simple causal relationship; rather, they arise in relation to the situational subjective experience and individual actions when dealing with moral events. Moral burden is a genuinely subjective experience that can take on different qualities, represented on a continuum between the end poles of moral comfort and moral distress. Each pole is characterized by a specific manifestation of the characteristics of the experience of moral integrity or moral discomfort. The model highlights the complex interactions in the emergence and the effects of moral burden influence the experiences and actions of nurses, as well as their situational and/or retrospective experience of moral burden. These interactions are affected not only by personal prerequisites, such as individual and professional characteristics, but also by contextual factors such as situational and organizational frameworks.

Conclusions
Actively addressing the subjective experience of moral burden is a key indicator of ethical competence and a vital aspect of professionalism in nursing. The theory-based and collaboratively developed model assists nursing professionals and institutions in recognizing moral burden, categorizing its influencing factors, and sensitively navigating qualities such as moral distress or moral injury. It also promotes a professional approach to managing moral burden and helps in preventing or alleviating its effects.

A-348 – Symposium Abstract 2/2
Frequency and Predictors of Moral Distress and Moral Injury among nursing professionals in Germany

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Background and Objectives
Moral Distress (MD) and Moral Injury (MI) are used to capture the nurses' moral burdening experiences. Both phenomena are highly relevant for the mental and physical health of nursing professionals as well as for the nursing workforce. We aimed to determine the extent of MD and MI and which predictors contribute to their occurrence.

Design and Methods
In 2023, we conducted a cross-sectional online survey among nurses working in hospitals in Germany using the German-Moral Injury Symptom Scale for Health Professionals (G-MISS-HP), the German version of the Moral Distress Scale (MDS) and the scale for assessing perceived organisational support (POS-s) as well as a self-developed questionnaire on the individual perception of ethical structural characteristics of the organisation.

Results
68.6% of respondents (n=907) showed a G-MISS-HP score of over 28 points and thus a relevant expression of MI with limitations in everyday life . The results on stress and frequency of MD show a high prevalence of morally burdening situations. In particular, shift staffing (55%), operational and financial pressure (39%) and insufficient competence of colleagues (intra- and interprofessional) (39%) lead to a very high level of perceived stress. We detected a statistically significant association between the MI-Rasch score and the MDS-Rasch-score. Using the cut-off of the G-MISS-HP the ROC-analysis shows a cut-off of 27 points in the MDS-score for our sample (sensitivity 71%, specificity 71%). Accordingly, 57.8% of our sample (n=765) showed a value relevant for the possible development of MI in the sum of the stress items of the MDS. Overall perceived support from the organization (POS-s), satisfaction with the treatment team's consideration of one's own point of view, participating in nursing rounds, years of professional experience and age are

statistically significant predictors for MI. MD can be predicted by generally perceived support from the organization (POS-s), satisfaction with the treatment team's consideration of one's own point of view and staff absences in the last shift.

Conclusions

MD and MI are common manifestations of moral burden. Economic pressure and scarce resources could increase them even further, making it challenging to handle at the micro- and meso-level. There must be a shift from accusing individuals for being poorly resilient. Instead, joint efforts for prevention at the ward and within the entire organization are needed.

A-365 – Symposium Abstract 2/3

The Nature of Moral Burden in Practice: Insights from a Qualitative Interview Study

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Background and Objectives

Manifestations of moral burden, such as moral distress and moral injury, are defined in the literature heterogeneous from different disciplinary backgrounds and in narrow or broad terms. There is no consensus definition or standardised model for either of the phenomena, but instead various theoretical and empirical models with corresponding instruments.
Therefore, our intention was to contribute to the theoretical progress and refinement by studying what indicators nurses use to determine their experience of moral burden and what strategies they use to deal with it.

Design and Methods

Qualitative semi-structured online interviews were conducted to explore the individual experiences and reflections of nurses in order reach a better understanding of different forms of moral burden.
Audio recordings were transcribed verbatim and analyzed in MAXQDA according to the principles of qualitative content analysis.

Results

The sample comprised 47 nurses. The basic structure of the experience of moral distress has been identified, which consists of five main categories with corresponding sub-categories: (1) Triggers meet the (2) person in a (3) morally meaningful situation and thus constitute moral burden in its specific (4) phenomenality resulting in a variety of (5) consequences. The phenomenality of moral burden integrates three essential dimensions: dependence, temporality and fuzziness. These, in turn, are connected to two dimensions of experience (the rational and emotional integrity-related manifestation) and three dimensions of action (handling, coping, and prevention).

Conclusions

The identified empirically based categories of phenomenality as well as the forms of experience and action dimensions provide a novel description of the phenomenon that requires further theoretical development. To expand the theoretical spectrum, research should be carried out in other settings, which would expand the scope of the theory. The fuzzy nature of moral burdening situations was a key finding. Since the interviews were not introduced with a definition of moral burden, this could be considered a limitation. However, the nurses' very broad perception of moral burden in practice becomes apparent here, which is an important finding for education and clinical ethics interventions. The identified action dimensions provide starting points for preventive and supportive measures that could positively influence and stabilize moral integrity.

Symposium 3

A-405 – Overview Symposium 3

Perspectives on preferences for everyday living of people with various care needs

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Contributers

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Program Overview

Honouring preferences for everyday living is an essential component of high quality nursing care of people with various care needs. One of the main reasons for this is that considerating preferences facilitates relationship-building in nursing care and is furthermore an essential aspect of person-centered care.

Despite recognizing this importance, considerating preferences appears to have hardly been realized and investigated to date. Under-researched care areas include, for example, adult day services or home care, which so far received little attention in nursing (dementia care) research, which also means that despite the fact the assessing preference is crucial, there are still no instruments to assess preferences considering the diversity of people in need of care.

Brief reference to individual symposium abstracts

(1) Development of an instrument for assessing preferences for leisure activities of people receiving adult day services

At the moment, no instrument exists for a comprehensively assessment of preferences for leisure activities of people receiving ADS. We developed together with people receiving ADS an instrument to assess their preferences using a concept mapping approach. We identified 12 clusters of preferences (P-LAI). The P-LAI is the first instrument honoring the preferences of people receiving ADS.

(2) Care preferences of older Russian repatriates and their caregivers living in North-Rhine Westphalia

Russian repatriates in Germany, one of the largest ethnic subgroups, face unique challenges in aging. We aim to understand their specific care preferences to inform culturally competent healthcare services in NRW. Key findings highlight the importance of cultural sensitivity in caregiving for older Russian repatriates. Language barriers pose a significant challenge.

(3) Intersectional approach on everyday living preferences of Turkey-origin people with dementia and their caregivers in Germany

Turkey-origin people represent one of the largest migrant populations in Germany. However, there is limited knowledge regarding their specific wishes for everyday living. Bringing an intersectional focus on everyday living preferences of the group with dementia and their caring relatives will allow us to observe, how overlapping identities—such as ethnicity, migration background —shape experiences of individuals with culturally and linguistically diverse background in Germany.

A-407 – Symposium Abstract 3/1

Development of an instrument for assessing preferences for leisure activities of people receiving adult day services using concept mapping

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Background and Objectives

Adult day services (ADS) are an important care environment for people with various care needs but are still under-researched compared to nursing homes. ADS focus their care on providing a variety of leisure activities. These activities are often based on the conditions or needs of the people receiving ADS, rather than their preferences. However, offering leisure activities based on preferences is critical for addressing the e.g., physical and psychosocial well-being of people receiving ADS. Actually, no instrument exists for a comprehensively assessment of preferences for leisure activities of people receiving ADS.

Design and Methods

We developed together with people receiving ADS an instrument for the assessment of these preferences using a concept mapping approach. Based on the developed conceptualization of preferences for leisure activities of people receiving ADS, we used the identified 12 clusters of preferences. We phrased our 12 cluster labels as questions, adopted the importance rating scale of the PELI, and developed a first draft of the Preferences for Leisure Activities Inventory (PLAI), which was critically reflected and commented by the research team. These comments were evaluated using cognitive interviews with people receiving ADS to revise, preliminary validate, and finalize the PLAI.

Results

Our first draft of the PLAI included 25 different questions. After one round of cognitive interviews (n = 8), the number of questions was reduced to 21, and 3 of these 21 questions were rephrased. Furthermore, based on the response processes of the people receiving ADS preliminary validity for the PLAI could be provided.

Conclusions

The PLAI is the first instrument available to health professionals in the ADS environment to assess the preferences of leisure activities

of people receiving ADS and provides the basis for honoring the preferences of people receiving ADS with preference-based leisure activities.

A-408 – Symposium Abstract 3/2

Intersectional approach on everyday living preferences of Turkey-origin people with dementia and their caregivers in Germany

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Background and Objectives
Turkey-origin people represent one of the largest migrant populations in Germany, with presumably about 8,840 of the group living with dementia. However, there is limited knowledge regarding their specific needs and preferences for everyday living. Therefore, we aim to identify these preferences of Turkey-origin individuals with dementia in Germany from an intersectional perspective and to explore the experiences and awareness of healthcare professionals in healthcare setting.

Design and Methods
Firstly, we obtained scoping review results focusing on the intersectional determinants of preferences of people from culturally and linguistically diversity with dementia (CALDwD). In the second step centering intersectionality framework, we have focused on the everyday living preferences of Turkey-origin individuals with dementia and their significant others through semi-structured interviews adhering to the principles of grounded theory. Finally, we will conduct semi-structured interviews with healthcare professionals.

Results
The scoping review highlighted the complexity of everyday-living preferences in dementia care. The structural determinants such as cultural values, socioeconomic shifts considering generation, age, education and class dimensions, and evolving gender roles, were discussed by involving the individuals from CALDwD. By adhering to these results, we will gain a better understanding on the concept of filial piety, practices in homecare, and the preferences connected to informal caregivers in Turkey-origin group with dementia in Germany.

Conclusions
This study highlights the importance of understanding the preferences of Turkey-origin individuals with dementia in Germany, alongside their caregivers, while incorporating an intersectional perspective. By considering how overlapping identities—such as ethnicity, migration background, socioeconomic status, and age—shape experiences, our results will lead to support culturally responsive and person-centered care. Expanding tools like PELI-D to include people from CALDwD allows healthcare professionals to systematically address preferences that reflect both cultural and individual diversity. The results are expected to enhance care that aligns with personalized, inclusive approaches, fostering greater satisfaction and participation in care decisions.

A-409 – Symposium Abstract 3/3

Care preferences of older Russian repatriates and their caregivers living in North-Rhine Westphalia

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Background and Objectives
Russian-speaking migrants are one of the largest ethnic subgroups in Germany, adding to the growing cultural and linguistic diversity of the older population. Yet no published study was found focusing on elderly Russian repatriates nursing care preferences and needs in daily life. Within the Russian-speaking migrant community, there is a group known as Russian repatriates, who have German heritage. Older Russian repatriates often navigate complex challenges which also shapes their preferences for care. Understanding these preferences is essential for developing culturally competent healthcare services that meet their needs. The main purpose of the study is to identify and describe the care preferences for older and care-dependent repatriates living in NRW, Germany.

Design and Methods
For this study, a qualitative study design was chosen. Qualitative narrative-oriented expert interviews will be used, providing participants with the opportunity to share their experiences, concerns, and expectations in their own words. The knowledge and experiences that 1) older Russian repatriates in need of care; 2) family caregivers of older Russian repatriates; and 3) professional caregivers have will be analytically reconstructed (thematic analysis) from their narrative.

Results

Key themes identified include the importance of language and cultural compatibility in caregiving, the preference for home-based care solutions, and the significant role of family involvement in decision-making processes. We anticipate that older Russian repatriates will show a strong preference for community-based care that aligns with their cultural values, emphasizing family involvement and familiarity with traditional practices – which are similar to what we identified in the scoping review. Language barriers are expected to significantly impact their satisfaction with care services. Ultimately, the findings will inform policy guidelines to raise awareness of the specific needs of older repatriates living in Germany.

Conclusions
It is essential to capture the diversity of preferences of various populations, as they have distinct needs and expectations shaped by their cultural backgrounds and heritage. Implementing culturally tailored interventions can tailor and enhance the effectiveness of care services, ensuring that they resonate with the specific values and practices of the care recipient. By recognizing and addressing these unique preferences, healthcare professionals can provide more personalized services.

Technology in Nursing

Symposium 4

A-262 – Overview Symposium 4

Artificial Intelligence in Nursing Care – Perspectives on Repositories and AI Systems

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Chairperson
Karin Wolf-Ostermann, Daniel Fürstenau, Frank Weidner

Contributers
Matthias Bünett, Dominik Domhoff, Anne Gebert, Armin Hauß, Bernadette Hosters,
Kathrin Seibert (discussant)

Program Overview
In many countries, we face the challenge of providing quality care to a rapidly growing number of older adults while facing a shortage of nurses and other healthcare professionals. One possible solution is the increased and tailored use of innovative technologies, such as artificial intelligence (AI). The overarching aim of using innovative applications of AI in nursing care must be to support healthcare professionals and family caregivers, and to improve the autonomy and quality of life of people in need of care. Access to representative and high quality data is a prerequisite for the use of AI. Furthermore, the implementation of AI in the nursing care process requires the close involvement of all stakeholders, such as healthcare providers, educational institutions, nurses, and patients.
In four presentations and a concluding discussion, this symposium will present experiences in the development of data repositories in the German health and care system and examples of the use of AI in nursing practice.
Learning Outcomes:
To gain an understanding of challenges using AI systems in nursing care
To gain an understanding of AI improving the lives of care-dependent people
To discuss requirements as well as social preconditions to apply AI in nursing practice

Brief reference to individual symposium abstracts
The first presentation focuses on how AI systems can be successfully integrated into nursing practice, investigating aspects such as the benefits of AI in nursing care, representativeness of data, approaches to data sharing and ethical implications.
The second presentation presents the development of a decentralised database to identify fall risks and provide guideline-compliant information on nursing care phenomena such as confusion or the consequences of polypharmacy.
The third presentation introduces an innovative AI system being developed in a hospital setting to reduce misdiagnosis, automate documentation of wound criteria and support nurses with evidence-based interventions.
The final presentation presents a web-based AI decision support system that combines an expert system with a machine learning

approach to support nurses in planning, organising and designing care processes in long-term care.
A discussant will synthesize the research findings and lead a discussion of research implications and future directions for policy and practice.

A-264 – Symposium Abstract 4/1

ProKIP: Process development and support for the use of AI in nursing care

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Background and Objectives
While artificial intelligence (AI) is increasingly applied across various life domains, including medicine and healthcare, its use in nursing practice remains limited. The German Ministry for Education and Research (BMBF) is currently funding eight research projects to close this application gap. As an accompanying research project, the ProKIP-project offers different formats of support to solve known and unforeseen challenges in project implementation and in shaping an active transfer and exchange of knowledge. The involvement of partners from clinical nursing practice and nursing science plays a key role when conducting participatory, demand-driven research to transition AI solutions from labs to real-world nursing care settings.

Design and Methods
Building on a findings from a sequential, exploratory mixed-methods study including a stakeholder and expert workshops, expert interviews, and online surveys, we triangulate organizational and project-related AI readiness factors with insights from AI-related literature and current AI-Nursing Care-Projects with an emphasis on the role of organisations such as long-term and acute care providers.

Results
In this symposium, our presentation highlights how successful research and development efforts require addressing regulatory, technological, ethical, and legal needs within supportive ecosystems. Further, the contribution and the limits of the participation of practice partners is outlined, and experiences in dealing with major hurdles in the course of the project are summarized. Examples of how these challenges are dealt with by projects in the BMBF funding programme “Making repositories and AI systems usable in day-to-day nursing care”.

Conclusions
We offer practical starting points for planning and implementing AI projects, while broader factors – such as establishing legal frameworks for data use, standardizing data structures, and creating infrastructures for cross-institutional data sharing – remain essential for widespread AI integration in nursing care.

A-269 – Symposium Abstract 4/2

ViKIpro: AI for Decision Support in Long-Term Nursing Care – Approach and Data Modelling Challenges

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Background and Objectives
The ViKI pro project aims to develop a web-based AI decision support system (AI-DSS) for digitally assisted care planning in long-term care (LTC) settings.

Design and Methods
The ViKI pro solution is a hybrid system that combines an expert system with a machine learning approach. Based on the digitalized documentation of care recipients' needs, the system is designed to recommend interventions based on evidence and expert knowledge. The project focuses on assisting care planning in the areas mobility and pain management. ViKI pro is a collaboration between six partners from the fields of computer science, nursing science, industry, and long-term care.

Results
In our presentation, we will outline the approach taken and discuss the key challenges encountered during the development of the data models for the AI system. This includes findings from a qualitative study conducted to explore the processes of assessing care needs and planning interventions in long-term care (LTC).

Conclusions

The presented insights from the ViKI pro project are directly related to ensuring data quality and shaping the development of accurate, reliable models.

A-266 – Symposium Abstract 4/3

How to use Data and AI systems for Fall Prediction

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Background and Objectives

Falls represent a significant issue in patient safety across all healthcare settings. While international guidelines on fall prevention, as well as a German expert standard advocate for evidence-based risk assessments and preventive measures, standard recommendations are based on a comprehensive summary of a literature review, lacking data-based insights on the importance of different fall promoting indicators. KIPSDM considers the potential of AI systems to (1) provide data-based evidence and (2) improve assessment processes for inpatient fall management in a university clinic.
In this symposium, we present results on additional fall promoting indicators from the hospital information system (HIS). We further present inclinations of the usage of nursing data (such as nurse-lead fall risk assessment) and medical data (diagnoses, procedures, medication) to develop digitized solutions and improve fall risk assessments.

Design and Methods

For this study, a routine dataset from the university hospital was analyzed, comprising 932,103 unique patients. The set included medical data (diagnoses, healthcare procedures, medications and considering the PRISCUS list), as well as nursing data (manual risk assessment) covering inpatient care from 2016 to 2022. Different machine learning methods were applied and evaluated to predict inpatient fall risk. We used explainable AI (XAI) to increase the transparency of the machine learning results. We then compared results with known fall-promoting factors from the literature as well as results on medication with the PRISCUS list.

Results

Our presentation will dive into detail on particularly important indicators in the nurse-led patient data (fall risk assessment) as well as additional risk indicators from the medical data in the HIS. We present data-driven conclusions on the importance of medication on and off the PRISCUS list.

Conclusions

The KIP-SDM project demonstrates the potential of data-driven evidence in nursing care. We lead the discussion on the importance and usage of different datasets for an improved, future-oriented fall risk assessments. Doing so, we advocate for a multi-disciplinary care approach, considering both, nursing and medical data. We conclude with specific recommendations for a future-oriented fall risk management.

A-267 – Symposium Abstract 4/4

KIADEKU: Determining wound types reliably with AI

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Background and Objectives

Differentiating between pressure ulcers (PUs) and incontinence-associated dermatitis (IAD) is a major challenge, even for experienced healthcare professionals, due to their visual similarity. Incorrect classification can lead to delays in treatment or complications. The KIADEKU research and development project aims to reduce misdiagnosis, improve documentation through automation and support nurses in evidence-based decision making. This presentation will show how a mixed methods approach ensures the systematic integration of nursing perspectives and will highlight the decision support module as a partial outcome of the project's research.

Design and Methods

This study used a mixed methods approach to integrate nursing issues into the development of the AI system. A comparative analysis of the documentation systems used by the participating academic medical centres was conducted, along with a systematic literature review of nursing criteria for wound assessment. Using a modified Delphi method, nurse experts iteratively evaluated the results of the analysis to define a minimum data set (MDS) and develop a decision support matrix. The MDS was then used to annotate wound photographs for AI training. Three independent expert annotations were performed to ensure data integrity.

Results

A decision support matrix was developed that included criteria, conditions, interventions and decision rules. The conditions correspond

to wound criteria (123 conditions) derived from the Minimum Data Set, while the interventions consist of evidence-based recommendations (33 interventions) identified from the literature review and refined using the modified Delphi method. The decision rules establish the relationship between interventions and conditions, categorising them as 'initiated', 'contraindicated' or 'not relevant' (26 rules). This decision support matrix has been provided to software developers for integration into a demonstrator that will be evaluated at the point of care to assess its effectiveness in supporting clinical decision making.

Conclusions
Developing a decision support matrix that meets nursing needs, evidence-based literature and software development requirements is a complex task. The KIADEKU project demonstrates that a mixed methods approach can help to address this complexity and effectively integrate the nursing perspective, not only for the support matrix, but throughout the AI development process. The iterative involvement of all relevant professions is crucial.

Symposium 5

A-436 – Overview Symposium 5

Implementing Blended Nursing Care @ Home

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Chairperson
Dr. Erik van Rossum is chair of the research center on Community Care, Academy of Nursing, at Zuyd University of Applied Sciences, and senior researcher at Maastricht University, Living Lab in Ageing and Long-Term Care, the Netherlands

Prof. Dr. Gabriele Meyer is professor for Health and Nursing Sciences, Institute for Health and Nursing Sciences Medical Faculty, Martin Luther University Halle-Wittenberg, Germany.

Contributors
Dr. Renée Verwey has a background in nursing and works as an associate lecturer and researcher at the Academy of Nursing, research center on Community Care and Centre of Expertise on Innovative Care and Technology (EIZT) at Zuyd University of Applied Sciences, the Netherlands.

Dr. Nena Kruithof is a physical therapist and human movement scientist. She works as a senior researcher at the research center on Community Care at the Academy of Nursing of Zuyd University of Applied Sciences. She also works as a lecturer at the Academy of Physical Therapy.

Program Overview
Reference to individual symposium abstracts:
Towards Blended Nursing Care at Home through the use of Virtual Home Care©
Dr. Erik van Rossum

The Implementation of Virtual Home Care©; a Process Evaluation of Implementation Activities
Dr. Renée Verwey

Implementation and Use of Blended Care at Home; a Qualitative Study Among Nurses and Clients
Dr. Nena Kruithof

Discussant
Prof. Dr. Gabriele Meyer

Discussion with audience
Dr. Erik van Rossum

Brief reference to individual symposium abstracts

The use of Virtual Home Care© (VHC), a comprehensive bundled service offering ±40 different home care technologies, is emerging to accomplish blended nursing care at home. This research project mapped the implementation and use of Virtual Home Care© (VHC) in a large Dutch home care organization. Dr. Erik van Rossum will discuss the context, intervention and implementation activities of the use of VHC at the home care organization. Dr. Renée Verwey will discuss the results of the non-participant structured observations of the mandatory VHC training sessions and counseling sessions. Dr. Nena Kruithof will discuss the results of the semi-structured interviews on the implementation and use of VHC with nurses and clients. Dr. Erik van Rossum and Prof. Dr. Gabriele Meyer will wrap-up the symposium.

A-438 – Symposium Abstract 5/1

Towards Blended Nursing Care at Home through the use of Virtual Home Care©

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Background and Objectives
Due to the ageing population, the pressure on community care is increasing while the availability of staff is decreasing. The Dutch Integrated Care Agreement mentions the use of technological applications (eHealth) as an important instrument to maintain high-quality and affordable care. Much is expected of blended care; an optimal mix of existing physical care contacts and the use of home care technology. The use of Virtual Home Care© (VHC), a comprehensive bundled service offering of ±40 different home care technologies, is emerging to accomplish blended nursing care at home.

Design and Methods
We conducted a process evaluation of the implementation of VHC at a large home care organization, using the Medical Research Counsel framework. The first part of the process evaluation describes the context, intervention and implementation activities. Based on a study of internal documents (project plan, written instructions and minutes), the implementation strategy of VHC was summarized and verified by three nurses in charge of the implementation activities.

Results
VHC offers technology for monitoring body functions, alarm, supervision, lifestyle, well-being and support of ADL and daily structure. VHC also includes support for supplier requests, placement and instruction. VHC was implemented in 85 neighborhood teams from 2021-2024 (three months per team). Implementation steps were: 1) designate a point of contact and offer 2) a training and 3) a consultation session. Followed by care plan conversations between nurses, clients and informal carers about using and embedding VHC. During the implementation, a dashboard was developed to monitor the implementation and success stories were shared with nurses during sessions in which various VHC technologies were also highlighted as a boaster training.

Conclusions
A large-scale implementation process took place in which nurses and clients were able to become acquainted with VHC technologies. It is useful to map out success and failure factors in this process in order to strengthen the transformation to blended nursing care at home.

A-439 – Symposium Abstract 5/2

The Implementation of Virtual Home Care©; a Process Evaluation of Implementation Activities

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Background and Objectives
Several Dutch home care organizations have started implementing Virtual Home Care© (VHC), which offers ±40 eHealth applications. A large-scale introduction of blended care at home requires a systematic implementation process.

Design and Methods
We conducted a process evaluation of the implementation of VHC at a large home care organization. As part of this evaluation, implementation activities were observed. Non-participant structured observations were conducted during four training sessions and five counseling sessions. Thematic (deductive) analysis was performed based on the Medical Research Counsel and the Capability, Opportunity, Motivation and Behavior model.

Results

First, mandatory training sessions (7-23 participants) were attended by nurses of different educational levels. The training (provided by an appointed nurse) included instructions and informal discussions about VHC, and a demonstration of 10 VHC technologies. Participants were not able to try out the VHC technologies themselves. Nurses had mixed responses on VHC; some saw benefits such as promoting client self-management and reducing administrative burden, while others feared that VHC will replace regular care. Second, designated nurses organized team consultation sessions to discuss which clients could benefit from VHC. During the consultation sessions, there was hardly any discussion about reducing physical care, and supporting informal care. Due to confusion about some VHC technologies, the consultation sessions were also used to further explain VHC technologies.

Conclusions

Implementation activities were carried out as planned. To maximize the adoption of blended care, we recommend to provide nurses with a clear explanation of why the transformation to blended care is necessary, with emphasis on positive aspects such as increased self-empowerment for clients, and more time for nurses to address complex care questions. To provide good examples of clinical reasoning with integrated use of VHC technologies and to take nurses' resistance seriously and promote willingness to change.

A-440 – Symposium Abstract 5/3

Implementation and Use of Blended Care at Home; a Qualitative Study Among Nurses and Clients

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Background and Objectives

Blended care (an optimal mix of physical care and use of care technology) seems a promising model for maintaining affordable healthcare. However, healthcare organizations tend to slowly adopt new technologies. This study explored how Dutch nurses and clients from a large home care organization experienced the implementation and use of Virtual Home Care© (VHC), which offers ±40 technologies.

Design and Methods

Participants were recruited by project staff. Semi-structured interviews were conducted and audio-recorded data were transcribed. Deductive data analyses were performed by a coding scheme based on the Capability, Opportunity, Motivation and Behavior model. Authors manually coded the transcripts in Atlas.ti. Using the 'AI summaries' tool in Atlas.ti, summaries of codes were generated. These summaries were manually checked for accuracy and completeness.

Results

Eleven nurses (age range 27-63) and five clients (age range 59-86) participated. Generally, nurses were satisfied with the training sessions on introducing VHC. However, nurses lacked opportunities to test the technologies themselves and experienced a deficiency in communication techniques necessary for discussing the use of VHC technologies with clients. Some nurses feared job loss. They experienced a lack in interprofessional collaboration regarding VHC technologies, e.g. with general practitioners. Both nurses and clients indicated that VHC technologies could enhance clients' autonomy. However, several clients feared loss of care moments and human contact and becoming entirely dependent on technology.

Conclusions

To optimize the use of blended care at home, we recommend: 1) providing nurses opportunities to test VHC technologies themselves, 2) equipping nurses with tools to discuss VHC technologies with clients, 3) addressing resistance seriously as VHC technologies requires a cultural shift among nurses and clients, 4) establishing clear roles and responsibilities for interprofessional cooperation and 5) increasing clients' trust in VHC technologies, through peer support.

Professional development

Symposium 6

A-250 – Overview Symposium 6

Bridging the gap between nursing science and practice: the Dutch Living Lab in

Ageing and Long-Term Care

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Chairperson
Prof. Dr. Sandra Zwakhalen

Contributers
Dr. Silke Metzelthin, Dr. Erik van Rossum, Andrea Leinen, Prof. Dr. Gabriele Meyer

Program Overview
There is a strong need in nursing for scientific research to ensure that older people and their families, health care professionals, policy makers, and educators can benefit from new advancements and best available evidence in everyday care practice. This symposium presents the model of a sustainable and successful collaboration between scientists, care providers and educators in LTC: the "Living Lab in Ageing and Long-Term Care". It is a structural collaboration between academia, educational institutions, long-term care providers and clients. It covers approximately 185 long-term care facilities (e.g., nursing homes, assisted and group living facilities) as well as professional home care, and includes about 50,000 clients and more than 27,000 staff. Their mission is to contribute with scientific research to improving i) quality of life of older people and their families; ii) quality of care and iii) quality of work of those working in long-term care. Key working mechanisms are the Linking Pins and interdisciplinary partnership using a team science approach, with great scientific and societal impact. For 27 years this structural collaboration has served as an infrastructure that drives scientific research in long-term care in co-creation with end-users, including older people and their relatives, health care professionals, policy makers and educators. This model was established by Maastricht University in the Netherlands, and more recently, the model of the living lab is replicated in other countries such as the United Kingdom, Germany and Austria. In this symposium the first presenter will introduce the model of the Living Lab in Ageing and Long-term care and will share experiences, challenges and benefits of the model. The second presenter will elaborate on the role of Linking Pins – a key working mechanism of the model. The third presentation will be about a geriatric nursing education track that was developed and is offered by the partners of the Living Lab in Ageing and Long-Term Care. The fourth presenter will share first experiences with replicating the Dutch living lab model in Germany to accelerate nursing science in dementia care. Finally, our discussant Gabriele Meyer will wrap up the session.

Brief reference to individual symposium abstracts
Living Lab in Ageing and Long-term Care

A-323 – Symposium Abstract 6/1

From developing scientific knowledge towards generating societal impact: the role of scientific linking-pins

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Background and Objectives
The Scientific Linking Pin (SLP) role facilitates collaboration between academia and long-term care (LTC) organizations to integrate research and practice. SLPs are senior researchers, who work part-time for LTC organisations to align research with practical needs to enhance care quality and outcomes. This study examines the experiences and challenges of SLPs within two prominent partnerships: the Living Lab in Ageing and Long-Term Care in the Netherlands and NICHE-Leeds in the UK.

Design and Methods
A qualitative descriptive study design was used, involving semi-structured interviews with 15 researchers with at least one year of SLP experience. Data were analyzed thematically to uncover the specific goals, activities, and challenges of SLPs in supporting research-practice integration.

Results
The SLP role was found to be multifaceted, including activities such as relationship-building, raising awareness, identifying priorities, and knowledge brokering. Participants highlighted challenges like establishing trust with LTC staff, managing multiple and shifting priorities, and addressing differing expectations. To overcome these, SLPs focused on building a “safe” space for open dialogue,

aligning research activities with organizational goals, and fostering stakeholder engagement. Despite the role's potential to bridge the research-practice gap, SLPs stressed the need for clearer role descriptions to enhance effectiveness.

Conclusions

The SLP role is crucial in promoting research-informed practices in LTC settings. Insights from this study suggest that addressing identified challenges and clarifying SLP expectations can enhance the role's impact, benefiting both research and practice. This model provides a valuable framework for future partnerships aiming to integrate scientific knowledge in care environments.

A-325 – Symposium Abstract 6/2

Collaborative geriatric nursing education within the Living Lab in Ageing and Long-Term Care

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Background and Objectives

In the Netherlands and many other western countries there are challenges to direct and keep sufficient nursing staff for long-term care for older people. These challenges require shared actions by academia, educational institutions and long-term care (LTC) providers. Partners in the Living Lab in Ageing and Long-Term Care therefore developed together a geriatric nursing track within the 4-years bachelor of nursing program (BNP).

Design and Methods

A design-based approach was used to develop the track, in co-creation between representatives of the 10 LTC providers, Zuyd University of Applied Sciences (hosting the BNP) and Maastricht University (all participating in de living lab). Several design sessions and additional discussions with the management of all organizations were conducted to reach consensus on the content and shared responsibilities for the track.

Results

All partners agreed on shared responsibility and ownership of the special track which implies that all parties contributed to both the development *and* teaching in the track, including providing more challenging roles and learning opportunities for students. After following the first two years in the regular BNP, students are employed for their third and fourth year during the geriatric nursing track at one of the participating LTC providers (with a job guarantee after finishing the track). The track offers every two weeks one day training at Zuyd University and one 'practice day' at one of the LTC providers. During these practice days teaching activities are provided by nursing and medical staff of these organizations, as well as researchers of Maastricht University.
The track started in 2018. So far, nearly 100 nursing students chose this track. Overall, they are satisfied with the content of the track, and they especially value the practice days at alternating care settings.

Conclusions

This geriatric nursing track is a promising joint educational initiative within the living lab. It provides opportunities for other educational programs such as joint refresher courses for nursing and other staff. There remain challenges though, e.g. regarding the recruitment of sufficient numbers of students in the track and the opportunities to learn in varying care settings within their organizations.

A-433 – Symposium Abstract 6/3

Living Lab - Process evaluation of an academic-practice partnership in German Long term care (LTC) for people living with dementia

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Background and Objectives

Living Labs (LL) are academic-practice partnerships and can foster knowledge circulation for evidence-based practice. However, systematic evaluations are lacking so far. As LLs are implemented in a complex context and involve different stakeholders, settings and components, they should be considered as complex interventions. We adapted the "LL in Ageing and Long Term care" to the German long-term care (LTC) context with a specific focus on dementia care and conducted a process evaluation in our LL. Our study aims to describe the degree of implementation, barriers and facilitators, as well as mechanisms of impact. In this abstract, we focus on the latter.

Design and Methods
The study was conducted at two sites in Germany, each with a university-based research institute and two LTC partners. A convergent mixed methods design with several measurement points was used for the process evaluation, therefore quantitative and qualitative data were analyzed separately and subsequently triangulated (result-based integration). Quantitative data was analyzed descriptively. Qualitative data was analyzed through content analysis using a deductive-inductive approach based on a pre-developed logic model.

Results
We conducted 17 individual interviews and six focus groups (qualitative data). We also collected four questionnaires on facility characteristics and approximately 170 protocols of 18 months of collaboration (quantitative and qualitative data). Focusing on mechanisms of impact, we identified four different levels: the intervention components (Linking-Pin Dyad & Team and circle), participating people living with dementia, (inter)professional relationships and co-creatively conducted research projects. At each of these levels, we identified between two to four different mechanisms; for instance, within the Linking-Pin Dyad, role identity emerged as a relevant factor. The participants reported that they had grown into their role over time and were therefore able to work more independently in this role.

Conclusions
The results are essential to understand mechanisms of the complex intervention LL and to identify relevant aspects for the implementation of the model in various settings. The findings of the process evaluation serve as a foundation for further larger studies, e.g. for the measurement of knowledge circulation or for evaluating the model's effectiveness in evidence-based practice.

A-320 – Symposium Abstract 6/4

The Living Lab in Ageing and Long-Term Care. A model for sustainable and successful evidence-based nursing

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Background and Objectives
The Living Lab in Ageing and Long-Term Care is an innovative, interdisciplinary collaborative model designed to address the complex challenges of an ageing population. The Living Lab in Ageing and Long-Term Care, developed in the Netherlands, serves as a model for integrating research, education, and practice to improve the quality of work, life and care in LTC settings. The Living Lab operates through an interdisciplinary partnership that includes long-term care staff, researchers, and educators engaged throughout the research trajectory, from question development to implementation and evaluation of interventions. We aim to share the development, experiences, challenges, and benefits of the Living Lab model.

Design and Methods
We evaluated the development, experiences, challenges, and benefits of the Living Lab in Ageing and Long-Term Care through interviews and ongoing discussions with the participants of the Living Lab.

Results
The interdisciplinary collaboration in the Living Lab has led to the successful evaluation and implementation of several care innovations. A key feature of this model is the joint appointment of senior researchers at both universities and LTC organizations, ensuring continuous interaction between research and practice. Operating within real-life care environments, such as nursing homes and home care settings, the Living Lab model emphasizes a user-centered, participatory design approach. It brings together key interdisciplinary partners to co-create, test, and implement sustainable evidence-based solutions for enhancing the quality of life and care for older adults and the quality of work of (nursing) staff. Originating in the Netherlands, the living lab model has expanded internationally, adapting to a diversity of care systems. While joint appointments and interdisciplinary collaboration are key for bridging the gap between academia and daily care practices, they also present some challenges.

Conclusions
The Living Lab in Ageing and Long-Term Care demonstrates that structural, collaboration is essential for developing and implementing interventions that improve the quality of life, care, and work in LTC settings. This model provides a scalable approach to integrate research, education, and practice in LTC, fostering innovations that are responsive to the needs of care providers and residents alike.

Symposium 7

A-215 – Overview Symposium 7

Development and Implementation of an Academic Nursing Living Lab in the hospital and community care

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Chairperson
Prof. Dr. Nienke Bleijenberg. Nienke Bleijenberg, RN, PhD, is a professor at the University of Applied Sciences Utrecht and associate professor Nursing Science at the University Medical Center Utrecht, the Netherlands. Her research program focuses on the preservation of daily functioning, prevent acute events, and improving patient outcomes of frail older people and those with multimorbidity living in the community. She worked as a district nurse with mostly geriatric patients living at home with high complex care needs. She has been a visiting scholar at University College of San Francisco between 2014-2018 at the division of geriatrics. She is an EANS fellow.

Contributers
Annika Sterkenburg, RN, MSC, Inge Wolbers, RN, MSc, Susanne Arends, RN, MSc, Dr. Elise van Belle, RN, PhD

Program Overview
Nurses are essential in promoting sustainable healthcare. Given the pressing demographic and societal challenges, collaboration among clinical practice, education, and research is vital for the development, evaluation, implementation, and dissemination of nursing knowledge and evidence. To support this goal, two academic nursing Communities of Practice (CoPs) were established, implemented, and evaluated across different care divisions within a Dutch university hospital. Additionally, an Academic Living Lab in Community Care Nursing—a collaboration involving six partners—has been active since 2019 in the Utrecht region of the Netherlands.
This symposium aims to (1) share insights and experiences from establishing the CoPs and Academic Living Lab, highlighting challenges and successes, and (2) present two current research projects within these settings. In the hospital setting, a "future-proof" nursing program was launched and evaluated to advance nursing care and the profession. In community care, the LEARN intervention was designed and assessed, combining team-based learning with a leadership program to empower nurses in applying evidence-based guidelines.

Brief reference to individual symposium abstracts
1. Developing a hospital community of practice using action research. Authors: Elise van Belle & Annika Sterkenburg. 2.The results of implementing Future-Proof Nursing in a Dutch university hospital. Anita Sterkenburg. 3. Developing an Academic Living Lab for Community Care Nursing. Authors: Susanne Arends. 4. Developing and Evaluating a learning program for on the job learning reflection for guideline use for district nurses. Inge Wolbers

A-411 – Symposium Abstract 7/1

Developing a hospital community of practice using action research

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Background and Objectives
Nurses play a crucial role in advancing sustainable healthcare. To support this, two academic nursing Community of Practices (CoP) were developed, implemented and evaluated at two different care divisions within a Dutch university hospital. Developing the CoP aimed to integrate research and innovation into nursing practice, fostering a culture of critical reflection, Evidence-Based Practice (EBP), and strong leadership among nurses. The CoP provides a physical space with an organizational structure where nurses, nurse researchers, and other healthcare professionals and patients collaborate systematically to blend nursing practice, research and education. Current research has focused on establishing the initial two CoPs, while future efforts will target a hospital-wide expansion. This scaling aims to enhance nursing practice, research, and education, and to reinforce collaborations with educational institutions and community-care-based CoPs.

Design and Methods
A mixed method action research design was employed to guide the implementation and evaluation of the initial CoPs within the hospital. The CoP was implemented one division at a time which provided the possibility to build on previously learned lessons.

Results
Over the past two years, the initial CoPs are successfully implemented, integrating research and innovation into nursing practice. Nurses report a heightened critical perspective toward the care they deliver, using the CoP to address relevant issues. They recognize the added value of EBP and actively engage in discussions with colleagues to improve nursing care. Nurses feel more equipped to transform practice issues into research questions and participate in research through accessible means. However, sufficient time and resources must be allocated to ensure active participation. Practical tools, including a “question wall,” “journal club,” and “EBP board game,” have been implemented to support and enhance EBP discussions.

Conclusions
Nurses report that the CoP initiated a shift towards more deeply embedding EBP into nursing care. However, sustained attention is necessary to ensure continued progress. The insights gained from the initial CoPs will support a hospital-wide expansion, with the goal of further strengthen collaborations both within and outside the hospital. Additionally, creating a “blueprint” for the CoP will enhance its applicability, adaptation and implementation in other hospitals.

A-410 – Symposium Abstract 7/2
The results of implementing Future-Proof Nursing in a Dutch university hospital

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Background and Objectives
In the summer of 2023, the Future-Proof Nursing programme was initiated at a large university hospital in the Netherlands to address challenges such as increasing care demands, workforce shortages, and technological advancements. The programme aims to enhance and modernize nursing care and the nursing profession within the hospital. Key elements include 1) professional development: providing training and educational opportunities to prepare nurses for future healthcare needs; 2) innovation in care processes: integrating technology and innovative methods to increase efficiency and effectiveness of care. 3) strengthening nursing leadership: promoting leadership roles to give nurses a stronger voice in policy and decision-making and 4) interdisciplinary collaboration: encouraging teamwork across disciplines for holistic and patient-centered care.

Design and Methods
A mixed methods action research design was employed to guide the implementation of the Future-Proof Nursing programme across seven care divisions within the hospital. Focus group sessions were held and questionnaires were used to assess readiness for change and to identify division-specific goals for improving nursing and patient care, with a particular focus on essential care, unnecessary or redundant care tasks, and strengths and capabilities of nurses. The programme was implemented one division at a time, which allowed for building on previously learned lessons and adjusting the implementation process to meet the individual needs of each division, depending on results from the focus groups and questionnaires.

Results
Over the past 18 months, the Future-Proof Nursing programme has been implemented. As a result of this programme, multiple projects were initiated, including the development of a hospital-wide traineeship, the establishment of career and growth opportunities and differentiated deployments, the creation of a nursing innovation lab, and the implementation of academic Communities of Practices (CoPs) that combine nursing practice, education, and research.

Conclusions
The Future-Proof Nursing programme has initiated change within the hospital, focusing on modernizing nursing care and improving patient care through a variety of projects. These projects have been successfully implemented within each care division. The coming year will be dedicated to evaluating the programme and ensuring its long-term sustainability.

A-383 – Symposium Abstract 7/3
Academic Living Lab community nursing

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Background and Objectives
Community nursing is facing major challenges due to several factors e.g. an aging population, an increasing and more complex demand

for care and shortage of healthcare professionals. At the same time, knowledge development, application and dissemination are suboptimal and fragmented. Therefore, the current Academic Living Lab for Community Nursing was founded and will be further developed within the Utrecht region. Our mission is to develop, apply and disseminate knowledge, in close cooperation between practice, education, research and patient representatives. By doing so, we aim to improve quality of care and quality of life for patients in community nursing, to optimize the work and learning environment and job satisfaction among community nurses and to create a knowledge and data infrastructure in which practice, education and research learn from and with each other.

Design and Methods
The current Academic Living Lab was founded in 2019. In the upcoming 22 months, starting from December 2024, we will further develop the Academic Living Lab. To execute this project, we set up four work packages: I) establishment of collaborations; II) knowledge development; III) dissemination, implementation and sustainability; and IV) building on a data infrastructure and learning health system. Linking-pins will be appointed to build bridges between practice, education and research. Their role is to drive knowledge and innovation development and its dissemination. The focus areas for these developments are early detection and prevention in community nursing, self-efficacy of patients and using technology, professionalization and learning health systems.

Results
Through the current Academic Living Lab we learned that creating a sustainable collaboration between practice, education and research is a challenging. For instance, in designing routes for interns and in establishing collaborative structures between practice and research in times of high workloads. Furthermore, it became clear that establishment of a solid knowledge infrastructure, including a continuous exchange between practice, education and research requires the necessary time.

Conclusions
Together we strive towards an attractive learning and working environment that is continuously developing and where healthcare professionals are supported and motivated to (continue to) work. Ultimately contributing to realizing the transformation to appropriate and future proof community care.

A-286 – Symposium Abstract 7/4

Developing and evaluating a learning program for on-the-job learning and reflection on guideline use for district nurses and district nursing teams.

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Background and Objectives
District nurses and their teams provide care to patients who live at home with various vulnerabilities. Working with guidelines potentially supports care provision, improves consistency, and enhances care quality. Guidelines are crucial for evidence-based decision-making and translating knowledge into practice. However, nurses' adoption and adherence to guidelines remain suboptimal. Existing literature on guideline use often overlooks the team perspective, which is essential in district nursing. We designed the LEARN program (Learning And Reflection for Nurses) to enhance district nursing teams' use of guidelines and support a learning attitude.
This study aims to describe the LEARN program's protocol and our approach to evaluation.

Design and Methods
We will develop two learning interventions for the LEARN program. Expansive learning is the lens through which we examine learning, emphasizing reflection as the primary learning strategy. An action research approach will be used to bring the two learning interventions into practice and for evaluation, and the action spirals will be followed to adapt the program to the particular situation.

Results
The first intervention targets district nursing teams, focusing on guideline use and fostering a collective learning attitude. The second intervention targets district nurses from various organizations. The evaluation will involve all the qualitative data and will be collected through observations and focus groups during the team learning program and the leadership training. Facilitators will make written reflections after each session to better understand observations. During the team learning program, short, tailored questionnaires will be sent via a mobile app to capture participants' learning moments on the job using the experience sampling method. A qualitative, process-oriented temporal evaluation approach will be used for the final analysis.

Conclusions

The LEARN program, based on action research and expansive learning, uses reflection as the primary strategy to create new knowledge and drive meaningful change in district nursing practice. This protocol outlines the theoretical foundations and design of a learning program for district nursing teams to work with guidelines and support a learning attitude. The next step is to evaluate how guideline-use perspectives and practices unfold during the program.

Symposium 8

A-236 – Overview Symposium 8

Geriatric Rehabilitative Nursing - State of the Science and Best Practice

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Chairperson
Prof. Dr. Hermann Brandenburg

Contributers
Dr. habil. Thomas Boggatz, Oskar Dierbach, Anke Desch, Dr. Silke Metzelthin

Program Overview
Geriatric rehabilitation aims to maintain and promote the independence and participation of older people and helps to reduce care dependency. It is becoming increasingly important in view of an ageing population with a growing need of care.
Nurses are part of the rehabilitation team. They help to restore lost abilities or enable people to live with persistent limitations. In contrast to other European countries, nurses in Germany do not have an independent role in the rehabilitation process, with the exception of some model projects. This symposium explores the potential and impact of nurses' self-determined contribution to geriatric rehabilitation.
A scoping review will present the international state of development and research in geriatric rehabilitation with an active contribution from nurses. The 'Rehabilitation in Care' model of the Ev. Altenhilfe Mülheim gGmbH serves as an example of best practice in Germany. Rehabilitative care is provided here through close cooperation between nurses, therapists, doctors and pharmacists. Nursing staff ensures that the care recipient becomes the pacemaker in the rehabilitation process. The SGB Reha study investigates from a scientific perspective how the 'Rehabilitation in Care' model works and how its implementation in other German nursing homes can contribute to improvements in the national care system. The final contribution to the symposium describes the development and content of a community-based reablement programme implemented in the Netherlands to improve self-management in older people. In sum, the active contribution of nurses to geriatric rehabilitation is likely to result in better rehabilitation outcomes.

Brief reference to individual symposium abstracts
Boggatz T: The contribution of nursing to geriatric rehabilitation - A scoping review
Dierbach O: Rehabilitative care for nursing home residents - An example of best practice
Desch A. et al.: Implementing rehabilitative care in nursing homes: insights from the SGB Reha study
Metzelthin S.et al.: Managing everyday life by implementing reablement in home care services

A-257 – Symposium Abstract 8/1

The contribution of nursing to geriatric rehabilitation - A scoping review

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Background and Objectives
Geriatric rehabilitation may help to reduce care dependency in an ageing population. To meet the needs and life situation of this target group, it is often carried out in the patient's home or in a nursing home. Due to their close relationship with care recipients, nurses can play an important role in the rehabilitation process. However, they are often not actively involved in the implementation of such programmes. This raises the question of how an active contribution by nurses to the rehabilitation of older people can look like and which effect it may have.

Design and Methods

Literature search in Pubmed, CINAHL, Web of Science and Cochrane Central Register of Controlled Trials. Inclusion criteria: clinical trials on the effect of geriatric rehabilitation with active involvement of nurses for people aged >65 years living at home or in a nursing home.

Results

49 studies met the inclusion criteria (24 on rehabilitation at home and 25 on rehabilitation in nursing homes). They address a heterogeneous target group with a variety of underlying diseases and functional limitations. In studies investigating rehabilitation at home, in most cases, rehabilitation was carried out by an interprofessional team, but the role of nurses was not always clearly described. In studies that investigated rehabilitation in nursing homes, rehabilitation was in most cases only performed by nursing staff with different levels of qualification and was based on different theoretical approaches (mainly: behavioural learning theory, social cognitive theory, the social-ecological model, and Orem's educative-supportive system of care). Some studies showed a positive effect on self-care abilities, mobility, and the achievement of individual goals. Overall, however, there were only a few positive findings. Meta-analysis was not possible due to the heterogeneity of the implemented approaches and the investigated samples and outcomes.

Conclusions

Several reasons may explain the low number of positive results: learned helplessness among residents, habituation to care dependency and an inactive lifestyle, loss of motivation, and possibly overmedication with sedative effects. Within the limited time frame of the studies, it was difficult to eliminate these reasons. Future studies should address these problems.

A-260 – Symposium Abstract 8/2

Rehabilitative care for nursing home residents - An example of best practice

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Background and Objectives

Despite contrary evidence from nursing and rehabilitation science, care in nursing homes is still characterised by a deficit orientation, which results in a progressive decline of self-care abilities and a loss of self-determination. The aim of the 'rehabilitation in care' model is to overcome this deficit-orientation and to enable residents of long-term care facilities to regain their lost abilities by strengthening their resources.

Design and Methods

The main elements of the 'rehabilitation in care' model are:

- A person-centred approach to give the residents a decisive role in determining the pace of therapeutic interventions.
- Medication analysis to avoid polymedication.
- A comprehensive therapeutic programme with therapists employed by the facility and supplemented by external specialists.
- Interprofessional collaboration between nurses, physicians and therapists to coordinate and evaluate interventions
- Improving the nursing staff ratio to introduce primary care with a focus on therapeutic activation
- A spatial concept with rooms for physiotherapy and occupational therapy with specialised equipment, therapeutic light ceilings, rooms for small group activities, and a sheltered outdoor area for physical activity training.

Results

10-15% of the residents return to their own homes or other forms of accommodation. The remaining residents enjoy a higher quality of life and more self-determination. Additional costs of nursing staff and therapists are offset by significant savings: There are 40% less hospital admissions than in similar facilities, and there are significant savings on medication and assistive devices. In addition, there is an increase in staff motivation and a reduction in sick leave.

Conclusions

The 'rehabilitation in nursing' model reduces care dependency and renders the nursing profession more attractive.

A-280 – Symposium Abstract 8/3

Implementing rehabilitative care in nursing homes: insights from the SGB Reha study

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Background and Objectives

As Germany faces an aging population and increasing care needs, coupled with a shortage of skilled nursing staff, there is a pressing need for innovative solutions. One such approach is the integration of rehabilitative elements in long-term care, which has been

developed and successfully implemented over two decades in a German nursing home.[1] The SGB Reha study aimed to analyze how this 'rehabilitation in care' model functions and explore its potential for wider adoption across German nursing homes, contributing to improvements in the national care system.

Design and Methods
In a qualitative pre-study conducted in 2021, the nursing home's approach was analyzed through 24 interviews with staff. The core components were integrated into a *Theory of Change* model. This model guided the development of a transferable intervention for therapeutic-rehabilitative care, which is now being implemented in 12 German nursing homes in the SGB Reha main study. The study includes evaluations of both effectiveness and cost-efficiency, as well as a mixed-methods process evaluation, informed by implementation research concepts such as the Updated Consolidated Framework for Implementation Research (CFIR) and readiness for change.

Results
First, the *Theory of Change* model identified key components of the nursing home's practice, including higher staffing levels, interprofessional consultations, medication analysis, expanded therapy offerings, and therapeutic interventions in nursing. A context analysis revealed critical factors such as infrastructural conditions and underlying cultural assumptions (e.g., interprofessional learning, care complexity, and individualization) that contribute to the success of the approach. Second, the development of a transferable intervention required simplifying and adapting the model to enhance flexibility and facilitate its adoption in other facilities. Third, the ongoing process evaluation thus far has identified various barriers and facilitators at the individual (e.g., residents, families, staff), organizational (e.g., infrastructure, readiness), and contextual (e.g., nursing qualifications, availability of healthcare professionals) levels.

Conclusions
The diversity and complexity of nursing home environments present significant challenges to the long-term implementation and dissemination of rehabilitative care. Addressing these challenges is essential for improving long-term care in Germany and ensuring the broader adoption of this approach in diverse care settings.

A-282 – Symposium Abstract 8/4
Managing everyday life by implementing reablement in home care services

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Background and Objectives
Reablement is a promising approach to help older adults to increase their functioning and quality of life. It is an interdisciplinary, person-centered, holistic intervention that empowers older adults by engaging them in daily activities in line with their preferences. The presenter introduces the I-MANAGE reablement model and presents the experiences of clients and healthcare professionals during its implementation in the Netherlands.

Design and Methods
The I-MANAGE model was developed through a co-creation study that included literature, observations, individual interviews, and working group sessions with key stakeholders. A mixed-methods pilot study followed, combining individual interviews, electronic patient files, and completed Canadian Occupational Performance Measure (COPM) forms to evaluate clients' experiences (n=17), focusing particularly on goal setting and goal attainment.[5] Additionally, four focus groups were held with 32 professionals to explore factors influencing reablement implementation, divided into operational and organizational/strategic levels.

Results
The co-creation study resulted in I-MANAGE, a reablement model that enhances self-management. It consists of six components: 1) improving assessment and goal setting; 2) stimulating self-management during meaningful activities; 3) optimizing the physical environment; 4) optimizing the social environment; 5) improving interprofessional collaboration; and 6) supporting informal caregivers. These components are structured into a five-phase care process, complemented by practice-oriented training. In the pilot study[5], clients reported feeling heard and supported in achieving their goals. Most goals focused on self-care. The interviews showed that these tasks matter most to participants, as they often precede fundamental life goals. The pilot study showed a significant and clinically relevant increase in self-perceived performance and satisfaction regarding goal attainment. Insights from the focus groups highlighted three key themes: interdisciplinary collaboration, management support, and the necessity for systemic changes in healthcare to facilitate goal-

oriented care.

Conclusions
The I-MANAGE model shows promising findings in enhancing older adults' independence. Strong collaboration, management support, and changes in healthcare funding are essential for successful implementation

Symposium 9

A-319 – Overview Symposium 9

Integrative Nursing in Supportive Cancer Care: Best Practice and Evidence

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Chairperson
Prof. Dr. Cornelia Mahler, Director of the Department of Nursing, University Hospital Tübingen, Head of the Working Group Integrative Nursing in Oncology in the German Society of Nursing Science (DGP)

Contributers
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Program Overview
Nurses play a crucial role in the symptom management of cancer patients. National guidelines, as well as patient requests, advocate for the increased utilization of integrative and complementary methods to address oncological and chemotherapy-associated symptoms. However, there is a lack of standardized and structured evidence-based recommendations that nurses can utilize as a concrete point of reference.
Other than applying integrative nursing interventions themselves, nurses are required to counsel patients by demonstrating integrative nursing interventions for self-care alongside symptom observation. Integrative nursing interventions need qualified nurses to scale integrative interventions according to symptom severity and to integrate medical healthcare professionals when self-care is not appropriate any more.
The objective of this symposium is to present best practice recommendations of the Working Group Integrative Nursing in Oncology in the DG Pflegewissenschaft in collaboration with the Working Group of the Competence Network Integrative Medicine in Baden-Württemberg, Germany (KIM-BW). The symposium will begin with an introduction into the concepts and principles of integrative nursing as well as the working groups, their origins and the systematic methodology applied when integrating best clinical practice and research results derived from scoping reviews.

Brief reference to individual symposium abstracts
Thereafter it will focus on integrative nursing interventions for the following supportive care: (1) Dry skin (Gronwald, S et al.), (2) nail changes (Dupont, D et al.), (3) pruritus (Heinolainen, S et al.), (4) mucositis, fatigue and nausea (Kaschdailewitsch, E et al.), all in the context of cancer and chemotherapy.

A-304 – Symposium Abstract 9/1

Complementary nursing interventions for xerosis cutis with special focus on oncology patients: A scoping review and expert survey

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Background and Objectives

Xerosis cutis is a common skin condition, especially among oncology patients. This study aimed to provide a comprehensive overview of complementary, nursing interventions for treating xerosis cutis, with a focus on oncological contexts. The ultimate goal was to improve future care for affected patients by identifying evidence-based interventions and current clinical practices.

Design and Methods
A scoping review, following a strict methodological guideline, was conducted searching PubMed, CINAHL, and Cochrane databases. Two independent reviewers screened all studies according to predefined criteria. Data from included studies were extracted using a standardized form. Additionally, nursing expert survey was held to gather information on current best-practice. Data were synthesized narratively.

Results
Eighty studies met inclusion criteria. Interventions identified in the scoping review included: urea, plant oils, Avena sativa, eucalyptus, Aloe vera, lanolin, Dead Sea minerals, Centella asiatica, aromatherapy, chamomile, ice plant, grape seed extract, and Jaungo. Most of the identified interventions consistently showed positive effects on skin hydration and xerosis symptoms, whereas plant oils and Aloe vera demonstrated mixed effects. Chamomile, ice plant and Jaungo showed positive effects but in limited studies. Only three studies specifically addressed xerosis cutis in oncology patients. Nursing experts identified 20 interventions currently used in practice. Overlapping interventions included urea, almond oil, Aloe vera, ice plant and lavender oil. Interventions without corresponding studies included arnica, Betulin, Cardiospermum halicacabum, Solanum dulcamara, rose, black tea, apple cider vinegar, and shea butter with sea buckthorn oil.

Conclusions
This review provides a comprehensive overview of complementary interventions for xerosis cutis from both research and clinical practice perspectives. There is a notable lack of studies specifically addressing oncology-related xerosis cutis. Further high-quality research is needed in oncology settings, to strengthen the evidence base for these interventions.

A-315 – Symposium Abstract 9/2
Integrative nursing interventions for cancer- and chemotherapy-associated nail changes: A scoping review

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Background and Objectives
In 2022, approximately 504.000 new cases of cancer were diagnosed in Germany. As a standard oncological intervention, chemotherapy has a range of adverse effects, particularly in body parts with a high cellular proliferation rate, such as nails and skin. The German national guideline on complementary medicine in the treatment of oncological patients emphasizes the relevance of ensuring that multiprofessional teams are adequately qualified to provide integrative symptom management. Oncology nurses apply a range of integrative methods based on their clinical experience. This scoping review aims to identify and summarize the evidence of integrative nursing interventions for cancer- and chemotherapy-associated nail changes.

Design and Methods
A scoping review was conducted according to the methodology of the Joanna Briggs Institute. Included were PubMed, CINAHL and Cochrane database. Inclusion criteria: Oncological patients suffering from nail changes after or currently undergoing chemotherapy; Naturopathic, complementary or integrative nursing interventions for the treatment of nail changes; All study designs in any setting. In addition, oncology nurses of the working group were requested to list interventions that they applied for patients with nail changes under chemotherapy. The listed interventions were compared to the results of the scoping review.

Results
Various studies and reviews were included in data synthesis. There were 12 different types of potential interventions, including preventive, curative, and supportive approaches. These approaches were related to temperature (e.g. cryotherapy), naturopathic interventions (e.g. topical application of tea tree oil) and other mostly topical interventions (e.g. Traditional Chinese Medicine, propolis extract). A total of 11 oncology nurses listed 25 interventions they apply for nail changes with positive effects.

Conclusions
Additional interventions that are not practiced by oncology nurses were identified. A limited amount of studies was found supporting the

applied interventions. The amount of high-quality interventional studies regarding the defined population is limited. Particularly the inclusion criterion of underlying oncological conditions, including chemotherapy, appears to reduce the potential evidence for integrative treatment options for nail changes in general.

A-376 – Symposium Abstract 9/3

Non-pharmacological interventions on pruritus in oncological patients

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Background and Objectives

Pruritus refers to the feeling of itching, that triggers the urge to scratch. It can be a sign of several different underlying medical conditions of dermatologic, systemic, neurologic and psychologic/psychosomatic origin. According to previous estimations, 13.8% of the general population in Germany is suffering from chronic pruritus (CP), where the symptoms last more than six weeks. CP often causes patients significant discomfort, leading to intensive scratching and scratch lesions, sleep-deprivation, and even psychological comorbidities. Excessive scratching to relieve the itching sensation can also cause damage to the skin barrier, which increases inflammation and promotes pruritus even further. This results to the so called “itch-scratch cycle”. Nurses play an important role in identifying, counselling and supporting patients in dealing with these symptoms.
In the field of oncology, pruritus is recognised to be a common symptom. It can be either a signal of a disease itself, or an adverse side-effect of anticancer therapies. The aim of this scoping review is to summarise non-pharmacological interventions on the symptoms of pruritus with a focus on oncological patients.

Design and Methods

A scoping review was conducted following the methodological guideline by the Joanna Briggs Institute. Inclusion criteria were: (1) Studies discussing acute or chronic pruritus (2) Interventions were non-pharmacological, complementary and/or integrative (3) Published in English language. Articles were screened by two independent reviewers and data extracted in a standardised form.

Results

Several non-pharmacological and comprehensive interventions were identified. These included among others emollients, coolants such as menthol creams, acupuncture, UV-phototherapy and psychological and educational strategies. Counselling patients on these methods and empowering them to conduct the interventions regularly and independently is important for successful symptom control.

Conclusions

Several integrative interventions are available for treating pruritus. Some integrative methods, such as habit reversal are suitable for pruritus of all origins, whereas some others, such as phototherapy, are more suitable for specific types of pruritus. As cancer and anti-cancer therapies often come with comorbidities and side-effects, it is important not to narrow the understanding and treatment of pruritus only to one source of origin.

A-324 – Symposium Abstract 9/4

Integrative approaches in oncology: Evidence-based best practices from expert consensus managing common symptoms or side effects of cancer therapies

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Background and Objectives

The interprofessional Oncology Working Group of the Competence Network Integrative Medicine in Baden-Württemberg, Germany (KIM-BW) has developed evidence-based integrative recommendations to manage common symptoms and side effects of cancer therapies. These recommendations integrate internal evidence from expert consensus, external evidence from published guidelines, and patient preferences, in alignment with evidence-based principles that emphasize the combination of clinical expertise, patient

values, and the best available research.

Design and Methods
Two working groups — the Expert Circle of Physicians and the Expert Circle of Nursing Experts — developed treatment recommendations using standardized evaluation forms and an adapted internal Delphi process. Experts from various institutions collaborated, and complementary literature searches were conducted using four primary sources: AWMF S3 Guideline on Complementary Medicine in Oncology, KOKON Knowledge Database, Working Group Integrative Nursing in Oncology, and PubMed/Medline.

Results
Key recommendations target mucositis, fatigue, and nausea. For mucositis, therapies like sage, chamomile, marshmallow, calendula, and thyme mouth rinses as well as ice cubes and sea buckthorn oil, were recommended. Fatigue management includes exercise, yoga, Qi Gong, yarrow liver compresses, Viscum Album therapy, sleep hygiene optimization, and hydrotherapy. Nausea strategies include acupressure, aromatherapy, Nux Vomica, ginger, and bitter substances.

Conclusions
Standardized processes led to integrative treatment recommendations by the KIM Oncology Working Group, providing a framework to support patients undergoing cancer therapy. Hereby nursing interventions play an important role in alleviating symptoms. These approaches aim to improve quality of life, highlight the efficacy of interprofessional collaboration in integrative oncology, and suggest paths for future research. Ongoing evaluation of these recommendations is essential to confirm their efficacy and effectiveness.
The presentation will be given by an interprofessional tandem.

Symposium 10

A-419 – Overview Symposium 10

Nurses in advanced roles: Key factors for role adoption in scientific projects across different care settings in Germany and Switzerland

von der Lühe, V.[1], Roos, M.[1], Silies, K.[2], Sill, J.[2], Seismann-Petersen, S.[1], Schlegel, E.[3], Kotkowski, K.[4,5], Zúñiga, F.[4], Dichter, M. N.[1]
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Chairperson
M. N. Dichter

Contributers
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Program Overview
Although advanced nursing roles are well-established in many countries, their development in Germany is still evolving. Some institutions have introduced isolated solutions in Advanced Practice Nursing, but clear role profiles especially for higher qualification levels are missing. To close this gap, initial projects focus on advanced nursing roles at intermediate levels which exceed registered nurses' scope of competences. The aim of this approach is to support a stepwise integration of Bachelor and Master nurses into practice. Three distinct projects investigate the development of advanced nursing roles across different care settings in Germany: the 'ENROLE-acute project' targets people with cognitive impairment in acute care, the 'Expand-Care project' focuses on people with complex care needs in long-term care, and the 'Hand in Hand project' addresses people with chronic conditions in primary care. The process evaluations of these projects revealed problems in the implementation of the advanced nursing roles.
When implementing advanced nursing roles, it is important to analyse the continuous development of the role holders. Studies highlight several key factors that influence successful role adoption, including 'adequate preparation and specialised training', 'self-confidence in one's abilities and knowledge', 'mentorship and support', and a 'clear understanding of the role'.
At this symposium, we aim to discuss the results of the projects in relation to the key factors identified in the literature. In a fourth presentation, a contribution from Switzerland offers an international perspective on development of advanced nursing roles. Following the project presentations, we invite the audience to critically reflect on the summarised results on key factors for successful role adoption and discuss their significance for the future development of advanced nursing roles in German-speaking countries.

Brief reference to individual symposium abstracts

(1) The 'ENROLE-acute' project: findings on role adoption of nurses in advanced roles to promote person-centred care for people with cognitive impairment

(2) Expand-Care: Expanded nursing competencies to improve person-centred care for nursing home residents with complex health needs

(3) The HandinHand project: Findings on barriers and facilitators in the role development of expert nurses in primary care

(4) Blended learning curriculum to develop expanded roles for nurses in residential long-term care

A-418 – Symposium Abstract 10/1

The 'ENROLE-acute' project: findings on role adoption of nurses in advanced roles to promote person-centred care for people with cognitive impairment

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Background and Objectives

Nurses in advanced roles have the potential to foster person-centred care, helping to reduce complications and enhance hospital experience and well-being for people with cognitive impairment. In the 'ENROLE-acute' project, we developed, implemented, and evaluated a person-centred care intervention for people with cognitive impairment on hospital wards led by nurses in advanced roles. In the development phase, we conducted two systematic literature reviews, two surveys, and a workshop to define the intervention components and implementation strategies. The results were a role profile and three main implementation strategies: 200-hour training, 10-day internship, and accompanying coaching. In the subsequent feasibility phase, four nurses in advanced roles implemented the intervention over six months on three wards of a university hospital. In this contribution, we present findings of the feasibility phase on role adoption of the nurses in advanced roles and their progress.

Design and Methods

As part of the mixed-methods process evaluation, we collected and analysed quantitative and qualitative data as well as process documents on the nurses' role development and progress at three time points involving the nurses in advanced roles. This included questionnaires (n = 16) as well as focus groups (n = 2) and qualitative interviews (n = 4). We analysed the quantitative data descriptively and the qualitative data using a thematic framework analysis. We then combined the findings from both analyses during the interpretation phase.

Results

Initial findings of the process evaluation reveal that nurses in advanced roles considered all implementation strategies very helpful for their role (mean 9.25 - 10 out of 10 points), with accompanying coaching receiving the highest rating. Qualitative findings indicate their need for more time for preparatory work and highlight ward managers' significance in supporting role adoption. Throughout the intervention period, most nurses in advanced roles reported a clear understanding of their role. One nurse's understanding increased during training but declined afterwards. Their role confidence improved or remained consistently high over time (before training: 3 - 9, after 6 months: 7 - 9 out of 10 points).

Conclusions

Preparation, training, and accompanying support were crucial for successful role adoption. Positive and competing outcomes in role development suggest differences in contextual factors, which are now under analysis.

A-423 – Symposium Abstract 10/2

Expand-Care: Expanded nursing competencies to improve person-centred care for nursing home residents with complex health needs

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Background and Objectives

Many nursing home (NH) residents have complex health needs due to older age and multimorbidity. This contributes to high hospitalisation rates of NH residents. Nurses with academic degrees can improve quality of care. In Germany, few academic nurses work in NH to date. In the Expand-Care study, we evaluated a newly developed role profile “nurse specialists with expanded competencies for person centred elderly care” (PEPA) in an explorative cluster-randomised study in 11 NHs. Main implementation strategy was a 300-hours training in a blended learning format. We evaluated the implementation of the role profile in terms of successful role adoption through an embedded process evaluation.

Design and Methods

We conducted a mixed-methods process evaluation with data collection at three time points (baseline, after 3 and 6 months). Qualitative data (n=31) included interviews and focus groups with PEPAs, care managers and staff, NH residents, and relatives. Quantitative data (n=183) included questionnaires, protocols, evaluation, tests. We carried out a secondary analysis of process evaluation results (implementation in the facility and PEPAs‘ learning process). We analysed data deductively with regard to key factors that influence successful role adoption (Torrens et al., 2020; Fealy et al., 2018; Whitehead et al., 2022): *A) adequate preparation and specialised training, B) self-confidence in one's abilities and knowledge, C) mentorship and support, D) clear understanding of the role*.

Results

Results show PEPAs development related to key factors for successful role adoption. *A)* PEPAs showed a high satisfaction with the training and valued its relevance for their professional role. *B)* PEPAs developed an understanding and gained competencies in concordance with advanced nursing roles. Role identification depended on individual PEPA characteristics such as resilience, expertise and commitment. *C)* Integration and acceptance of the PEPA in the nursing team as well as support from the management level and from supervisors were central for successful implementation. *D)* Perception and awareness of the PEPA role in NH and among relatives and residents varied, as did the assessment of its benefits. Few interviewees described in-depth knowledge of the role and tasks of PEPA.

Conclusions

Our study showed the relevance of previously identified key factors for role adoption. *Mentoring and support* were particularly relevant for successful implementation and should be strengthened in future implementation strategies.

A-188 – Symposium Abstract 10/3

The HandinHand project: Findings on barriers and facilitators in the role development of expert nurses in primary care

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Background and Objectives

The increasing number of elderly people with chronic conditions and the shortage of medical and nursing staff call for innovative primary care models. The role of Advanced Nursing Practice (ANP) has been widely discussed, with international research showing that ANP in primary care can achieve health outcomes comparable to physicians. The *HandinHand* project investigates the implementation of an Expert Nursing Center, where expert nurses (EN) provide care for chronically ill patients over 60, referred by general practitioners (GP), for at least six months. EN in this project studied *clinical nursing expertise* at Bachelor level and completed a preparatory, setting-specific 300-hour training. In Germany, nurses in advanced roles in primary care are not yet well-established. This contribution therefore focuses on the barriers and facilitators in the role development of EN.

Design and Methods

Data collection was guided by a logic model based on the MRC framework for complex interventions. Semi-structured interviews were conducted with EN (n=10) at three time points and analysed using thematic framework analysis. Additionally, a survey was conducted at multiple time points to assess whether EN identified opportunities to reflect on challenges related to role development, and to examine their ability to explain their role. Data analysis was descriptive.

Results

Interviews with n=10 (t1), n=9 (t2), and n=4 (t3) EN were analysed. Role development was promoted by intrinsic aspects (e.g., motivation, ambition to improve healthcare), as well as through qualifications, training, and professional experience. Challenges included unclear boundaries of autonomy, collaboration difficulties with GP, and the double burden of studying while assuming a new role. In the survey, n=8 (t1, t2) and n=5 (t3) EN participated. EN were more capable to explain their role to patients and their relatives than to GP. At t3, n=4 out of 5 ENs reported having opportunities to reflect on role challenges, while one EN selected "partially true." At

t1 and t2, n=2 and n=4 EN, respectively, reported no such opportunities.

Conclusions
Role development depends on individual factors like professional experience and was influenced by the degree of autonomy EN experienced in collaboration with GP. To reduce barriers to role development, clear role descriptions, reflective opportunities, and a master's degree should be considered prerequisite.

A-378 – Symposium Abstract 10/4

Blended learning curriculum to develop expanded roles for nurses in residential long-term care

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Background and Objectives
INTERCARE is a nurse-led model for residential long-term care, designed to strengthen geriatric expertise, foster interprofessional collaboration and reduce unplanned hospitalizations. From 2018-2020, INTERCARE was successfully introduced in 11 long-term care facilities (LTCFs) with a hybrid-type II effectiveness implementation trial. The model's success was driven by the introduction of registered nurses in expanded roles. They were expected to have at least 3 years experience working with older adults. Their role development was supported by a blended learning curriculum that included online learning, on-site training days, individual coaching and peer visits. This presentation will provide insights into the experiences of INTERCARE nurses with this curriculum and in how far it supported their role development as a central implementation strategy.

Design and Methods
In an Interpretive Description approach we conducted semi-structured interviews with all INTERCARE nurses (n=19) of the 11 participating LTCFs in the German-speaking part of Switzerland after 12 of the model's introduction. The on-site interviews took between 31-70 minutes, were recorded and analysed using thematic analysis.

Results
The INTERCARE nurses perceived the blended learning curriculum to strengthen their leadership and clinical competencies and improve the transfer of geriatric knowledge into practice. This curriculum supported their growth in expertise, which facilitated the successful integration of their new roles in the LTCFs. The interactive teaching methods, especially the on-site training days and face-to-face coaching sessions, allowed participants to actively shape the content, ensuring its relevance to their daily work and facilitating knowledge transfer. Both professional guidance and peer support were pivotal to their role development and their ability to take on expanded responsibilities.

Conclusions
A blended learning curriculum tailored to the setting was a central implementation strategy in equipping INTERCARE nurses with the skills needed for their expanded role and for successfully integrating these roles into daily practice. The findings underscore the importance of peer support and collaborative learning in professional development, highlighting new insights for designing tailored, context-sensitive educational programs that promote evidence-based practice and interprofessional collaboration.

Symposium 11

A-221 – Overview Symposium 11

Overcoming the challenges of pain management in older adults: recommendations from an evidence-based, interprofessional German guideline

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Contributers

Prof. Dr. Erika Sirsch (Chairperson), Dr. Corinna Drebenstedt, Prof. Dr. Irmela Gnass, Melina Hendlmeier

Program Overview

The symposium will present the recommendations from an evidence-based guideline on pain management in geriatric patients with a focus on interprofessional collaboration. The presentations will cover aspects of screening and assessment, shared decision-making and the involvement of caregivers, as well as pharmacological and non-pharmacological interventions for older adults in pain.

1. The Critical Role of Screening and Assessment in Managing Pain in Older Adults
2. Empowering older adults and their Informal Caregivers: Recommendations for enhancing shared decision-making in pain management
3. Interprofessional Collaboration: a call for working better together in pain management
4. (Non-)Pharmacological Interventions: multidisciplinary approaches for older adults suffering from pain

A-222 – Symposium Abstract 11/1

The critical role of screening and assessment in managing pain in older adults

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Background and Objectives

Older age and multimorbidity are associated with an increased prevalence of pain. Cognitive impairment and communication barriers are common in older adults, leading to inadequate pain management. To improve the screening and assessment of pain in older adults an evidence- and consensus-based guideline was created in Germany, which addressed the challenges in identifying pain in older adults.

Design and Methods

A multidisciplinary panel of experts developed a guideline for the management of pain in older adults. The recommendations are based on a systematic review of the evidence and complemented by a structured expert consensus. The expert panel consists of various disciplines and professions involved in the care of older adults.

Results

For the guideline, screening is defined as the dichotomous distinction between the presence or absence of pain. International guidelines highlight the importance of screening, but no high-quality studies for the effect of screening could be identified. Therefore, only consensus-based recommendations could be formulated. Detecting pain in older adults is an interprofessional task. Although self-report is also the gold standard for assessing pain in older adults, additional external observation of pain signs is important, as there may be a discrepancy between verbal statements and nonverbal behaviour. All healthcare professionals are therefore required to recognise pain-specific signs and initiate the necessary interventions.

Conclusions

Although there is a lack of high-quality studies on the implementation of screening and assessment, Screening for pain should be carried out within the first 24 hours after initial contact with the healthcare system or on an ad hoc basis. There are several instruments available to assess pain. Not all instruments are available in German, and there is no clear advantage to using one over another. The pain assessment should result in the creation of an interprofessional treatment plan if required.

A-333 – Symposium Abstract 11/2

Empowering older adults and their informal caregivers: Recommendations for enhancing shared decision-making in pain management

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Background and Objectives

It is estimated that there are around 7.1 million informal caregivers in Germany. Pain management is perceived as highly stressful by informal caregivers. At the same time, unfounded fears and concerns of informal caregivers and patients themselves can prevent

effective pain management. One of the aims of this guideline was to provide recommendations on shared decision-making and the involvement of informal caregivers in pain management.

Design and Methods
A multidisciplinary panel of experts developed a guideline for the management of pain in older adults. The recommendations are based on a systematic review of the evidence and complemented by a structured expert consensus. The expert panel consists of various disciplines and professions involved in the care of older adults.

Results
Two qualitative reviews and one mixed methods review show that informal caregivers and patients themselves have fears and concerns about adverse events and the risk of becoming dependent on analgesics. There is also evidence that internal beliefs that pain is an inevitable part of ageing, and a sign of disease progression may prevent informal carers and patients themselves from reporting pain and using pain-relieving interventions.

Conclusions
Older adults and their informal caregivers should be actively involved in all aspects of pain management and get educated about pain-related interventions. The potential benefits and harms of analgesic and co-analgesic treatment compared with other drug and non-drug treatment options should be discussed with the patient as part of a shared decision-making process.

A-334 – Symposium Abstract 11/3
Interprofessional collaboration: A call for working better together in pain management

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Background and Objectives
The care of older people usually involves several health professionals. Older people also often find themselves in different parts of the healthcare system, such as moving from hospital to outpatient care. Unclear responsibilities and a lack of standardised information can lead to interruptions in care.

Design and Methods
A multidisciplinary panel of experts developed a guideline for the management of pain in older adults. The recommendations are based on a systematic review of the evidence and complemented by a structured expert consensus. The expert panel consists of various disciplines and professions involved in the care of older adults.

Results
International guidelines recommend that communication between health care professionals should be structured. One person should be responsible for coordinating and communicating between different health care professionals. The guidelines also recommend that all professionals should have access to information about pain management. There is also some evidence from a review that a medication review could improve the appropriateness of analgesics in older people.

Conclusions
A medication review between the prescribing physician and other professions or disciplines should be carried out to check the appropriateness of the medication interventions and adjust them if necessary. Interprofessional collaboration should be implemented regarding the best possible care for older adults. In the inpatient care context, all relevant pain management information should be available at a clearly defined location, accessible to all staff involved in care and documented in the patient's documentation. In the outpatient context, all those involved in care and patients should have access to all relevant pain management information in the electronic patient record.

A-336 – Symposium Abstract 11/4
(Non-)Pharmacological Interventions: multidisciplinary approaches for older adults suffering from pain

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Background and Objectives
Older age and multimorbidity are associated with an increased prevalence of pain. Due altered metabolism and an increased risk of

adverse effects, pain management is particularly challenging in older people. For this reason, an evidence- and consensus-based guideline was created in Germany that formulates recommendations on the specific challenges.

Design and Methods
A multidisciplinary panel of experts developed a guideline for the management of pain in older adults. The recommendations are based on a systematic review of the evidence and complemented by a structured expert consensus. The expert panel consists of various disciplines and professions involved in the care of older adults.

Results
In accordance with multiple systematic reviews physical exercise seemed to be a safe and effective approach for pain reduction and improving quality of life and function for older adults suffering from chronic pain of various origins. Also, techniques of cognitive behavioral therapy and mindfulness-based interventions showed positive effects on older adults with chronic pain, although the overall evidence is low. There is also some evidence that listening to music or singing, as well as mind-body interventions like yoga or Tai Chi may improve quality of life and reduce pain. All interventions should be initial administered by health professionals. Evidence for commonly prescribed pain medication in older people is low. The evidence for general used analgesics is low. International guidelines recommend the use of paracetamol as first-line treatment and very cautious use of NSAIDs due to their increased risk of kidney damage or heart failure in older adults. There is some evidence that topical NSAIDs have fewer adverse effects because of the lower dose and lack of systemic use. Opioids should also be used with caution due to an increased risk of falls, delirium and other adverse effects.

Conclusions
The results of the literature review highlighted the importance for non-pharmacological Interventions. Healthcare professionals should consider and include these interventions in their care planning for older people in pain. Physical exercises should be promoted in older adults suffering from chronic pain. Because of the increased risk of adverse effects, the entire interprofessional team is responsible for monitoring for possible signs of adverse events. In particular, it is necessary to monitor for possible changes in cognition or renal and/or cardiac failure.

Symposium 12

A-226 – Overview Symposium 12

Praxeology of Management in Inpatient Long-Term Care

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Contributers
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Program Overview
As part of a three-year project funded by the German Research Foundation (DFG) in the years 2023-2026, the internal and external stresses of management in inpatient long-term care will be investigated. Of the planned 20 facilities, 12 facilities have been contacted (as of October 2024), a total of 74 individual interviews and 28 team meetings have been realized. The methodological approach is based on the reconstructive-qualitative paradigm of social research. The aim is to reconstruct strategies, concepts and practices with which the local management (from the managing director to the home management to the residential management) responds to the challenges. The documentary method is used for evaluation (Bohnsack 2010. 2014), which is supplemented by perspectives based on system theory (Jansen et al. 2015, Vogd et al. 2018).

Brief reference to individual symposium abstracts
Hermann Brandenburg will start by introducing the overall problem. He outlines the current situation in inpatient long-term care in Germany, discusses the habitus of caregivers, organizational arrangements and economic framework conditions.
David Leopold presents results of a systematic review focusing on management models in long-term care and attitudes in professional elderly care. His main point is, that different management models are used in the facilities in order to meet the diverse management challenges. However, these approaches are not originally developed in long-term care settings, but mostly have an industrial background.
Jacob Loeckle reports on empirical findings from the DFG project and shows the potential of different leadership styles. A more

competitive leadership approach allows for clear structuring and control, but can increase tensions within the team. A dialogical leadership style promotes communication and employee loyalty, but faces the challenge of avoiding overloading the management level. Werner Vogd broadens the view beyond long-term care and includes hospital studies that have dealt with ambivalences and paradoxes of decision-making at the management level. Here it becomes clear that not only the institutions themselves face challenges, but also the society must address the incommensurable challenges with regard to the care of the older people that are developing in their functional systems.

A-228 – Symposium Abstract 12/1

Management models in inpatient longterm care - A systematic review

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Background and Objectives
Management in nursing homes is a multi-layered process that combines organizational, business, nursing and social aspects. In addition to the goal of working economically efficiently, the main focus is on ensuring high-quality and dignified care for the residents. In order to achieve these goals, managers in retirement homes must think strategically, react flexibly to challenges and promote open communication both internally and externally.
Management in a retirement home is therefore a complex task that requires the management and coordination of different areas in order to ensure a high quality of care and nursing. This raises the question of which management models are used in practice for such a multidimensional task.

Design and Methods
The aim of the systematic literature review was to identify literature that deals with management models and attitudes in professional elderly care. The following questions were formulated to illustrate the relevance of the topic:
Which management models are used internationally in geriatric care?
Are there specific management attitudes in professional geriatric care?
What is the understanding of management in the field?
This systematic literature search is based on the sensitive search principle with the aim of searching as comprehensively as possible and finding as many relevant hits as possible. The internationally recognized Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) procedure was used for the work steps. A total of 12 studies were included and analyzed.

Results
It can be determined that established management models from other sectors are adapted and used in the field of geriatric care. For the most part, different management models are used in the facilities in order to meet the diverse management challenges. However, holistic approaches such as lean management should also be emphasized as a versatile management approach that was originally developed in the automotive industry at Toyota, but is now also used in geriatric care.

Conclusions
Various management models and approaches are used in the management of care homes for the elderly, which are tailored to the special requirements of the care sector. These models help to structure the complex daily routine, optimize resources and ensure a high quality of care.

A-229 – Symposium Abstract 12/2

Management strategies in long-term care: insights into structural challenges and adaptation processes

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Background and Objectives
The first results of a research project (2024-2026) on the "Internal and external tensions of management in inpatient long-term care" will be presented. The focus is on how management levels in care facilities manage internal and external challenges. Internal tensions include personnel issues, while external challenges arise from regulation, market requirements and the media. The aim of the study is to identify management strategies in care homes for older people that navigate between economic, ethical and care requirements.

Design and Methods
The study is based on reconstructive social and organisational research. It analyses 20 institutions from different organisations and

geographical locations by means of expert interviews and participant observation. The analysis is based on the documentary method according to Bohnsack (2014). This makes it possible to analyse both the tensions and the way in which problems are dealt with. In particular, the comparative analysis of contrasting institutions with top-down and dialogue-based management styles reveals different approaches to management.

Results
Internal tensions result from business requirements in contrast to nursing ideals, the shortage of skilled labour and the heterogeneity of staff. Strongly controlling-based organisations tend to treat numbers as an objective reality, which can lead to internal competition and additional tensions. Facilities with a dialogue-based management style rely on communication and training to promote an appreciative corporate culture, but often struggle with the overload of management levels responsible for personnel.

Conclusions
The management of elderly care facilities is crucial for dealing with the many internal and external tensions. The results of the study show that different management styles bring different challenges and potentials. A number-orientated management approach enables clear structuring and control, but can increase tensions within the team. A dialogue-based management style promotes communication and employee loyalty, but faces the challenge of avoiding overloading the management level. Both approaches have strengths and weaknesses that can vary depending on the institutional context.

References:
Bohnsack, R. (2014): Reconstructive Social Research: Introduction to Qualitative Methods. 9th, revised edition. Opladen (Barbara Budrich).

A-230 – Symposium Abstract 12/3

The Paradox of Nursing Leadership: Addressing Intractable Challenges in Care

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Background and Objectives
Over 30 years ago, Meyer and Zucker (1989) characterised healthcare organisations as "Permanently Failing Organisations," arguing that it is virtually impossible to reconcile the conflicting demands of economic efficiency, patient orientation, and legal compliance. Forty-five years later, the question arises whether these tensions have only intensified. Ageing populations, dwindling resources, increasing demands for quality assurance, and growing staff shortages make the situation in healthcare increasingly challenging. This study investigates how nursing management addresses these issues. How do they achieve the seemingly impossible task of managing these irreconcilable tensions in a somewhat satisfactory manner?

Design and Methods
This study is based on two qualitative-reconstructive projects funded by the German Research Foundation: "Decision-making in hospital management" and "Management of nursing homes for the elderly." The research explores the forms of leadership possible in nursing and the associated side effects. The study encompasses 12 hospitals and 20 nursing homes in Germany. Interviews were conducted with responsible actors, and these were analysed with a focus on how they address the challenge of managing these tensions. Additionally, participant observations were carried out, including the observation of meetings, to gain deeper insights into the decision-making processes and dynamics within these institutions.

Results
As initially expected, the findings reveal that under the current conditions, no satisfactory outcomes can be achieved, and the nursing situation in the examined institutions must be regarded as perpetually crisis ridden. However, varying leadership styles emerged in response to these challenges, including "Escape to the Top," "Turning a Blind Eye to Problems," "Staying Human but Drowning in Chaos," "Confusing Numbers with Reality," and "Document Management Instead of Staff Leadership." Each of these leadership styles has its own distinct side effects.

Conclusions
Given the ethically questionable side effects of the reconstructed management approaches, there is a pressing need to consider how society will address the insurmountable challenges in the care of the sick and elderly in the future. Various future scenarios are discussed.

A-227 – Symposium Abstract 12/4

Inpatient Long-Term Care: Current Challenges and Perspectives

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Background and Objectives
German care for older people is embedded in a system of political-association regulation on the one hand and market-based and competitive control on the other, with a variety of arenas for the negotiation of care, professional and collective bargaining policy norms. The current challenges of inpatient care include a changed purpose and variety of tasks, the increasing heterogeneity of the personnel structure, growing demands on the quality of care, market access for internally operating hedge funds and differences in the quality of care. The question arises as to how the requirements for care quality can be managed, person-centred care maintained and innovations implemented sustainably.

Design and Methods
Within a systematic literature review (scoping review), 18 studies (mainly reviews) were extracted and analysed with regard to possibilities and limits for innovations in nursing homes.

Results
As a result, four levels are significant: (1) the habitus of the (care) staff on site, (2) organizational arrangements, especially with regard to the personnel mix and multidisciplinary cooperation, (3) management of the facilities as a central interface, and (4) external (especially economic-legal) framework conditions.

Conclusions
Sustainable improvements cannot ultimately be achieved through individual innovations (robotics, new personnel mix, etc.), but only through the establishment of an innovative structure. This refers to the so-called "teaching nursing homes", which have been able to generate lasting positive effects on the care of residents and the satisfaction of staff in close cooperation between universities, training and practice (Barnett et al. 2014).

Symposium 13

A-456 – Overview Symposium 13

Strengthening interprofessional education by a core curriculum for higher and vocational nursing education: Lessons learned from the interEdu project

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Chairperson
Prof. Dr. Katrin Balzer

Contributers
Frederike Lüth, Katharina H. Tolksdorf, Anne Faber, Prof. Dr. Wolfgang von Gahlen-Hoops

Program Overview
Interprofessional education (IPE) is regarded as a fundamental component of 1st cycle education in health professions to improve interprofessional collaboration and quality of patient care. In the project interEdu, a longitudinal core curriculum was designed and piloted to strengthen IPE in vocational and higher nursing education in Germany. Throughout all project steps, mixed methods and principles of evidence-based participatory curriculum development and evaluation were used. Based on the piloting in four nursing schools and three Bachelor's degree courses in nursing in Germany, the preliminary core curriculum was revised. The final curriculum contains a conceptual framework of competencies of interprofessional collaboration to be iteratively promoted throughout 1st cycle nursing education as well as recommendations for teaching units/modules to be implemented in vocational and higher education programmes.
This symposium aims to present and discuss findings of the conceptual and piloting phases and key elements of the core curriculum. Therefore, it will include three presentations: (1) methods and findings of the initial requirement analysis, (2) key findings and output (preliminary curriculum) of the development phase, and (3) methods and findings of the piloting phase. The main focus of the closing

discussion (moderated by Katrin Balzer) will be prospects and challenges for broader, sustainable long-term implementation and methodological requirements for robust IPE evaluation.

Brief reference to individual symposium abstracts

(1) Defining requirements for a core curriculum for competence development of interprofessional collaboration in nursing education: a mixed-methods study (Frederike Lüth et al.)
(2) Development of a nation-wide core curriculum for interprofessional education in German nursing education (interEdu) (Wolfgang von Gahlen Hoops et al.)
(3) Piloting a core curriculum for interprofessional collaboration in nursing education in Germany: a pre-post mixed-methods study (Katharina H. Tolksdorf and Anne Faber et al.)

A-458 – Symposium Abstract 13/1

Defining requirements for a core curriculum for competence development of interprofessional collaboration in nursing education: a mixed-methods study

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Background and Objectives

The development of competencies for interprofessional collaboration in the education of healthcare professions is an essential step towards a successful collaboration in practice. Currently, interprofessional education (IPE) is not a regular component of nursing education curricula. The aim of the mixed-methods study within the interEdu project was to define core requirements (including competencies, learning content, learning formats and methods) for a longitudinal core curriculum for IPE in higher and vocational nursing education.

Design and Methods

Mixed-methods design consisting of: (i) focus group (n=5) and expert interviews (n=28) with teachers, students, managers, instructors and experts in IPE, (ii) standardized interviews on IPE projects (n=16) in Germany with project leaders (n=15), teachers (n=20), students (n=5), (iii) and systematic evidence syntheses focusing on recommendations and guidelines for IPE (mixed-methods review: 18 included references), IPE projects in German-speaking countries (mixed-methods review: 21 projects), and the effects of IPE (overview of reviews: 16 reviews). The results were narratively summarised and compared using joint displays on key elements of a longitudinal curriculum for IPE.

Results

Key elements for the core curriculum include interprofessional competencies (e.g. understanding of roles, communication), learning content (e.g. patient safety, ethics), type of participating professions (especially nursing together with medicine) as well as interactive learning formats and methods (e.g. simulation, case work). Time resources, infrastructure, difficulties in cooperation and the commitment of the institutions involved are relevant contextual factors for the implementation of IPE.

Conclusions

Compared to international IPE learning activities only a few health professions are involved in Germany (especially nursing together with medicine and physiotherapy). Comprehensive implementation strategies (including training and supervision), robust evaluation methods and considerations of the teacher's perspective in the design and evaluation of IPE are important methodological requirements for the piloting of IPE. Existing infrastructure should be considered for implementation and the leaders of the participating institutions should be involved in the implementation and (further) development of IPE at an early stage.

A-459 – Symposium Abstract 13/2

Development of a nation-wide core curriculum for interprofessional education in German nursing education (interEdu)

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Background and Objectives

Interprofessional collaboration in healthcare is deemed a crucial factor in reaching a high-quality, person-centered care, encompassing joint decision-making and coordinated actions among all healthcare professions. Interprofessional education (IPE) is recognized as a

pivotal means to enhance effective collaboration among diverse healthcare professions. IPE pertains to the interaction between learners from at least two distinct professions, fostering an environment for them to learn from, about and with each other, aiming to develop interprofessional competencies that enhance the quality of care. In Germany, different curricula for vocational and undergraduate education are described, but a core curriculum for IPE in nursing education is missing. Therefore, in the project interEdu we aimed to develop an IPE curriculum tailored to these different conditions.

Design and Methods
Curriculum development using participative, mixed-methods design: Based on the identified core requirements of the development phase of the interEdu project, we designed the core curriculum in a participative process. First, we discussed the identified core requirements during our expert workshop (8h). Second, we developed the core curriculum based on these results and theoretical frameworks for curriculum development.

Results
The interprofessional, longitudinal core curriculum of the interEdu project presents empirical findings from the conceptual phase, addresses target group for IPE, delineates various learning settings (including classrooms, health care practice, simulation/skills lab), defines domains of interprofessional competencies (e.g. role understanding, communication), explores barriers and facilitators for implementation, and provides module descriptions, offering educators guidance in structuring their lectures while allowing flexibility. The key design principles are a longitudinal increase in the complexity of the competencies to be developed, a focus on situational reasons for action in care practice and an orientation towards models of person-centered care.

Conclusions
As a result of the project, an evidence-based, participatory framework curriculum has been developed as a basis for the planning, implementation and evaluation of IPE in vocational and higher education nursing training in Germany. This curriculum is of a recommendatory nature and can be flexibly integrated into local curricula. A regular revision is planned.

A-455 – Symposium Abstract 13/3

Piloting a core curriculum for interprofessional collaboration in nursing education in Germany: a pre-post mixed-methods study

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Background and Objectives
In the project interEdu, we developed and piloted a longitudinal core curriculum for Interprofessional education (IPE) in vocational and undergraduate 1st cycle German nursing education. The curriculum consists of nine educational units for vocational and three modules for undergraduate nursing education. The aim of the piloting phase was to explore the feasibility and potential learning outcomes of the implementation of the core curriculum.

Design and Methods
Mixed-methods study with pre-post design: Three universities with Bachelor's degree programs in Nursing and 4 vocational nursing schools implemented the curriculum during the 12-month piloting phase. Alongside, we collected quantitative and qualitative data using standardized surveys among students and teachers (T0 baseline, T1 6 months, T2 12 months), non-participating observations of and focus groups (T2) with students and teachers as well as individual interviews (T2) with heads of the institutions/programs. Main outcomes are subjective measures of interprofessional competences, satisfaction with IPE, and dose and reach of IPE implementation. Quantitative data were analysed by descriptive and inferential statistics, qualitative data by thematic analysis. Quantitative and qualitative findings will be triangulated.

Results
All 3 modules for the undergraduate education but only 4 out of 9 units for the vocational education from the core curriculum were implemented by the participating institutions. Implemented IPE activities mostly involved physiotherapy and medical students and addressed learning subjects like communication, hand-overs, patient visits, case conferences and ethical issues. Consistently, all implemented IPE modules/units were implemented with lesser dose than planned. To sustain implementation, a need for organizational support to establish networks with other educational institutions and for IPE education programs for teaching staff was identified. Qualitative findings indicate that implemented IPE activities induced development of interprofessional competences, particularly with regard to role reflection and communication.

Conclusions
The core curriculum has proven to be feasible for implementation and shows large potential to promote IPE in both in vocational and undergraduate nursing education. A need to revise the core curriculum with regard to recommended scope of modules/units and facilitating implementation strategies has been identified.

Theory

Symposium 14

A-146 – Overview Symposium 14

Moving Beyond the Rhetoric: An Exploration of Person-Centredness in Research Practice

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Chairperson
Univ.-Prof. Mag. Dr. Hanna Mayer

Contributers
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Program Overview
Person-centredness (PC) has become a cornerstone of modern healthcare policy, evident in mission statements and research agendas, leading to the establishment of dedicated research centres and international communities. This trend is reflected in a growing body of literature presenting various frameworks and methodologies for understanding and implementing person-centred care. However, despite notable advancements, PC often remains more rhetoric than reality in research and practice. In this symposium, we aim to move beyond the rhetoric. Four presentations will provide insights on research into PC and person-centred research. Exploring PC from the perspectives of key actors involved in these projects will reveal the many faces of the person at the centre – as patient, nurse, family caregiver and researcher.

Brief reference to individual symposium abstracts
The “Critical Importance of Personhood” becomes evident in the first presentation on refining the conception of personhood in unconscious and unresponsive ICU patients. **Anchoring** this research within philosophical discourse also emphasizes the importance of coherence in relation to epistemological and methodological implications.
The second presentation “Person-Centred Care Through Nurses' Eyes” focuses on **measuring** PC as an attribute of nursing. Using an example of a quantitative survey of nurses in acute care, this talk delves into a discussion of paradigmatic tensions that emerge when confronting this subject matter from different epistemological perspectives.
In a realist evaluation study presented in the third contribution “If Voices are Heard and Faces are Seen”, PC was **discovered** as central mechanism to facilitate online counselling for family caregivers, highlighting the potential of PC in engaging with family caregivers.
In the final presentation “Exploring the Meaning of Being a Person-Centred Researcher”, we reverse the lens to examine what it means to be a person-centred researcher. This talk discusses how scholars can shape their research and **embody** person-centred principles, exemplified in a phenomenological study on felt-bodily communication between parents and their children with disabilities.

This discussion on anchoring, measuring, discovering and embodying person-centredness in research practice will illuminate its complex facets and potential, offering impulses to move forward, beyond the rhetoric.

A-242 – Symposium Abstract 14/1

The Critical Importance of Personhood: Exploring Person-centred Care for Unconscious, Unresponsive ICU Patients

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Background and Objectives
Person-centredness proposes a shift in healthcare to that of putting people at the centre of services and decision-making. Yet, the importance of knowing and understanding who this person at the centre is becomes challenging when encountering patients who defy common norms and conceptions of personhood. Personhood in common understandings is inextricably linked to consciousness, which risks dehumanizing unconscious, unresponsive (intensive care) patients, as they may not be fully recognized or treated as persons. As part of a larger scale study this inquiry seeks to explore personhood in unconscious and unresponsive intensive care patients and to develop an understanding of person-centred practice that meets the requirements and demands arising from the context of an intensive care unit (ICU).

Design and Methods
To address this challenge we draw on Emmanuel Levinas' relational ethics and his concept of radical alterity. Levinas' philosophy provides a framework for discussing and rethinking care for these patients and allows us to uncover implications for both personhood and person-centred practice in ICUs.

Results
Our analysis highlights the critical importance of the conception of personhood – our understanding of what a person is. It is the foundation of our values and beliefs, influencing how we act within a social world, the underpinning of person-centredness. By integrating Levinas' ethics, we shift our perspective, recognizing unconscious ICU patients as radically "Other", who calls us into responsibility to take care. This reframing compels us to reconsider normative assumptions and adapt our care practices to ensure that person-centred care is maintained, also for those who are unconscious or unresponsive.

Conclusions
Levinas' Ethics of Radical Alterity offers us a way of assessing differently the situation of personhood as precarious in the context of unconsciousness and unresponsiveness and meant to stimulate a different perspective on person-centeredness in these situations. This ontological positioning, however, not only impacts how we care for these patients but also challenges our epistemological assumptions and methodology when researching on person-centred care. Becoming aware of what being a person means is a first and essential step to find coherence in the way we investigate, interpret and understand person-centredness in the ICU.

A-244 – Symposium Abstract 14/2
If voices are heard and faces are seen – Strengthening Family Caregivers through Person-centredness

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Background and Objectives
Person-centredness (PC) refers to care practices built on fostering healthful relationships between care providers, service users, and others significant to them in their lives. As our society ages, those significant others gain more and more importance when it comes to shaping care practice. Family caregivers (FCs) are the backbone of long-term care, as it is they who provide vital support to their loved ones. Despite growing recognition of the importance of supporting FCs, they often remain understood only as members to the family and care system of the person in need of care. They are unheard and unseen as a group with their own rights and needs. What happens, if their voices are heard and faces are seen – in care practice and care research – as the person at the center? A realist informed evaluation of Alles Clara (AC), a digital counseling service for FCs in Austria, provided first answers to this question.

Design and Methods
The evaluation comprised 3 study phases: (1) theory formulation from which testable hypotheses were derived; (2) empirical observations to test these assumptions; (3) program specification and theory refinement to answer the question: 'What works, for whom and why, under what circumstances'.

Results
Digital counseling's success hinges on flexibility, low access thresholds, and anonymity. These aspects encourage FCs to share their concerns, yet the key to effective counseling lies in establishing a trusting relationship putting FCs at the center. They no longer feel alone, move on from problems to next steps and are strengthened. PC emerged as the central mechanism to facilitate this process. Findings highlight the potential of PC for FCs, particularly when services are designed to address their own specific and individual needs and roles.

Conclusions

In this realist evaluation we discovered that counseling as a nursing intervention can succeed in digital space by creating a feeling of closeness and “seeing” the person. Seeing the person meant giving a voice to FCs and creating a space in which their personal experiences and stories are recognized. While AC demonstrates that digital spaces can facilitate meaningful support, the core finding emphasizes the broader importance of shifting towards carer-centred thinking and acting. PC offers a powerful approach for addressing the growing challenges of family caregiving, ensuring that those who care are, in turn, cared for.

A-318 – Symposium Abstract 14/3

Exploring the Meaning of Being a Person-Centred Researcher: A Methodological Reflection

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Background and Objectives
The recent surge of person-centredness (PC) in healthcare policy, practice, and research has led to major advancements, including new theoretical frameworks and growing evidence of its impact on care. While most research has focused on PC as a concept, a new discourse is emerging, shifting the focus toward viewing PC as a quality of the research process, or an attribute of the researcher. This talk contributes to this evolving discourse by sharing a reflective account.

Design and Methods
Using a set of proposed principles of person-centred research (connectivity; attentiveness and dialogue; empowerment and participation; and critical reflexivity) this talk presents methodological reflections on a phenomenological study exploring the felt-bodily communication between parents and their children with care needs.

Results
The principles of person-centred research are particularly evident during the recruitment and data collection phases. Gaining access to the field requires a foundation built on principles of connectivity, attentiveness, and dialogue. These elements facilitate genuine relationships between researchers and participants, setting the stage for a collaborative exploration of experiences. As the data collection phase unfolds, principles of empowerment and participation become paramount, ensuring that participants feel valued and capable of contributing meaningfully to the research process. In this study, person-centredness manifests as participants’ experience of ‘being seen’. This is achieved through building trust by investing time in relationships, establishing researcher reliability to foster safety and openness, engaging participants step-by-step in collaborative development, and ensuring their stories are accurately represented. For the researcher, embodying person-centredness translates to ‘leaving a trace’, signifying the lasting impact of the researcher's presence and engagement in the field.

Conclusions
Although not originally conceptualized as person-centred research, the study arguably necessitated such an approach, in retrospect. Reflection on person-centred principles underscored the importance of relational dynamics between researchers and participants. While requiring significant researcher commitment, this approach was paramount for gaining access to participants' lived experiences and facilitating meaningful knowledge production.

A-274 – Symposium Abstract 14/4

Person-Centred Care Through Nurses' Eyes: Addressing Moralistic Bias in Self-Assessments

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Background and Objectives
Person-centred care emphasizes recognizing the personhood of patients, families, and healthcare professionals to create positive care experiences. The Person-Centred Practice Inventory–Staff (PCPI-S) was developed to assess nurses' perceptions of person-centred practice (PCP), based on a recognized theoretical framework. Despite its sound psychometric properties, recent studies suggest the PCPI-S may produce inflated scores due to socially desirable responding. This study aimed to investigate the potential impact of this moralistic bias on nurses’ PCPI-S assessments.

Design and Methods
A cross-sectional study was conducted at a university hospital in Austria, surveying 577 nurses involved in direct patient care. Data were collected through an online survey that combined the PCPI-S with the Social Desirability Gamma Short Scale (KSE-G), a validated tool for measuring social desirability bias.

Results
Complete data were provided by 367 nurses. The results showed generally high agreement with PCPI-S statements, with elevated scores particularly in the prerequisites and person-centred processes domains, and lower scores in the practice environment domain. Correlation analysis revealed significant associations between PCP assessments and socially desirable responding. Nurses with higher tendencies toward socially desirable responding also scored higher in the PCPI-S domains.
The prerequisites and process domains reflect core nursing values, such as dedication to patient care and strong nurse-patient relationships. In contrast, the practice environment domain focuses on aspects such as staff relationships and supportive management, which may be less aligned with idealistic aspirations. What may initially appear as moralistic bias could instead reflect the professional ideals nurses strive for.

Conclusions
Quantitative measurement of PCP is crucial for assessing and improving practice, but it can oversimplify its complex, value-laden nature. To avoid reducing ideal beliefs to mere bias, developments in measurement should be paired with critical discourse to address paradigmatic tensions and subjective aspects of PCP. While post-positivist approaches focus on minimizing bias, much of PCP may fit better within a critical or constructivist paradigm, viewing ideal beliefs as subjective knowledge. Future iterations of the PCPI-S should consider refining item wording, explore alternative scaling methods, and consider a shorter scale for practicability.

Symposium 15

A-300 – Overview Symposium 15

Perspectives on Nursing Theory in German-speaking Countries

Lange, J.
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Chairperson
Jette Lange

Contributers
Thomas Boggatz (Trier University), Maria Mischo-Kelling (Ravensburg-Weingarten University of Applied Sciences), Miriam Läpple (University of Koblenz)

Program Overview
Background and Purpose: Theory has an essential role in nursing and nursing science and can contribute to the development of clinical practice as well as to guide and enhance nursing research. Nursing theories function as frameworks with which phenomena in nursing practice can be described, analysed but also defined. Classified upon their range, nursing theories promise to encompass either the entirety of nursing or address specific nursing settings or focus on concrete phenomena and situations (Brandenburg & Dorschner, 2021; Chinn & Kramer 2018). However, the current state of theory in research and practice is discussed controversially. With the rise of evidence-based intervention studies and evaluation research since the early 2000s, the development of nursing theory appears to have taken on a minor role in the ongoing development of nursing science in German-speaking countries. This symposium aims to reflect on the role of nursing theory in recent scientific activities and to inspire the debate on nursing theory and its relevance for the advancement of nursing science in the German-speaking countries.
Methods: Each presentation is based on a literature review, providing an overview of current practices concerning the development and/or usage of nursing theory.
Programme Overview:
Development of Nursing Theory in German-Speaking Countries – an article-based review (Thomas Boggatz)
Development of Nursing Theory in German-Speaking Countries – A Review Based on Dissertations (Maria Mischo-Kelling)
The use of theory in empirical nursing research – an overview of guidance and recommendations (Miriam Läpple)

Brief reference to individual symposium abstracts
Results: The symposium comprises three presentations focused on theory development and reception in nursing sciences. The first two presentations will offer insights in the development of nursing theory in German-speaking countries from the last three decades. They will show their range and whether grand theories are to be found in newer German-speaking nursing science. Additionally, these presentations will discuss how these nursing theories can be systematized in terms of their underlying epistemology, methodology, and scope. The third presentation is about a project that aim to develop guidance on how to use theory in nursing research and provide an

overview on the available literature on this topic.

A-312 – Symposium Abstract 15/1

Development of Nursing Theory in German-Speaking Countries – An Article-Based Review

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Background and Objectives
Theories are the prerequisite for professional nursing care. They inform the interaction between nurses and their patients and are the foundation for clinical decision-making. Without theories, research and development in nursing is impossible. Nursing science in the USA therefore began with the development of nursing theories. Since nursing theories reflect the understanding of nursing in a particular culture, the establishment of nursing science in German-speaking countries requires the development of own nursing theories. The aim of this review was to determine the current state of nursing theory development in German-speaking countries.

Design and Methods
We conducted a literature search in PubMed, CINAHL, CareLit and Web of Science. Papers were included if they described the development of a nursing theory by German speaking nursing scientists published in the last 25 years, regardless of whether the paper was published in German or English. The subject of these theories had to be nursing as defined by the ICN (2002). The categorisation of the articles as contributions to the development of nursing theory and their detailed classification were achieved by consensus reached in discussions among the team of authors.

Results
55 papers met our inclusion criteria. The theoretical works they describe can be categorised as conceptual clarifications, mid-range theories and programme theories. They were developed with the help of qualitative studies (primarily using the grounded theory approach), qualitative meta-syntheses and methods of concept analysis. None of the identified papers was concerned with developing a grand theory to provide an understanding of nursing in general. This may be due to the limited space in the scientific journals listed in standard databases. The main limitation of our study was therefore that the database search did not allow identification of theoretical papers published in other formats such as dissertations or books.

Conclusions
The development of nursing theory in German-speaking countries as published in scientific journals is mainly concerned with the investigation of specific phenomena nurses encounter in their practice. Attempts to develop grand theories that would reflect the understanding of nursing in German speaking countries are absent in these journals. However, this finding does not allow to draw conclusions about the state of theoretical developments in nursing in German-speaking countries. This requires a search for other types of academic publishing.

A-316 – Symposium Abstract 15/2

Development of Nursing Theory in German-Speaking Countries – A Review Based on Dissertations

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Background and Objectives
Nursing theories are not only needed to explain nursing phenomena and to provide a rationale for interventions in nursing practice. They can also provide a fundamental understanding of nursing and thus define its professional identity. In the US, this has led to the emergence of several grand theories in pursuit of this goal. A similar development might have been expected with the introduction of nursing science in German-speaking countries. However, a database search in scientific journals on the development of nursing theory in these countries did not yield any theory by German-speaking authors. For example, Monika Krohwinkel's (2013) widely used theoretical models show that there have been some developments in nursing theory by German-speaking authors.

Design and Methods
We conducted a literature search in Google, Google Scholar, and hand searched personal libraries and University libraries for dissertation authored by German speaking nursing scientist. We included theoretical works related to nursing that were written by German-speaking nursing scientists since 1990. The classification of the identified publications was achieved by consensus reached in discussions among the team of author.

Results
82 dissertations were identified. 19 dissertations dealt with nursing pedagogics or didactic, nine with nursing management, 51 with nursing practice and two with nursing history. One dissertation could not be classified. The dissertations cover a time range from 1991 to 2024. The majority of the dissertations found so far dealing with nursing practice could be categorised as mid-range theories. The German contributions to theory development are a reaction to British and North American nursing theories and can be seen either as their further development or as adaptation to the prevailing understanding of nursing in German-speaking countries.

Conclusions
Besides Krohwinkel's work, there are some other theories of nursing in German-speaking countries. However, these are less known and their impact on nursing practice, research and nursing science still needs to be assessed as well as their contribution to the professional identity of nursing. In order to adequately assess the contributions of German-speaking nurse scholars, the questions arises as to whether the current categorization of theories in nursing science makes sense.

References:
Krohwinkel M. (2013). Fördernde Prozesspflege mit integrierten ABEDLs. Forschung, Theorie und Praxis, Bern: Huber Verlag

A-317 – Symposium Abstract 15/3

The Use of Theory in Empirical Nursing Research – An Overview of Guidance and Recommendations

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Background and Objectives
The use of theory in the research process is postulated to be important in enhancing the relevance and quality of nursing research. Theories can be used at different stages of the research process, for example, to develop research questions or assessment instruments, to guide data analysis and synthesis, and to interpret study results. Theories can also be used to guide the development of (complex) interventions. However, the use of theory may vary between different methodologies and study designs. As there is a lack of guidance and recommendations on how to use theory in the research process, we aimed to identify the available literature on the use of theory in nursing research and further, to develop and consent corresponding recommendations.

Design and Methods
In a first step, we conducted an integrative review (Whittemore & Knafl, 2005, https://doi.org/10.1111/j.1365-2648.2005.03621.x) of the available literature on guidance and recommendations for the use of theory in nursing research. We systematically searched five major databases, Google Scholar, and used citation searching. We included all types of studies and applied a broad definition of theory. Study selection was conducted independently by two reviewers, and data extraction was double-checked. We used a data-driven approach following the principles of a thematic analysis to summarise the available recommendations. In a second step, we will conduct qualitative interviews with experts in the field to discuss and refine the identified recommendations. The draft recommendations will be developed based on the results of the literature review and the qualitative data. The recommendations will be finalised in a formal online consensus process.

Results
We identified 10 publications, nine conceptual or discussion papers and one qualitative study. Five publications provided general guidance without focusing on specific methodology, four publications provided guidance for qualitative research, and one publication focused on intervention development. Some studies used specific theories or a specific field of research as an example. Some studies used empirical examples to illustrate the guidance.

Conclusions
We found a small number of publications with guidance on the use of theory in nursing research. The results of the integrative review provide a basis for the expert interviews and the development of a comprehensive set of recommendations for the use of theory in nursing research.

Methodological and clinical research issues

Symposium 16

A-379 – Overview Symposium 16

Challenges and opportunities of participatory nursing research in the care of older people and those with dementia

Halek, M.[1], Jagoda, F. A.[1], Dinand, C.[1], Autschbach, D.[1], Klotz, L.[2,3,4,5]
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Chairperson
Prof. Dr. Margareta Halek

Contributers
Franziska Jagoda, Claudia Dinand, Dominique Autschbach, Liselotte Klotz

Program Overview
For several years now, there has been a shift towards more patient orientation in treatment and research. Involvement in research is a democratic approach that strengthens the perspective of those people to whom the research relates. Involvement in research is a topic that is currently being called for by funding institutions and researchers. Additionally, guidelines for interventional clinical studies call for the involvement of care recipients and the public in different ways. Especially in the development and evaluation of complex interventions for people with dementia and their relatives, the involvement of the target group offers many opportunities. However, it also requires various prerequisites depending on the specific context, subject matter, time-frame or available resources.

This symposium will provide insights into various areas of application for participatory approaches in nursing research and discuss challenges and opportunities from different perspectives.

Brief reference to individual symposium abstracts
The symposium consists of four presentations. Here, we will report on (1) how family carers of people with dementia have been involved in participatory care research so far, what roles they have taken on and what factors support or hinder co-research (Jagoda et al); (2) how people with dementia and their relatives were involved as co-researchers in the development of an explorative study on the use of video feedback in the ParDeVI-study (Dinand et al.); and (3) how residents, staff and informal carers from one nursing home experienced their involvement in the participatory research project “Communio firmo prosperamus” (Autschbach et al). Finally, Lieselotte Klotz, who is herself affected by Lewy body dementia, will share her longstanding experiences and insights from various roles in participatory research: as an active research participant, chair of national committees and representative of people with dementia at the local and European level.
The synopsis of presented projects and perspectives illustrates opportunities and challenges of participatory nursing research. It shows what conditions must be met for good participatory research practice and what opportunities arise from the active involvement of those affected and their relatives. Moreover, future fields of participatory practice-oriented research as well as funding options can be derived.

A-447 – Symposium Abstract 16/1

Family carers as co-researchers in dementia research: a scoping review

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Background and Objectives
Family carers of people with dementia experience demanding and time-consuming care situations at home. Involving them in research is crucial to better address their specific needs and to optimize the design and conduct of studies. We aimed at investigating the degree of involvement of family carers of people with dementia in dementia care research.

Design and Methods
We conducted a scoping review of studies reporting on the involvement of family carers of people with dementia in the planning and conduct of research. We searched MEDLINE, CINAHL, Scopus, PsycInfo (June 2023), reference lists of included studies, and pertinent evidence syntheses (September 2023) and we contacted experts to identify additional studies (December 2023). Twenty percent of the references were screened by two reviewers. Data was extracted using a predesigned data extraction sheet comprising elements of the Guidance for Reporting Involvement of Patients and the Public (GRIPP2) checklist.

Results
Our search retrieved a total of 3961 hits of which we included 40 studies that were published between 2009 and 2022 (median 2019). Most studies were conducted in the United Kingdom (19 studies) and Australia (6 studies) and had a qualitative design (28 studies). The topic of the studies was mostly development of social and/or digital interventions (20 studies) or patient and public involvement research (13 studies). The role of family carers was mostly that of a co-thinker. In 6 studies, family carers were credited as co-authors, 2 studies credited groups of family carers, e.g. from self-help organisations. Most studies did not report any compensation for family carers' efforts (31 studies). 17 studies focused on family carers and their situation (study aim). Family carers were involved in the preparatory phase (6 studies), the execution phase (37 studies) and the translational phase (8 studies). Six studies reported strategies to explicitly involve family carers in research.

Conclusions
The involvement of family carers in research appears in different forms; However, they hardly seem to have a place as equal research partners in projects. A more balanced involvement across all project phases and roles is desirable and it would also be worth considering specific needs of family carers more in terms of project implementation and evaluation. Greater appreciation of the work of family carers in the field of research would be desirable.

A-337 – Symposium Abstract 16/2

Video feedback for people with dementia and their relatives living at home. Participatory design of a study protocol.

Dinand, C.[1], Autschbach, D.[1], Jagoda, F. A.[1], Schwabe, V.[2], Rockenhäuser, K.[2], Klotz, L.[3,4,5,6], Halek, M.[1], ParDeVI Working Group [1]Witten/Herdecke University, Chair of Nursing Science, School of Nursing Science, Facultiy of Health, Witten, Germany, [2]ParDeVI Working Group, Witten, Germany, [3]Witten/Herdecke University, ParDeVI Working Group, Witten, Germany, [4]Deutsche Alzheimer Gesellschaft, Advisory Board, Berlin, Germany, [5]German Center for Neurodegenerative Diseases (DZNE), Patient Advisory Board, Bonn, Germany, [6]Alzheimer Europe, European Working Group of People with Dementia, Senningerberg, Luxembourg

Background and Objectives
The majority of people with dementia in Germany live at home and are cared for by relatives. Expertise, mutual understanding and communication skills are of great importance for successfully coping with everyday life together. Video feedback is a promising dyadic intervention to improve person-centred communication through guided reflection. The evidence for the use of video feedback with people with dementia and their carers is based on feasibility or pilot studies. The target group has not yet been actively involved in the development of the intervention. That was the aim of this study.

Design and Methods
Using participatory design, we developed together with people with dementia and their relatives as co-researchers a study protocol for the application of an individualised video feedback intervention programme (VIP) between March 2024 and February 2025. The initial study design provided for three ways of participating: a) supporting the development process in an advisory board, b) addressing key issues using different and creative methods to develop the intervention programme in successive focus group sessions, and c) documenting the process and creating a protocol for the follow-up study. The project team worked closely with local practice partners.

Results
The study design was adapted slightly, as only a few participants were interested for the participatory work at the beginning. The advisory board therefore consisted of four local stakeholders. In the focus groups, researchers, three people with dementia and five relatives worked collaboratively on the following core topics of the follow-up study (1) everyday situations best suited for VIP at home,

(2) meaningful outcomes and (3) conditions for VIP, (4) an appropriate recruitment strategy and (5) a plan for patient and public involvement. We draw up the results in a joint process and present them to the public in various formats.

Conclusions

For the first time, people with dementia and their caregiving relatives actively took part in the development of a study protocol for the VIP. Participatory conceptions require a flexible study design in close consultation with the funder. We assume, that the joint design will increase the implementation success of the intervention and the study plan, reduce recruitment problems in the follow-up study, and, in the long term, will enable a better fit of the intervention for everyday life of those affected

A-450 – Symposium Abstract 16/3

Participants' Perspectives on Their Involvement in Participatory Nursing Home Research

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Background and Objectives

Involving interest-holders is a cornerstone of the UK Medical Research Council framework for intervention development. Although there are methodological discussions on participatory research in nursing science, reports on how participants perceive their involvement in this form of research are limited. Therefore, we present how residents, staff and informal caregivers from one nursing home experienced their involvement in the participatory research project "*Communio firmo prosperamus*". This project aimed at developing a concept to foster community life at the nursing home and developing an online guide for staff.

Design and Methods

The three-year action research, collaboratively carried out by staff and researchers, was situated at a nursing home in a rural area in central Germany. The interviews evaluating the participatory research process with residents, staff and informal caregivers (n=24) took place between July and August 2023. A semi-structured interview approach as well as reflexive thematic analysis were chosen.

Results

The analysis shed light on three main themes: (1) The interviewees shared the view that a participatory project should let the participants have a say, whereas involvement in decision-making was less central. (2) They highlighted that it is a challenge to bring residents, staff and informal caregivers together, however they consider this process a benefit in itself creating mutual understanding and opening communication channels. (3) Finally, they stated how important it is that participants feel personally addressed when informed during the project.

Conclusions

Initiating participatory processes with residents, staff and informal caregivers at the nursing home opens a communicative space, but faces specific challenges related to the setting and the target groups. When participatory processes are first introduced in a nursing home, 'being heard' and 'hearing others' is of central importance, while content-related work takes a back seat.

A-454 – Symposium Abstract 16/4

"Quo Vadis Dementia Research? – Why including people with dementia is essential for real progress"

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Background and Objectives

Dementia is often seen as a societal problem associated with cognitive decline and dependency, which often leads to stigmatization and exclusion. As a person with Lewy body dementia and as a long-term carer for my mother with Alzheimer's disease, I bring an authentic perspective to dementia research. Since 2020, I have advocated for the active involvement of people with dementia in research to improve quality of life for all those affected. My experience includes various roles in numerous committees, participatory research projects and active participation in projects to improve the quality of life of people with dementia, as well as in the design of national and regional dementia strategies. In collaboration with Alzheimer Europe, I have also participated in various international projects and advised on and helped shape improvements in dementia care research in Germany.

Design and Methods

For me, participatory research means being an active co-researcher throughout the entire process—from design to implementation. In this presentation, I will talk about my experiences in the different roles I have played as a representative of people with dementia. It is crucial that participation achieves substantial transformation in research design and methodology so that the real needs of affected individuals are addressed meaningfully, rather than merely creating a semblance of change.

Results
Participatory research in dementia care and support is possible and essential, as it helps to counteract the often one-sided, negative portrayal of dementia and instead focuses on the rights and potential of people with dementia. By integrating social, psychological, and cultural perspectives beyond purely medical frameworks, research can reduce stigma and drive real, impactful change. Through qualitative and integrative approaches, participatory research enables real improvements in the design of support structures and social frameworks and improves both the participation and quality of life of those affected.

Conclusions
A participatory research approach that puts the perspectives of people with dementia at the centre is key to real change. Our lived expertise complements scientific knowledge and leads to practical solutions that sustainably improve the quality of life of people with dementia. Including the voices of those affected as an integral part of research is essential for a deeper understanding of their lived reality and for promoting real progress in the field of dementia

Symposium 17

A-460 – Overview Symposium 17

Enhancing daily functioning among older adults: innovative evidence based examples in the hospital and community care.

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Chairperson
Professor Nienke Bleijenberg is an associate professor Nursing Science at the University Medical Center Utrecht and a professor at the University of Applied Sciences Utrecht, the Netherlands. She worked as a district nurse with mostly geriatric patients living at home with high complex care needs. Her research program focuses on the preservation of daily functioning, prevent acute events, and improving patient outcomes of frail older people and those with multimorbidity living in the community within three lines. The first research line aims to develop, test and implement innovative instruments/strategies/technology together with professionals and patients to early detect deterioration and decline and prevent acute admissions. II) developing and evaluating complex interventions to enhance functioning. II) Organizing and developing new models of care with new roles for professionals.
She has been a visiting scholar at University College of San Francisco between 2014-2018 at the division of geriatrics. She is also an EANS fellow.

Contributers
Selma Kok, RN, Msc and PhD candidate, Prof. Janneke de Man van Ginkel, Dr. Jessica Veldhuizen, Xenia Yocarini, RN, MSc, Koen van den Braak

Program Overview
Optimizing daily functioning in older adults is critical to improving health outcomes and quality of life, both during hospital stays and in home settings. This symposium presents two innovative research projects in which two different complex interventions have been developed and evaluated using the UK Medical Research Council (MRC) framework. The first intervention is the evaluation of the function focused care approach in the hospital setting. A stepped-wedge trial has been conducted combined with a process evaluation. The second intervention is Data Nurse that has been developed and evaluated with goal of supporting independence among patients with home care.

Brief reference to individual symposium abstracts
The goal of this symposium is to
1. The effectiveness of Function Focused Care among patients acutely admitted to hospital – a stepped wedge cluster trial. author: Selma Kok
2. The implementation of Function Focused Care among patients acutely admitted to hospital – a process evaluation. Author: Selma

Kok
3. Developing a dashboard to stimulate independent functioning in older persons in district nursing care together with nurses and IT.
4. Exploring the feasibility and potential effectiveness of the Data Nurse intervention: integrating shared decision-making and a dashboard on daily functioning support independence among older adults with home care?

A-181 – Symposium Abstract 17/1

The effectiveness of Function Focused Care among patients acutely admitted to hospital – a stepped wedge cluster trial

Kok, S.[1,2], Schoonhoven, L.[2], Verstraten, C.[2], Vernooij, L.[2], Reitsma, J.[2], Metzelthin, S.[3], Bleijenberg, N.[1,2], De Man-van Ginkel, J.[4]
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Background and Objectives
During acute hospital admission, patients often experience loss of functional status. A low level of physical activity is associated with higher levels of loss of functional status. Stimulating physical activity to maintain functional status is considered essential nursing care. Function Focused Care is a promising approach stimulating physical activity. In a previous study following the UK MRC framework, Function Focused Care in Hospital was deemed feasible.
Objective To determine the effectiveness of Function Focused Care in Hospital compared with usual care on the functional status of hospitalized stroke and geriatric patients.

Design and Methods
Design A multicenter stepped wedge cluster trial.
Methods In a stepped-wedge cluster trial including 893 patients (FFCiH=427, usual care=466), we determined functional status using the Barthel Index (BI) and the Elderly mobility scale (EMS). Secondary outcomes were the patients' length of stay, fear of falling, self-efficacy, motivation, resilience, and outcome expectations for functional and exercise activities. Data was collected at hospital admission (baseline), day of discharge, and three and six months after discharge via patient files and questionnaires and analyzed with generalized linear mixed models.

Results
Although we did not find significant differences in the Barthel Index and Elderly Mobility Scale at discharge or follow-up, we found a significant decrease in the mean length of stay (-3.3 days, 95% CI -5.3 to -1.1) in favor of the Function Focused Care in Hospital group. In addition, in the Function Focused Care in Hospital group, a larger proportion of patients were discharged to home compared to the control group (38.2% vs. 29.0%, p=0.0.017), who were discharged more often to a care facility.

Conclusions
The length of hospital stay was substantially decreased, and discharge to home was more common in the group receiving Function Focused Care in Hospital with equal levels of independence in Activities of Daily Living and mobility in both groups upon discharge. Although significant differences in the Barthel Index and Elderly Mobility Scale were not found, we observed that neurological and geriatric patients were discharged significantly earlier compared to the control group.

A-351 – Symposium Abstract 17/2

The implementation of Function Focused Care among patients acutely admitted to hospital – a process evaluation

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Background and Objectives
Function Focused Care is a promising approach stimulating physical activity of patients admitted to hospital. In previous studies, Function Focused Care in Hospital has shown to be feasible and effective: these patients were admitted 3.3 days shorter than patients receiving usual care. Also, significantly more patients were discharged to home compared to patients in the control group, who were discharged more often to a care facility.
Objective: To gain insight into the experiences of nurses and patients, and to understand context and working mechanisms of the implementation of Function Focused Care in Hospital on geriatric and stroke hospital wards.

Design and Methods
This convergent parallel mixed-methods study was conducted on four wards of two Dutch hospitals. The study population comprised nurses and patients. Data was collected before implementation (T0), directly after implementation (T1), and four months after implementation (T2). Data was obtained from patient interviews, focus group interviews with nurses, questionnaires, observations, screening of electronic patients' records, and logbook notes. For the qualitative data thematic analyses and for quantitative data descriptive statistics were used. The results of these analyses were synthesized into overarching findings.

Results
The findings show that the implementation of Function Focused Care in Hospital was overall successful showing the delivered care according to the Function Focused Care in Hospital principles increased from 60% in the control condition to 75% in the intervention condition. Moreover, patients were only assisted upon request and nurses often asked about their abilities to perform ADL and then encouraged them to do as much as they could themselves. Nevertheless, the synthesized findings showed that lessons can be learned with regards to: continuity of the care provided in the interprofessional collaboration, the challenge in providing personalized care given the current time constraints, the phenomenon of being unaware unskilled observed in the nurses, and difficulties in demonstrating nursing leadership and autonomy.

Conclusions
This study provides valuable guidance to further optimize implementation of Function Focused Care practices in hospital settings.

A-462 – Symposium Abstract 17/3
Developing a dashboard to stimulate independent functioning in older persons in district nursing care

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Background and Objectives
The desire of older adults to remain in their homes despite health challenges, as well as the aging population and rising healthcare costs, has prompted a shift from institutional care to home-based care. This change places district nurses at the forefront of supporting older adults' independent functioning. However, there is limited evidence on effective interventions by district nurses and the use of routine patient care data to enhance independent functioning. Objective: To develop and validate a dashboard to provide district nurses with actionable insights into their patients' independent functioning, improving care quality and promoting independent functioning

Design and Methods
A user-centered design (UCD) approach was employed, involving an iterative four-phase framework: (1) user and domain analysis through focus groups and interviews, (2) data preparation using anonymized patient datasets, (3) dashboard prototyping, and (4) evaluation through feedback sessions with nurses and IT specialists. District nurses, nursing assistants, nursing scientists, professors, and other stakeholders in district nursing care, such as managers, collaborated in developing the dashboard throughout these four iterative phases.

Results
Initial focus groups highlighted significant differences in registration methods and the need for clear instructions for independent functioning. Multiple development iterations resulted in a simplified dashboard design with visualizations that track patient progress and suggest practical aids. The final prototype includes functionalities for monitoring changes over time and linking problems to practical aids and intervention targets.

Conclusions
The dashboard, specifically tailored to be used by district nurses, provides a tool able to monitor and improve the independent functioning of older adults. Iterative end-user involvement ensured usability and relevance. Future research will evaluate the dashboard's impact on nursing interventions and its effectiveness in enhancing independent functioning, potentially decreasing pressure on district nursing by promoting patient independence

A-461 – Symposium Abstract 17/4
Exploring the feasibility and potential effectiveness of the Data Nurse intervention in district nursing care

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Background and Objectives
With an aging population and healthcare workforce shortages, innovative solutions for sustainable home care are essential. Enabling older adults to live independently as long as possible is a key priority, and district nurses play a vital role by coordinating care, managing chronic conditions, and promoting autonomy. However, structured, data-driven approaches to systematically discuss, measure, and enhance patients' independent functioning are still underdeveloped. Combining shared decision-making with routine care data in a Learning Health System (LHS) offers a promising way forward. The "Data Nurse Intervention" aims to bridge this gap, integrating patient-centered decision-making with data insights to guide and optimize nursing care, ultimately empowering older adults to maintain independence. This study evaluates the feasibility and potential effectiveness of the Data Nurse Intervention in supporting the independence of older adults receiving district nursing care. Developed following the MRC Framework, the intervention uses a shared decision-making preparatory tool to set individualized goals collaboratively with the patient. A dashboard visualizing daily functioning data, gathered in real time via the Omaha System, is used to support personalized care and ongoing assessment of patients' functional independence.

Design and Methods
Feasibility and pilot study including multiple district nursing teams from five organizations, assigned to an intervention (n=10 teams) or control group (n=10 teams) with six months follow-up.
The intervention group will receive training in shared decision-making, implementation of the patient preparatory tool for goal based shared decision making and the use of a data-driven dashboard based on the Omaha System. The control group will continue standard care. A mixed-methods approach to evaluate the intervention's acceptability, fidelity, feasibility, effectiveness, and barriers and facilitators. Data will be collected through surveys, electronic nursing record data, logs and focus group interviews.

Results
The results show the baseline characteristics of patients enrolled in this study. Furthermore, we will present the findings of our intervention fidelity with regard to dose, reach, experiences, retention, recruitment.

Conclusions
The results will contribute to understanding what works, for whom, and in which circumstances, supporting the development of a sustainable, data-driven nursing intervention.

Symposium 18

A-191 – Overview Symposium 18

Exploring experiences of times without care in persons with dementia: A multi-method exploration in nursing home and domiciliary care setting

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Chairperson
T. Beer (nursing and health scientist), is the principal investigator of the binational and interdisciplinary study -‘Times without care and encounters: Exploring the experiences of people with dementia: a pluralistic methodological approach’ (FreiZeit-study).
Starting from the fundamental Goffmanian question "What is going on here?", our study aims at reconstructing times without care and encounters in persons with dementia. We examine this phenomenon from the perspective of persons with dementia themselves and from the point of view of formal or informal caregivers in the institutional and domiciliary care setting. In these contexts, we compare the situation in Switzerland and Germany. Our intention is to present a descriptive account of the effects and to develop a typology. This typology addresses dementia-affected persons’ lifeworld understandings of time and ways of arranging time.
The ‘FreiZeit-Study’ is designed as an explorative, sequential multi-method investigation.

We systematically reconstruct times without care and encounters during 35 months with ethnographic methods. Afterwards, we examine the resulting typology by means of a survey. To describe different social and caring cultures, practices and arrangements, we analyze time periods across all phases of dementia.

Contributers
J. Hirt (nursing and health scientist), L. Adlbrecht (nursing scientist), D. Aschwanden (psychologist), U. Lindwedel (nursing scientist), M. Dammert (educationalist and sociologist) are the (field) researchers of the 'FreiZeit-study' and work in teaching and research at the respective universities.

Program Overview
Introduction: The 'FreiZeit'-study: T. Beer
Presentation 1: "Exploring experiences of times without care and encounters in dementia: a living and adaptive evidence map", J. Hirt
This presentation focusses on the accompanying review process of the 'FreiZeit-study'.
Presentation 2: "Exploring experiences of times without care and encounters in dementia: a methodological plural ethnography", L. Adlbrecht, U. Lindwedel, M. Dammert
This presentation focusses on the ethnographic field research of the 'FreiZeit-study'.
Presentation 3: "Examining caregiver perspectives on time periods without care in dementia: results from the 'FreiZeit-Survey'", D. Aschwanden
This presentation focusses on the quantitative research of the 'FreiZeit-study'.
Discussion of the reflexive methodology

A-399 – Symposium Abstract 18/1

Exploring experiences of times without care and encounters in dementia: a living and adaptive evidence map

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Background and Objectives
Individuals with dementia spend most of the day without care, without encounters, and usually without activity. Although this has been proven in studies, there is a knowledge gap on how individuals with dementia experience these periods of time. As part of an empirical mixed-methods study (*FreiZeit* study), we aimed to continuously map studies on times without care and encounters of individuals with dementia from the perspective of individuals with dementia themselves and formal or informal caregivers.

Design and Methods
We conducted a living evidence map with four search cycles (each May and November of the years 2023 and 2024) and considered MEDLINE/PubMed, CINAHL, PsycInfo/Ovid, Web of Science Core Collection, citation-based searches, and web searches. We included studies that were conducted in the institutional and/or domestic long-term care setting and published as journal article in English, French, or German language with no restriction on the study design or publication year. Key characteristics and results of the included studies were tabulated, narratively summarized, and continuously published on Open Science Framework (OSF).

Results
Our search retrieved a total of 6.603 references of which we included 36 publications on 28 studies. Sixteen studies (57%) were conducted in the UK or Ireland. Twenty-one studies (75%) had a cohort design and 7 (25%) were qualitative studies. Twenty-five studies (89%) used observations as the primary data collection method. Between 2 and 78% of the observed time, people with dementia experienced times without care and encounters. Only 8 studies (29%) explored the experiences of times without care and encounters from the perspectives of people with dementia themselves but none of these studies had a focus on that.

Conclusions
The conduct of a living evidence map was useful to continuously map the topical evidence for the duration of the *FreiZeit* study. Our results demonstrate that there is high variability on the periodical extent of times without care and encounter for people with dementia and highlight the need for primary studies on exploring times without care and encounters from the perspectives of people with dementia.

A-406 – Symposium Abstract 18/2

Exploring experiences of times without care and encounters in dementia: a methodological plural ethnography

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Background and Objectives
Persons with dementia spend a large part of the day without care and encounters, often without activity, as confirmed by numerous studies. The research objective of the study is to ethnographically reconstruct times without care and encounters from the perspective of persons with dementia themselves and from the point of view of formal or informal caregivers. For this purpose, we apply lifeworld-analytical ethnographic methods. We are thus exploring the different small social lifeworlds of people with dementia. In doing so, we investigate how people with dementia experience times without care and encounters in their respective lifeworlds. We are interested in investigating how people with dementia act in these times and what strategies they use to deal with these times. We aim to reconstruct times without care and encounters in persons with dementia in the nursing home and domiciliary care settings and develop a typology. This typology will address the lifeworld understandings of time and the ways of arranging the time of persons with dementia.

Design and Methods
The ethnographic exploration and identification of times without care and encounters involves a close observation of these periods. We also observe periods that immediately precede and follow those without care and encounters. To capture the behaviors and strategies of persons with dementia in these periods of time in a methodologically sound way, it is necessary to (1) observe them both in a participatory and non-participatory manner, (2) video record them, and (3) talk to persons with dementia or their caregivers. This involves situational conversations and follow-up qualitative interviews. We analyze data according to grounded theory methodology. Furthermore, we perform a hermeneutic sequence analysis of selected text passages. To interpret the video material, we conduct a video interaction analysis.

Results
The sample included 30 people with dementia in different stages of dementia in institutional and home-based long-term care settings. For the first time, a "free time typologies" were developed on the basis of ethnographic methods. This typology comprises seven types: (1) *'active search for social contacts*', (2) '*search for orientation*', (3) '*practising everyday activities'*, (4) '*independent work'*, (5) *'search for relaxation and recreation'*, (6) *'waiting'*, (7) *'walking and being on the move'.*

Conclusions
These findings provide an important basis on which person-centered measures can be developed or derived.

A-401 – Symposium Abstract 18/3

Examining Caregiver Perspectives on Time Periods Without Care in Dementia: Results from the FreiZeit Survey

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Background and Objectives
This study is part of the FreiZeit project. In the first phase, we identified “leisure time patterns” that describe how individuals with dementia spend their care-free time through a multi-method, ethnographic study. In the second phase, we developed a survey to validate these patterns and examine their prevalence in other dementia care settings. The goal of this talk is to present the findings from the survey.

Design and Methods
The survey was developed based on findings from the multi-method, ethnographic study, and was piloted with 15 participants before data collection began in June 2024. We expect to complete data collection by the end of November 2024, targeting over 350 formal and informal caregivers of people with dementia in Switzerland and Germany. Using confirmatory factor analysis, we will test whether the hypothesized models fit the collected data (i.e. whether the specified factor structure accurately reflects real-world phenomena). We will evaluate model fit using indices such as the Root Mean Square Error of Approximation (RMSEA) and the Comparative Fit Index (CFI).

Results
Preliminary analyses indicate a good model fit for most identified leisure time patterns. For example, for the pattern “work” (i.e.

individuals with dementia who engage in work-like activities such as folding napkins), the model showed excellent fit ($\chi 2$ (2) = 0.208, $p > 0.05$; CFI = 1.00; RMSEA = 0.000, 90% CI: 0.000–0.071). This suggests that the hypothesized pattern of "work-like activity engagement" closely aligns with observations in our survey sample. Additionally, caregivers reported that 23.75% of their residents exhibit activity-seeking behavior.

Conclusions
Preliminary findings indicate that the identified leisure-time engagement patterns, especially the "work" type, resonate well with real-world observations of caregivers. This supports the validity of our models and underscores the diverse ways in which individuals with dementia seek activities during times without care. By understanding these patterns, care practices can be adjusted to meet individual preferences, leading to improved quality of life for individuals with dementia and more effective caregiving strategies. Further analysis, once data collection is complete, will provide deeper insights into the prevalence and utility of these engagement patterns, guiding future interventions that foster meaningful activity engagement.

Symposium 19

A-430 – Overview Symposium 19

How to…? Research approaches to define and measure violence in nursing

Calo, S.[1], Bergmann, A.[2], Hahn, S.[3], Bleijlevens, M.[4,5], Köpke, S.[2], Möhler, R.[1]
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Chairperson
Prof. Dr. Ralph Möhler

Contributers
Prof. Dr. Sabine Hahn, PhD Michel Bleijlevens, Anja Bergmann, Stella Calo

Program Overview
Violence in nursing is a complex, difficult to define and subjective phenomenon, that has been researched for years.
Violence towards people receiving care is often analysed under the aspect of ‘elder abuse’, particularly in the settings of inpatient and outpatient long-term care, where high prevalence rates are reported (Juhász et al., 2024). However, the concept of ‘elder abuse’ is only partially suitable for the setting of acute care. In addition, in the literature terms as coercion, restrains, and involuntary treatment have been used.
The discussion of violence towards employees, on the other hand, can look back on a long history of research in acute settings, particularly in the field of psychiatry (Asikainen et al. 2020), but is increasingly gaining attention in other settings (Li et al., 2020).
Overall, the scientific corpus in the field of violence in nursing is growing rapidly. Still, research is facing a lack of a common definition and challenges, measuring a complex and subjective phenomenon like violence.
Therefore, we are aiming to highlight and discuss various perspectives on violence research, concerning its understanding, definitions and measurement in institutionalised care settings. In order to broaden our view of the topic, we have invited international scientists from various disciplines on the following topics:

- Overview and introduction to the research field of violence in nursing
- Conceptualization of violence – the prevalence of involuntary treatment as conceptualization of violence against resident in nursing homes?
- Measuring violence – What do we even ask? Difficulties and approaches in quantifying a subjective topic.
- Violence from the view of those affected – How do we integrate their perspective?

Following the presentations, we will discuss the aims of research on violence: What do we want to achieve? What impact can nursing science have on current practice?

Brief reference to individual symposium abstracts
The following authors and their contributions are already in the planned order:

- Sabine Hahn: What do we know? A critical overview in the research field on violence in nursing.
- Michel Bleijlevens: The Use of Involuntary Treatment in Nursing Homes: A cross sectional study.

- Anja Bergmann: Measuring violence: Challenges and approaches in quantifying a subjective topic.
- Stella Calo: Participatory research with vulnerable groups – challenges and opportunities.

A-449 – Symposium Abstract 19/1

What do we know? A critical overview in the research field on violence in nursing

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Background and Objectives
Violence in healthcare is prevalent across all settings. Nearly all nurses encounter violence at some point in their careers and face higher risks of workplace violence than many other professions. Historically, violence against nurses was a taboo subject, often dismissed as an inevitable part of the job with limited reporting. Violence against patients, residents, and people with disabilities is also a significant issue, though often underestimated. The prevalence of such incidents varies by region, healthcare facility, and patient demographics. Over the past two decades, research has considerably advanced our understanding of healthcare violence.

Design and Methods
This presentation offers an overview of research findings, summarizing key results, examining methodological differences, and identifying knowledge gaps in violence against nurses and patients.

Results
Studies have highlighted the prevalence, risk factors, types, and consequences of violence affecting nurses and patients across various healthcare settings. Factors contributing to violence include stress, long wait times, mental health issues, organizational challenges such as understaffing, non-patient-centred care and patient age discrimination. This violence endangers nurses, compromises patient care, and strains patient-nurse relationships, potentially harming patient outcomes. Described as a "wicked problem," violence in healthcare is a complex, interconnected issue that is challenging to resolve. Researchers employ both quantitative and qualitative methods, including observational and experimental designs, to capture statistical trends and the personal impacts of violence. However, the lack of standardized, internationally validated tools limits cross-study comparisons. Additionally, there are few unified international guidelines or interprofessional intervention studies, and longitudinal studies tracking violence or intervention impacts over time are rare.

Conclusions
While understanding of healthcare violence has improved, further critical discussion on refining research methods and fostering collaboration in health care practice to reduce violence is crucial.

A-435 – Symposium Abstract 19/2

The Use of Involuntary Treatment in Nursing Homes: A cross sectional study.

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Background and Objectives
Older persons are at risk of receiving care against their will, which can be seen as a pattern of abusive behaviour against another person. When such is the case, their wishes and preferences may not match the care provided. This kind of care is conceptualized and defined in a variety of ways in the scientific literature, for example, violence, coercion, restraint, and involuntary treatment. Involuntary treatment is defined as the care that professional and informal caregivers provide without the consent of the person receiving it and who may resist it and comprises physical restraints, the off-label use of psychotropic medication, and non-consensual care, defined as any type of care that limits the organization of a person's own life. In this study we explored the prevalence of involuntary treatment and associated factors in older persons living in nursing homes in the Netherlands.

Design and Methods
In a cross-sectional study, the Maastricht University's LPZ questionnaire was used. The primary outcome was the usage of involuntary treatment during the previous 30 days. In addition, residents' sociodemographic data were collected (gender, age, functional or cognitive impairment, dementia diagnosis, confusion, aggression, and ADL dependency). Descriptive statistics were calculated for all variables. Categorical data were expressed as frequencies and percentages and continuous data as means and standard deviations. A three-level mixed logistic regression analysis was fitted to gain insight into the factors associated with involuntary treatment.

Results

The module on involuntary treatment was completed for 2,851 residents, with 2,593 included based on somatic or psychogeriatric impairment. Involuntary treatment was used in 30% of the sample (mean age 84; 70% female). The most common measures were physical restraints (28%), followed by off-label psychotropic medication (6%) and non-consensual care (3%). ADL dependency was associated with general involuntary treatment. Gender, age, cognitive impairment, confusion, and aggression were associated with the use of psychotropic medication, while all except gender were also associated with non-consensual care. Preventing falls was the main reason for involuntary treatment.

Conclusions

Involuntary treatment is common among cognitively impaired nursing home residents in the Netherlands. Further research should aim to better define and prevent involuntary treatment in nursing homes.

A-451 – Symposium Abstract 19/3

Measuring violence: Challenges and approaches in quantifying a subjective topic.

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Background and Objectives

Violence in nursing is a complex phenomenon that can contain various facets and forms of expression and every person within the nursing sector can be both perpetrator and victim. In general, the understanding of violence is subjective and often thought of as a physical act associated with physical harm, although violence can also occur in much more subtle forms, e.g. neglect. There is currently no widely consented definition of violence in nursing science.
Existing questionnaires for both directions of violence often lack a theoretical foundation, are rarely validated and show heterogeneity concerning direction of violence and time periods assessed. As violence is still a taboo topic, its systematic assessment is influenced by socially desirable response behaviour and non-response bias.
This contribution presents and critically reflects on the “PEKo-Assess” instrument, which measures violence in both directions.

Design and Methods

The “PEKo-Assess” was originally developed for long-term institutional care and later adapted for community and hospital care. It is a self-administered questionnaire, answered by nurses, assessing the prevalence of experienced, observed and conducted violence within the previous 12 months. Physical, psychological and sexualized violence, restraint and neglect are surveyed, recording individual events, developed with the involvement of nursing professionals.
As part of the violence prevention project PEKo, the questionnaire was distributed to nursing staff from all three settings in Germany. Exploratory factor analyses were carried out for experienced and conducted violence on the basis of this data.

Results

Data from 781 nurses from hospital (n=371), inpatient long-term care (n=358) and community care (n=52) were analysed; 78% are female, 34% are younger than 34 and 74% are fully trained nurses. Around 94% have experienced at least one form of violence in the last 12 months and 72% have conducted at least one form of violence. Explorative factor analyses have confirmed the underlying theoretical framework for violence experienced by nurses, but not for conducted violence.

Conclusions

There is an urgent need for theory-based and validated questionnaires considering all forms and directions of violence. The PEKo-Assess needs further validation, especially concerning violence perpetrated by nurses. To enhance the assessment of violence against care recipients, it is crucial to incorporate the perspectives of those affected into future research and development efforts.

A-397 – Symposium Abstract 19/4

Participatory research with vulnerable groups – challenges and opportunities

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Background and Objectives

Vulnerable groups, such as people with intellectual disabilities or people with dementia, often experience violence, but also use violence against other people. These groups are still underrepresented in research and assumed not to have the capacity to contribute to research. Participatory research is an approach aimed to improve the involvement of vulnerable target groups in research. The aim of this presentation is to provide an overview of the challenges and opportunities of using participatory research methods with vulnerable groups, and the implications for research and practice.

Design and Methods
Based on the results of a scoping review on the use of restrictive measures in people with mental disabilities, studies including people with dementia, and the available evidence on this topic, we will present details on the challenges and opportunities of participatory research in vulnerable groups in the field of violence.

Results
Involving vulnerable groups in researcher can reveal insight into their practical needs, perspectives and preferences, for example to select appropriate study designs, to develop study protocols, to define or select outcomes with relevance to the target group, and, to develop or chose questionnaires. It can also inform the development of interventions. This approach can result in an enhancement of advocacy and empowerment. Challenges of involving vulnerable groups in research includes e.g. time-intensive processes, institutional and organisational constraints and developing an ethical power balance.

Conclusions
Involving vulnerable groups through participatory methods in research can add valuable information and perspectives, and can increase the relevance of the research. However, participatory research is resource-intensive and researchers needs have to face several ethical and methodological issues. However, this approach can strengthen the relevance and acceptability of research and give a voice to vulnerable groups.

Poster Sessions

Strengthening resilience through nursing research

A-429

Cancer Patients with language barriers: Prevalence and related factors in a German comprehensive cancer center

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Background and Objectives
In 2022, more than one quarter of the German population (23.8 million, 28,7%) and approximately one out of six persons of the patients diagnosed with cancer annually (500.000) had a migration background (ca. 83.000). It is unknown how many of them have a severe language barrier, potentially affecting medical and nursing care. Patients with a language barrier are less informed about medical and treatment related aspects, which may diminish health literacy, quality of care, and patient safety.

Design and Methods
A longitudinal prevalence study was carried out at the University Hospital Cologne, a German Comprehensive Cancer Center. Eight wards with an oncological focus and a total of 280 beds were included. Data were collected based on the digital care records and the daily nursing reports, which include information on foreign language proficiency and the type of language. Following two months of intensive awareness efforts among staff such as training sessions, poster and pocket cards for nurses, data collection was carried out for six months between October 2023 and February 2024. In addition to ongoing awareness efforts, reliability checks were conducted weekly to detect inaccurate documentation. The data were analyzed using descriptive statistics.

Results
A total of 4,137 patients underwent treatment during the six months of data collection, of which 1,980 (47.9%) had an oncological primary or secondary diagnosis. Of these, 1,334 (67.4%) were male and 646 (32.6%) female. 144 patients (7.3%) (CI 6.2-8.5%) had a migration related language barrier. A significant difference (p= .003) in the average age of cancer patients with a migration related language barrier (m= 58.91, SD 16.07) and the average age of the other patients (m= 63.07, SD 14.21) could be shown. A further significant difference could be shown for length of hospital stay, which was 10.62 (95% CI 8.74-12.50) days for patients with a language barrier and 7.99 (95% CI 7.49-8.50) for other patients (p= <,001).

Conclusions
For the first time in Germany, results provide data on the prevalence and characteristics of oncological patients with migration related language barriers. Patients with language barriers are younger and have a longer length of hospital stay. Although the prevalence is slightly lower than expected, the specific needs of this important patient group need to be addressed by culturally and linguistically tailored approaches, to address inequality in the medical treatment.

A-426

Cultural sensitivity and cultural competence behaviour of nurses in oncology – a cross-sectional study from Germany

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Background and Objectives

Currently, the German healthcare system is not sufficiently equipped to adequately address the needs and expectations of migrants. Healthcare providers need to be aware of the diversity of their needs. Therefore, we conducted a survey to map the cultural sensitivity of nursing staff on oncology wards and to subsequently derive potential measures to increase nurses' cultural competence.

Design and Methods
A cross-sectional online survey was conducted with nurses working on oncology wards, utilising the validated German version of the Cultural Competence Assessment (CCA-G). The instrument contains 14 items using 5-point-Likert scales. The study was conducted on wards within the CIO (Centres of Integrated Oncology) network, which encompasses the University Hospitals of Aachen, Bonn, Cologne and Düsseldorf. Data were collected digitally; a survey link was distributed by the respective ward managers to their nursing teams. Data were analysed descriptively.

Results
Data from 191 nurses were analysed (76% female, 45% between 35 and 50 years). Respondents predominantly reported a high level of cultural awareness and acknowledged the heterogeneity of foreign cultures. This is evidenced by their assertion that individuals can identify with more than one cultural group (41.1% agree, 29.7% somewhat agree). 46.9% of respondents agree and 38.9% somewhat agree that individuals from diverse cultural backgrounds may face potential obstacles in the healthcare system and that they are willing to address these issues (46% agree, 38.9% somewhat agree). The majority indicated an understanding of the situation of patients from other cultures (agree 60.7%, 27.2% somewhat agree). However, 50.3% stated that they lack sufficient sources to acquire knowledge about other cultures. Frequently used methods to acquire knowledge included searching for information on the internet as well as conversations with colleagues and patients from other countries.

Conclusions
Nurses in oncology demonstrate an openness to caring for patients from a diverse range of cultural backgrounds, but lack sources of information and education. Based on this finding, it is relevant that nursing staff continue to be sensitized to diversity of patient needs. The survey underlines the value of engaging in dialogue with individuals from diverse cultural backgrounds as a means of fostering heightened awareness. However, the positive results reflected in this survey may partly be due to social desirability bias.

A-396

Development of an Module Nursing Care in Crises and Disasters

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Background and Objectives
Despite increasing predicted disasters and a rapidly ageing society, the topic of nursing care has so far been mostly unaddressed in civil protection in Germany. By creating the field of nursing care in civil protection and strategically integrating experienced nursing professionals, Germany would fulfill its responsibility towards people in need of care and their caring relatives. Although action in crisis and disaster situations is formulated as a key competence in the nursing process in the German framework curricula (Jürgensen & Saul 2019), it is hardly integrated into teaching and professional practice (Schlöglhofer, Ortner & Ewers, A. 2016). As part of a two-year research project commissioned by the Federal Institute for Vocational Education and Training (BIBB) a training module is to be developed according to the ICN Framework Core Competencies in Disaster Nursing. It is designed as a project week including a simulation game. The aim is to create realistic scenarios in the simulation game to support nurses in developing the skills they need to take on nursing tasks in crisis and disaster situations.

Design and Methods
To integrate evidence-based knowledge into the module we conducted an integrative review (Whittemore & Knafl, 2005). The review is based on three databases (CINAHL, PubMed, Livivo) and a hand search. The search strategy included terms such as "disaster", "education" and "nursing". The analyses was performed with qualitative data analysis software MAXQDA by two independent researchers.

Results
48 Studies were included in the review process. Most of them came from the USA (22), China (6), Turkey (5), Australia and Iran (4). Most studies used a simulation (11) or tabletop (6) intervention to prepare students for disaster. Data was collected with pretest-posttest (10), quasi-experimental (5) or randomized control study designs (3). Qualitative designs were rarely used. Different theoretical approaches were used to design the simulation exercise.

Conclusions
Results of the review show that nurses are actively prepared for crisis and disaster care worldwide. Internationally, there are differentiated training programs for acquiring skills in the field of disaster nursing that address the various levels of the ICN framework. These findings can be used to design the module Nursing Care in Crises and Disasters in Germany.

A-302

Did age matter? – Results from a Factorial Survey Experiment about Geriatric Care Nurses' Covid-19 specific burdens and coping strategies

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Background and Objectives
Due to the problematic staff development in the field of geriatric care, more than a third of all employees in geriatric care in Germany are now aged 50 or older. During the Covid-19 pandemic, people of an older age were among the risk group. In addition to the risk of infection, geriatric care nurses also report life circumstances, such as private care work, which had a burdening effect alongside the challenges posed by the pandemic. They used various coping strategies to deal with these burdens. The aim is to analyse the pandemic-specific burdens and coping strategies among the different age groups of geriatric care nurses.

Design and Methods
The study is a factorial survey experiment with a cross-sectional design. In the online data collection period between August 2023 and January 2024, geriatric care nurses with completed vocational training were recruited using a stratified random sample. Geriatric care nurses who were working in a German nursing home at the time of the pandemic were recruited. The factorial survey questionnaire recorded general and pandemic-specific variables as well as vignettes that the geriatric nurses were asked to assess.

Results
The final sample size was 188 geriatric care nurses. Just over 50 % are over the age of 45 years. The age group of 36-45 years old carers most frequently stated that they cared for one or more children under the age of 18, cared for chronically ill people in their household and suffered from a chronic illness themselves. The multi-level analysis for the age subgroups revealed that all age groups rated the search for support from family and friends statistical significant higher compared to the harmful consumption of stimulants. In the context of burdens, the age group of 36-45 years rated the fear of their own infection with Covid-19 on average 0.659 points (p = 0.003, CI [0.233, 1.084]) higher than the fear of transmitting the virus.

Conclusions
Seeking social support has proven to be a successful coping strategy for nursing home carers across all age groups during the Covid-19 pandemic. In addition to the challenges posed by the pandemic, geriatric care nurses aged between 36 and 45 years have to cope with critical life circumstances more frequently than other age groups. Therefore, the particularly prominent fear of infecting themselves with the Covid-19 virus is an expression of special challenges that are also relevant in other contexts and must be taken into account.

A-198

Ethical Aspects in the Nursing Care of Children with Spinal Muscular Atrophy Type I or Non-Sitters

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Background and Objectives
Spinal Muscular Atrophy (SMA) is a severe, hereditary neuromuscular disorder caused by mutations in the SMN1 gene, leading to significant health impairments such as severe difficulties in movement, eating, and breathing, which result in reduced life expectancy. This study aimed to investigate the ethical conflicts encountered in the nursing care and treatment of children with SMA Type I, often referred to as non-sitters, to understand the professional and personal consequences for nursing staff, and to outline both existing and desired coping strategies.

Design and Methods
Data collection was conducted with a qualitative design using semi-structured interviews. Three registered nurses working in a neuropediatric ward of a university hospital in northern Germany voluntarily participated in this study. The criteria for participation

included working a minimum of 20 hours per week and having at least five years of experience in this neuropediatric ward. All interviews were transcribed and analysed using *f4transkript* and *f4analyse* software. The study received approval from the ethics committee as well as the hospital's nursing management board. Data protection was ensured by adhering to internal standards and legal requirements for data security.

Results
Ethical conflicts in the nursing care of children with SMA Type I primarily emerged in the context of continuing medical therapy and palliative care. Delays in initiating discussions with parents about palliative measures were perceived as placing a significant burden on nursing practice. Furthermore, the nursing staff's assessment of the general palliative care in the ward was notably negative, attributed either to ineffective interprofessional collaboration or deficiencies in the implementation of medical treatment. Consequently, psychological and emotional burdens from nurses were reported, such as excessive worry and concern for both patients and their family members, anxiety, and even physical health issues.

Conclusions
Coping strategies mentioned included spontaneous team discussions, relaxation techniques at home, and distraction activities such as walking or gardening. In conclusion, the study recommends increasing the focus on regular ethical training, implementing structured supervision and case discussions, and better utilizing the hospital's existing ethics committees. These measures should improve both the quality of care and the well-being of the nursing staff as the general care for palliative patients in interprofessional team.

A-234

Evaluating the Effects and Implementation of 'Bliib fit – mach mit!': A Video-Based Exercise Intervention in Long-Term Care Facilities

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Background and Objectives
The ageing population in Switzerland poses significant healthcare challenges due to the physical and cognitive decline of older adults in residential care facilities (RCFs), often leading to reduced independence and increased healthcare costs.
'Bliib fit - mach mit!' features a 20-minute exercise routine focusing on mobility, strength, and balance that is accessible via varying video instructions.
The primary objective is to implement this programme in RCFs and to study its effects on physical fitness, while secondary objectives include assessing its impact, i.e., on quality of life and falls efficacy. Additionally, factors for successful programme implementation and sustainability will be identified.

Design and Methods
'Bliib fit - mach mit!' will be compared to a standardised caregiver-led activation programme (DESKK) in a controlled, two-arm study. Forty participants will be recruited from two RCFs in Switzerland, with 20 assigned to each condition. The exercise programme will be implemented four days a week for 12 weeks. Data collection will begin in January 2025 with post-tests ending in April 2025 and a follow-up in June 2025. ANCOVA will be used for quantitative analysis. Qualitative process evaluations, including content analysis according to Kuckartz will assess programme feasibility, acceptability, perceived benefits, and barriers to implementation through interviews and surveys with residents and staff.

Results
While the study is ongoing, we hypothesise that 'Bliib fit - mach mit!' will significantly improve physical fitness as well as secondary outcomes such as quality of life and falls efficacy in elderly participants. Given that this programme requires minimal staff involvement and no costly equipment, it is expected to be highly implementable in RCFs. Preliminary qualitative and quantitative results will be available as of April 2025.

Conclusions
The findings will provide insights on effectiveness, feasibility, and acceptability of the 'Bliib fit - mach mit!' programme in RCFs. If successful, this intervention can inform best practices for sustainable exercise initiatives, enhancing quality of life and preserving independence for older adults in RCFs.

A-214

Examining wage drivers for nurses and physicians in Swiss hospitals: a

retrospective observational time series cross sectional study

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Background and Objectives
Delivering patient safety and high-quality care depends on well-trained and motivated staff, among other factors. Competitive wages play an important role in fostering staff satisfaction and retention. Understanding factors that affect nurses' and physicians' wages can help improve strategies to increase staff satisfaction and reduce turnover. This study aims to describe the distribution of nurses' and physicians' wages and potential drivers, while investigating which potential drivers are most predictive of wages in Swiss acute care hospitals.

Design and Methods
In this retrospective observational time-series cross-sectional study we used de-identified data from the Federal Statistical Office on Swiss acute care hospitals and their nurses and physicians from 2014-2020. Following descriptive analyses, two separate mixed-effects models were run to identify possible nurses' and physicians' wage drivers.

Results
We included an average of 164 (161-173) acute-care hospitals annually and a total of 524,263 nurses and 176,896 physicians over seven years. Nurses' mean monthly wages ranged from 5,920 CHF to 7,720 CHF per FTE (supply level 4 hospital vs. university hospital). Nurses' mean ages varied from 38.6 – 42.3 years (cantonal hospitals vs. supply level 5 hospitals). Registered nurses (RN) were the largest nursing group, with university hospitals employing the highest proportion (75.7%) and supply level 5 hospitals the lowest (64.6%). For physicians, mean monthly wages ranged from 13,900 CHF to 17,300 CHF (university hospitals vs. supply level 3 hospitals). Physician ages varied from 37.7 - 44.3 years (university hospitals vs. supply level 5 hospitals). Role distributions varied: university hospitals had more residents and medical students (52.6%), while supply level 5 hospitals had more senior physicians (32.9%). Inferential analysis identified age, proportion of RN, and physicians' wages as factors predicting nurses' wages. For physicians, the predictive factors included the proportion of residents and medical students and nurses' wages.

Conclusions
Our findings highlight the interconnectedness of wages among hospital staff and emphasize the need to rethink seniority-based pay models, fostering a wage distribution that considers factors beyond seniority, such as performance. Such an approach could improve the retention of young healthcare workers, attract new talent, and build a resilient workforce to address the hospital staffing shortages. Further research using disaggregated wage data is needed.

A-307

Geriatric care in the media mirror - A comparison of different media types in the representation of geriatric care nurses

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Background and Objectives
Before the outbreak of the COVID-19 pandemic, discussions were already underway regarding the provision of high-quality institutional geriatric care, staffing requirements, quality standards, existing deficiencies, and the associated strains. The pandemic not only brought about significant changes and additional stress to geriatric care nurses but also heightened public interest in this field.
The media, political, and societal perceptions of the caregiving profession—especially geriatric care—play a crucial role in shaping policy and public opinion. Therefore, a nuanced examination of the advantages and disadvantages of various media types in the communication surrounding geriatric care nurses is particularly important.

Design and Methods
As part of the BMBF-funded project "Professional Identity and Coping Strategies of Caregivers in the Face of the Corona Crisis", different types of media and their exemplary contributions were identified. The systematically collected contributions provide a representative cross-section of the research spectrum. The selected media contributions were analyzed using qualitative scientific methods (for example: qualitative content analysis) to identify recurring themes and representations of geriatric care.

Results
Media types analyzed include: (1.) Specialist Journals, which provide detailed insights into the challenges and advancements in geriatric care, serving as a platform for professional discussions but reaching a small, specialized audience; (2.) Daily Newspapers, that cover current events and challenges in geriatric care with a broad societal reach; (3.) Social Media, as platforms like Facebook, Twitter, and Instagram allow geriatric care nurses to share their own experiences directly; (4.) Blogs and Online Forums providing geriatric care nurses and interested parties with space for personal stories and information exchange; and (5.) TV Segments which, reach a wide public audience.

Conclusions
There is a heterogeneous representation of geriatric nurses across different media types. Next steps should gain a more comprehensive understanding of the media portrayal of geriatric care nurses and its experienced influence.

A-421

Green Guide for Nursing – Participatory Development of a Do-it-Guide for Sustainable Nursing

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Background and Objectives
Climate change is a major challenge for the health sector due to its massive impact on human health [1]. At the same time, the sector itself is a significant contributor to climate change, responsible for 4.4% of global net greenhouse gas emissions [2]. According to the International Council of Nurses, nurses have a responsibility to participate in climate change mitigation and adaptation [3]. Previous research in nursing science indicates a lack of climate-related competencies in both nursing practice and nursing education, and the need to integrate this topic into nursing education curricula [4]. In particular, the application of knowledge in practice appears to be a major challenge [5]. The Green Guide for Nursing project addresses this issue by developing a Do-it-Guide for Sustainable Nursing that provides nurses concrete approaches to mitigate climate change.

Design and Methods
A multi-method approach was chosen to ensure the inclusion of current scientific knowledge as well as user needs and requirements. In addition to a literature review and after ethical clearing, two focus groups each with practising nurses, scientists and nursing students were held to gain insights into the challenges of climate change in the workplace and the requirements for the Do-it-Guide. These findings are the foundation of the guide's development, engineering, testing and validation. Additionally, digital educational escape rooms, designed with nursing students' participation, were chosen to flank the Do-it-Guide and act as a testing ground for the newly acquired knowledge.

Results
Based on the literature review, the Do-it-Guide for Sustainable Nursing focusses on climate resilience (e.g. mental health) and environmental sustainability (e.g. waste reduction) and is didactically based on psychological findings about acting sustainably. The inclusion of users' needs and requirements into the recommended actions ensures their custom-fit character. The guide has a highly interactive and audience-focused approach to generate transformative knowledge and motivate users to take action.

Conclusions
The project aims to generate transformative knowledge about climate change mitigation for nursing students and practitioners. Through its interactive and get-into-action approach, the Do-it-Guide aims to motivate users to leave their handprint for climate-friendly care and work towards an environmentally sustainable healthcare sector.

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A-305

Informal Caregivers between Caring Burden and Climate Change

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Background and Objectives
This project aims to enhance digital health literacy among informal caregivers (family and 24-hour caregivers) by providing an app with essential information to minimize health risks during heat waves and strengthen resilience in care situations. While previous research has focused on apps for professional caregivers (e.g., Hudelmayer et al., 2023; Sala-González et al., 2021), this project addresses the gap in educating informal caregivers on climate-related health impacts.

Design and Methods
The project employs an interdisciplinary mixed-methods longitudinal study with a participatory focus. This includes workshops to inform informal caregivers about the health impacts of climate change and to instruct them in using an app prototype designed for this purpose. Additionally, qualitative interviews have been conducted to explore the situation of informal caregivers and their openness for health applications. These interviews also gathered insights into caregivers' attitudes towards climate change and their understanding of its health implications for both themselves and their caring person

Results
Most participants did not see climate change, including heat waves, as relevant to their daily caregiving, despite recognizing it as an important societal issue. They reported intense workloads with great autonomy but also being left alone in critical care situations. And they prioritized the health of those they care for over their own. Only a few used health apps. Health information retrieved from websites were rather judged on common sense and trial and error than on critical reflection and further research. These findings suggest that technological solutions to support (digital) health literacy, such as apps, need to be highly immersive with the everyday life of informal caregivers and offer noticeable practical benefits for daily caregiving tasks.

Conclusions
Providing caregivers with knowledge and tools for heat waves and sudden temperature changes enables them to better protect both themselves and those they care for. The first results offer important guidance on effectively communicating health and climate information to informal caregivers in an accessible and practical way. This emphasis on health literacy prepares caregivers for the growing challenges of climate change, fostering more adaptive and effective care practices.

A-331

Intercultural attitudes and knowledge of parents towards donor human milk: a qualitative systematic review and meta-aggregation

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Background and Objectives
The World Health Organization recommends breastfeeding infants exclusively for the first six months of life (World Health Organization, 2023). Donated breast milk has similar advantages to breast milk in case breast milk is not available (Bührer et al., 2020). However, religion and culture are crucial determinants for breast milk donation (Akpinar et al., 2022). Specifically, Muslim women would show more interest if religious values were considered (Karadag et al., 2015). This qualitative systematic review aims to investigate how the culture and religion of families worldwide influence their acceptance of breast milk donation.

Design and Methods
The methodology follows the JBI Manual for Evidence Synthesis (Aromataris et al., 2024). Accordingly, the databases PubMed, CINAHL via EBSCOhost and Embase via Ovid as well as Medline via Ovid were searched in January 2024. The search strategy was

added by hand searches, free web searches, citation tracking and contacting authors. The included qualitative and mixed-methods studies were assessed using the JBI Qualitative Appraisal Instrument. According to the meta-aggregation, *categories* and *synthesized findings* were identified inductively.

Results
Twenty-two studies were included. From 136 *findings*, 16 *categories* and four *synthesized findings* were generated. Firstly, various cultural traditions were identified. Wet nursing plays a special role here. Secondly, in view of the different world religions, a large number of religious values were identified. An important influence on the attitude towards breast milk donation is milk kinship. Thirdly, it was determined which religious and cultural requirements apply to the selection of donors or recipients. The requirements vary worldwide in terms of origin or relationships. Fourthly, it was possible to record who influences families in terms of these cultural or religious values. Relatives, especially husbands, are mainly involved.

Conclusions
Various cultural traditions and religious beliefs that influence the acceptance of breast milk donation worldwide were identified. Due to a multicultural patient population and further different waves of refugees, it is necessary to investigate whether these needs are compatible with the domestic guidelines. By taking cultural and religious needs into account, more donors of heterogeneous origin or denomination may be recruited and more infants can be given access to tested donor human milk.

A-205

Navigating the COVID-19 pandemic: Perspectives of organised self-help services in the field of psychiatry in Bavaria, Germany.

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Background and Objectives
Organised self-help services play a crucial role in providing preventive support and complementing the professional mental health services for individuals with mental disorders and their relatives in Germany. The COVID-19 pandemic has led to challenges as well as opportunities for those involved in organised self-help within the field of psychiatric care. Therefore, suitable solutions had to be developed to maintain the appropriate self-help services at various levels. Given the importance of interprofessional participation in mental health services, it is essential for nursing research to emphasize and engage with this topic.

This study aims to present an overview of the current (inter-)national state of research on this topic. Additionally the individual perspectives of diverse representatives of the organised self-help in the field of psychiatry in Bavaria/Germany on dealing with the pandemic-related crisis situation are captured.

Design and Methods
Adopting a multi-methodal approach, a comprehensive literature review was completed up to January 2024, utilizing databases such as PubMed and LIVIVO. This was complemented by a subject-specific manual search. Further, qualitative semi-structured interviews (n=13) with representatives of different self-help groups, contact points and associations/organisations in the field of psychiatry on regional, state and additionally federal level in Bavaria/Germany were conducted.

Results
The literature review highlights a marked (inter-)national research gap on this topic. Most of the included publications were found in internal journals of German self-help organisations and contact points and do not follow scientific questions or methods. The interview results give detailed insights into challenges, opportunities, lessons learnt and measures to maintain the appropriate self-help services during the pandemic. The findings also provide support needs for self-help services in psychiatry regarding future crisis situations.

Conclusions
Despite numerous challenges, the results underscore the resilience and solution-focused strategies adopted by organised self-help services regarding the COVID-19 pandemic. Furthermore, a moderated, guideline-based workshop with the interviewed representatives will be held to participatory derive recommendations. They will be addressed to relevant stakeholders and should contribute to strengthening the organised self-help services in the field of psychiatry in Bavaria in case of future crisis situations.

A-387

Nurses under pressure? A scoping review on the impact of assisted dying

legislation on palliative care nursing

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Background and Objectives
As an increasing number of countries legalize assisted dying (AD), the core values of palliative care - such as the commitment to neither hasten nor delay death - are being challenged. Nurses face particular ethical and relational challenges in this context: They spend considerable time with patients and families and are often the first to respond to expressions of a wish to die. While existing research often highlights the attitudes of healthcare professionals towards assisted dying, few studies specifically examine how the legalisation of AD affects the roles and practices of palliative care nurses.

Design and Methods
This study used a scoping review methodology based on established guidelines. Database searches were conducted in PubMed, Embase, CINAHL, PsycInfo, and CENTRAL. Eligible studies included qualitative, quantitative, and mixed-method research focusing on palliative care nurses in regions where AD was legal at the time of data collection. Studies addressing only attitudes or willingness to perform AD interventions were excluded to prioritize the broader implications for nursing practice and roles.

Results
18 studies met the inclusion criteria. Findings show that nurses' roles in AD are often shaped by specific regulations, policies, and personal values within their practice environments. Palliative care nurses face unique challenges, including ethical tensions, moral uncertainty, impacts on professional identity, and complexities in responding to AD requests. These challenges often require nurses to navigate difficult conversations with patients, families, and colleagues. Additionally, the studies emphasize the emotional burden that nurses experience and the necessity for more defined role boundaries, thereby underscoring the importance of clear guidelines and robust support systems.

Conclusions
The legalization of AD has significant implications for nursing roles and practice in palliative care. Nurses require specialized training that includes ethical decision-making frameworks, a thorough understanding of relevant legislation, and competencies for self-reflection. These skills are essential not only for engaging in open, informed discussions with patients, families, and interdisciplinary team members but also for protecting nurses' moral integrity and reducing the risk of moral distress as they navigate these complex issues.

A-327

Participation and equity of older people in the long-term care sector: Societal and systemic perspectives

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Background and Objectives
The ageing of the population worldwide is progressing, and with it the demand for long-term care (LTC), particularly in care homes and as home-based care. However, many older people are reluctant to move into a care home, because they fear a loss of autonomy and participation in society.

The 1st aim of this presentation is to describe how and by whom participation of older people living with LTC is being understood, discussed and practiced within the LTC sector. The 2nd aim is to analyse potential inequities related to the participation of older people in the long-term care sector.

Design and Methods
As part of a four-year, Swiss National Science Foundation funded research project EPICENTRE-PARTICIPATIO, we are conducting an ethnographic analysis of participation in the LTC system (i.e. in care homes, home-based care and assisted living, as well as in public administration, in associations and in civil society). Through observations, informal discussions, interviews and document analyses with diverse stakeholders in the sector, we show how and by whom decisions are made with and about older people who live with

professional long-term care.

Results
We present what participation means for the various actors in the LTC sector and in society and where and how the participation of older people with residential and home-based LTC is practised, missed or objected to. The focus is on systematic inequalities between more and less advantaged social groups within the LTC sector. The structural context, such as socio-cultural, political, legal or economic aspects are crucial to understand participation of older people in the LTC sector.

Conclusions
To foster participation of care home residents and clients of home-based care a more holistic approach on participation, a differentiated understanding of the heterogenic population within LTC but also paying justice to external factors like policy making, financial aspects or the social position of older people in society needs to be taken into account. The concept of equity can be useful when applied as a lens for nursing research on participation and decisions with and for people in the LTC sector, as it provides a focus on systematic inequalities between more and less advantaged social groups within the sector (e.g. based on cognitive or physical impairment, gender or migration background), but also compared to other social groups outside the sector (like healthier older people or younger people with impairments).

A-413

Primary health care models for refugees involving nurses: A systematic review

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Background and Objectives
Primary health care is key to address the health and social needs of refugees. Nurses are often part of multidisciplinary teams in primary health care, but little is known about their roles and responsibilities in refugee health. We aimed to synthesise the existing knowledge about models of care (MoC) for refugees in primary care settings which involve nursing professionals.

Design and Methods
Systematic review, searching PubMed, CINAHL and Web of Science for scientific literature, as well as Google Search and Scholar, Microsoft Bing and DuckDuckGo for grey literature. We included publications that reported MoC for refugees in primary care which involve nursing professionals. Following a relevancy rating, we extracted information about structural components (setting, target population, available services, funding and workforce composition), and inductively coded the roles and responsibilities of nurses within these models. Data was synthesised using qualitative and narrative synthesis.

Results
We included 112 publications in the review. Of these, 61 (54%) provided in-depth insights into MoC and nurse involvement and were included for narrative synthesis, yielding 45 MoC mainly from high-income countries. Most MoC identified set up parallel healthcare structures (specialised-focus services) which refugees can access for a limited period of time or targeting specific conditions in a vertical approach. However, some of the MoC we studied focus on referral support as gateway services or are embedded in mainstream services. Nurses in these models typically experience a high degree of autonomy within defined responsibilities, encompassing clinical, administrative, educational, and coordinating tasks.

Conclusions
Nurses play a key role in parallel health care structures for refugees, and specially trained nurses are well placed to facilitate the integration of refugees into mainstream health care. General recommendations for the development and implementation of MoC for refugees, including a common curriculum for the health professionals involved, are still lacking. Future research on the long-term impact of existing models and identification of best practice is needed and can promote evidence-based policy and practice improvements. Further research is also needed to understand the role of nurses in ensuring access and continuity of care, and the specific competencies they need to fulfil this role.

A-417

Stress and Strain Experiences in Emergency Situations of Nursesin Berlin

Emergency Departments: The Role of Continuing Education and Training in Coping

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Background and Objectives
Nurses in emergency departments are often confronted with acute and challenging situations requiring high resilience and adaptability. In particular, the combination of time pressure, complex patient cases, and constant handling of life-threatening conditions represents a considerable burden that can have long-term negative impacts on nurses' health and well-being. This also leads to reduced quality of care. This study examines the role of specific training and continuing education programs designed to support nurses in resilience and stress management. The aim is to analyze how these programs promote coping behavior and what specific needs exist to strengthen resilience.

Design and Methods
The research was conducted as a qualitative study using an exploratory approach to capture the experiences and needs of nurses in detail. The sample consisted of nurses working in Berlin emergency departments. A total of six guided, semi-structured interviews were used to collect data, allowing for targeted analysis of nurses' coping strategies. The data was evaluated through qualitative content analysis, with particular attention to perceived stress factors and the role of existing training and education programs.

Results
The results show that nurses in emergency settings are exposed to various stressors negatively affecting their well-being and performance. High work intensity, time pressure, and regular confrontation with critical patient cases were identified as main stressors. Training and further education opportunities were seen as supportive in coping with these stressors, but participants pointed out that current courses are often not sufficiently tailored to the specific requirements of emergency departments. The need for individualized training courses targeting emergency care stresses was clearly formulated.

Conclusions
The study highlights the need to further develop training and education measures to better meet the challenges in emergency settings, sustainably strengthening nursing staff's resilience and stress management. The findings indicate that targeted training programs not only promote nursing staff's well-being and satisfaction but also positively impact patient care quality in emergency departments. By focusing on tailored training, staff shortages and turnover in the nursing profession can also be reduced long term.

A-283

The benefits of cooling vests for nursing staff in ambulant care- a pilot study

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Background and Objectives
In Germany, the number of hot days has been increasing in recent years due to climate change. Furthermore, heat-related mortality increased, particularly in the elderly population. However, nurses who care for outpatients also suffer from the consequences of heat. The use of cooling vests is recommended in German government (authorities) heat action plans.
The aim of this study is to investigate the benefits and side effects of cooling vests in ambulant care workers during periods of summer heat.

Design and Methods
Pilot study with mixed methods.

Quantitative design: cross-over design (1 day with, 1 day without cooling vests made of phase change material (PCM) for 2 hours). Standardized measurements: Body temperature, heart rate, perception of thirst, temperature and exertion as well as temperature comfort, descriptive and inductive analysis with SPSS.

Qualitative design: Open guided interviews, content analysis according to Kuckartz with MAXQDA.

Setting: Three outpatient care services in Berlin and Saxony-Anhalt.

Results
Fourteen nurses took part in the study, with one person stopping wearing the cooling vest after 20 minutes. Five participants were also

willing to take part in a qualitative telephone interview. 79% of the participants were female, the mean age was 42.8 years (SD 12.7). The ambient temperatures varied on average between 27.8 and 31.2 degrees centigrade. Body temperature was significantly lower after one and two hours of wearing the cooling vests. Without the cooling vest, the body temperature increased from T0=36.8 °C to T1/T2=37.0 °C, while with the cooling vest it decreased from T0= 36.8 °C to T1=36.6 °C and T2= 36.5 °C (t-test, p <0.05). No differences were found regarding heart rate, the sensation of temperature or exertion, temperature comfort and thirst intensity. While most participants described the cooling as pleasant, one participant found the cold on her chest and stomach unpleasant. Other unpleasant effects were wetness and a feeling of pressure under the armpits when wearing the colling vest and thus restriction of movement.

Conclusions
PCM cooling vests can reduce core body temperature but are not sufficient as the only heat protection measure for outpatient nurses. This pilot study was too small to determine further effects on the perception of exertion. The study should be repeated with a larger sample, considering different forms of cooling clothes and the effect of heat to mental stress.

A-193

The situation of informal carers for people with autism in Germany: satisfaction, needs, and recommendations for support

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Background and Objectives
Even after reaching adulthood, many people on the autism spectrum (ASD) continue to need support in everyday life. This support is often provided by informal carers. Autistic people have specific needs at different stages of life, so the lack of research on informal carers of autistic adults represents a gap in current knowledge. For example, services for adults are often less accessible, scarcely available or autism-specific compared to autistic children. The caring role can also be complicated by the personal needs of increasingly ageing informal carers.

The focus of this doctoral project entitled "On the situation of informal carers of people with autism spectrum disorder (ASD) in Germany - Satisfaction, needs, recommendations for action" focuses on investigating the effects of stress on health and well-being, recording the caring situation and the subjectively perceived social participation of informal carers of adults with ASD in Germany. Further research focuses include the effects on the quality of life of informal carers of adults with ASD and a further differentiation of the affected areas of life. Based on the findings on the stress factors and the recorded care situations, conclusions are also to be drawn to identify the need for action and interventions and to be able to derive recommendations from the perspective of informal carers.

Design and Methods
The methodological approach and the associated data collection are planned to include the creation of a scoping review, the implementation of an online survey and qualitative surveys to validate the survey results and derive recommendations for action.

Results
The results of the scoping review and initial results from a nationwide online survey of informal carers for people with ASD in Germany will be presented.

Conclusions
The caring situation of informal carers of adults with ASD should be researched to understand their health and levels of stress and intervene accordingly. Support needs to take into account the personal needs of carers and care recipients on the autism spectrum, especially as they reach older age.

A-248

Unlocking the full potential of research data through data re-use in nursing sciences

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Background and Objectives
As digitalization advances and data volumes in research grow, the demands on research data management (RDM) are increasing across all disciplines. Funders´ requirements are also driving the need for more structured and thoughtful RDM practices. Generating RDM knowledge may contribute to the shift towards a research culture of sharing and Open Science [1] by strengthening the prospect of re-using data, saving (human) resources and maximizing use of participants' data. However, RDM seems still underdeveloped in health-related sciences such as nursing sciences, which face challenges such as limited awareness, resources, and discipline-specific guidelines. These disciplines are frequently located within universities of applied sciences (UAS), which often lack formalized RDM structures. With the recent academization of many health-related sciences, addressing RDM is becoming increasingly critical. Best practices and standards are still evolving, and there is an urgent need for robust RDM frameworks tailored to the specific needs of these fields. This is where "GesundFDM", funded by the German Federal Ministry of Education and Research (BMBF), comes in. Its overall aim is to strengthen RDM in the health-related sciences by providing researchers with practical support and resources.

Design and Methods
Based on qualitative interviews with researchers in the field, we recognized an urgent need for support in the area of data re-use.

Results
Therefore, our presentation focuses on sustainability in data (re)-use, aiming to raise researchers´ awareness of its benefits.

Conclusions
To contextualize these benefits, we provide an overview of the current landscape of discipline-specific repositories [2] for health-related sciences, which is still evolving. In particular, there is a dearth of discipline-specific repositories dedicated to research data from nursing sciences [3], which creates significant challenges for researchers in terms of data store, sharing, and accessibility. To ensure visibility and accessibility of research data and to unlock its full potential for the wider scientific community in this field, it is essential to establish discipline-specific repositories. Moreover, researchers need to be encouraged to share their data more actively.

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Technology in Nursing

A-403

A needs analysis for preventing back injury and promoting the use of assistive devices during patient handling

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Background and Objectives
Back problems remain a major health and economic challenge in the nursing and physiotherapy professions. This is mainly due to the various daily activities that put strain on the back, especially when moving patients. The movement of patients, both with and without the support of assistive devices, is often carried out without a systematic approach. There is often a lack of situational assessment and appropriate practical guidance. Particularly in the case of patients with increased body weight and limited movement, it is clear that the use of technical aids such as lifts is necessary to avoid straining the back. In this context, training measures are often carried out without taking the needs of the users into account. In order to develop an effective implementation strategy, it is advisable not only to manage change from the outside, but also to consider the involvement of key stakeholders such as care professionals and physiotherapists. The aim of this study is to consider existing needs in connection with daily activities of physically demanding patient handling.

Design and Methods

Two focus groups with eight participants (n=6 nurses and n=2 physiotherapists) from a university hospital in Germany were conducted. The data were analysed by using qualitative content analysis.

Results

The initial results show that participants do not prioritize themselves during patient handling and do not always have good kinesthetic knowledge for safe movement. Moreover, theoretical training courses often lack practical elements. Main categories have been formed: (1) Self-care during patient handling, (2) Availability of assistive devise, (3) The format of training education sessions. Futher in-depth data analysis is still ongoing.

Conclusions

A deeper understanding of the users' needs during patient handling is required. Even assistive devices that are perceived as useful are often not used regularly. The mechanisms of how to properly and safely use these assistive devices are not yet sufficiently understood and should therefore be promoted. It may also be necessary to choose appropriate approaches that address the self-care of care professionals for this issue to be highly valued.

A-203

A perfect start with Retrieval-Augmented Generation: Building a chatbot to support the onboarding process in SMEs

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Background and Objectives

Integrating new employees is vital for long-term success and satisfaction, especially in small and medium-sized enterprises (SMEs) where onboarding inefficiencies can lead to high turnover rates, ranging from 30% to 60% within the first year. To address these challenges, we developed a chatbot using Retrieval Augmented Generation (RAG) to enhance the onboarding experience for new employees and management.

Design and Methods

The project began with a requirements analysis and feasibility study involving interviews with human resources managers and new employees to identify onboarding challenges. We collected relevant information from quality management, company website, and internal documents to create a knowledge database for the RAG large language model (LLM). The chatbot, developed in Python using the LangChain framework, implements a Natural Language Processing (NLP) pipeline that transforms documents into a vector database for efficient query handling. The chatbot's responses are generated based on a prompt including context and specific questions. An evaluation phase followed, using a test dataset to compare chatbot answers with ground truth responses, assessing quality metrics like context precision and faithfulness.

Results

The analysis revealed frequent inquiries about company guidelines and processes. The chatbot achieved a context precision of 0.65 and an average faithfulness of 0.9, with a response time of 8.4 seconds, slightly above the user expectation of 5 seconds. The human escalation rate was reduced to 30%. New employees reported decreased uncertainty during onboarding, with 75% stating the chatbot helped them understand corporate culture. User satisfaction scored 80 out of 100, indicating good usability. The Goal Completion Rate was 85%, demonstrating the chatbot's effectiveness in addressing queries.

Conclusions

Creating the knowledge database posed challenges due to incomplete documentation, but the effort proved beneficial. The chatbot's performance was satisfactory, with most answers being factually correct. The tool effectively supported new employees and reduced management workload. The low human escalation rate indicates the chatbot's capability to handle most inquiries independently.
This innovative solution demonstrates that AI-assisted tools can optimise internal processes and enhance employee satisfaction in SMEs, with potential applications in complex environments like hospitals.

A-321

Artificial Intelligence (AI) to analyse patient stories in the context of Person-Centred Nursing quality: the nurses' perspective

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Background and Objectives
To provide a new perspective on nursing quality eight Key Performance Indicators (KPI) and an associated Measurement Framework were developed, with patient stories as a central data source. To improve data collection the iMPACT-App was developed, where the stories are automatically transcribed. They are categorised and tagged to the KIPs by nurses. This is time consuming and is often skipped due to time constraints. The objective is to automate the procedure by using AI.

Design and Methods
In order to gain insight into the criteria for an AI system capable of semantic search and text mining in collaboration with users, focus groups were conducted with nurses. The data collected was analysed through reflexive thematic analysis.

Results
Six themes were developed, covering accessibility, usability, boundaries, safety, control of a human over the AI, and result representation. It was important to the participants to enable all patients on the ward to participate in data collection and provide an easy-to-use solution, which takes the needs of their patients into account. Given the desire for a high level of automation and the trust in AI reported by participants, it was crucial to ensure the presence of a human in the loop, specifically the nurse and the patient. Anonymising the stories and obtaining informed consent were discussed from the patient and the nurse perspective, to ensure patient safety and create a psychological safe work environment. A key point regarding patient safety was the potential of using AI to identify traumatic incidents in stories, in this context further discussed were organisational responsibilities.

Conclusions
The participants demonstrated a clear intention to develop an inclusive AI system to facilitate engagement with patients, who were typically excluded due to barriers. Furthermore, a discussion concerning the ethical responsibilities regarding the development of AI is essential. AI displays both potential and limitations in the analysis of qualitative data, such as stories, with challenges that are analogous to those encountered in qualitative data analysis conducted by humans. Moreover, the insights gleaned are not confined to AI alone, as it was considered as part of the broader context of the app, and thus could not be isolated from it.

A-143

Bridging Technology and Person-Centredness: Creating Meaningful Connections in Digital Space

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Background and Objectives
Family caregivers (FCs) play a vital role in maintaining the healthcare system, often providing extensive care with limited support. Alles Clara (AC) is a novel digital counseling service in Austria that seeks to support FCs by connecting them with experts from the fields of nursing and psychology via a data-secure messenger tool – the AC app. This study aimed to evaluate AC and to develop a specified and in depth understanding of not just whether the program works, but rather how and why.

Design and Methods
This evaluation followed a realist approach, conducted in three phases. Phase I involved developing an Initial Program Theory (IPT) to reveal hypotheses on the intended impact of AC. In Phase II, these hypotheses were empirically tested, drawing on tracking data, surveys, narrative interviews, and focus groups. Quantitative data were analyzed descriptively, qualitative data were analyzed thematically and interpretatively. In Phase III we applied a confirmatory approach to refine the program theory outlining how AC works.

Results
'What works, for whom, under what circumstances' is presented in two configurational models, uncovering how a caring encounter could be established in digital space. FCs seeking advice can build a trusting relationship with the counselors in digital space and thus receive person-centred counseling. Those seeking advice no longer feel alone with their situation, move on from problems to next steps with the help of the counselor and exit the counseling room strengthened. The counselors are empowered to provide person-centred counseling in digital space. They recognize the quality of their actions, create an impact from a distance and see meaning in their work. Counselors can show what nursing is and can do and thus develop pride in their work and profession.

Conclusions
AC reveals a way to introduce the concept of person-centredness into digital space. Our findings suggest that establishing relationships in a person-centred manner is possible also in digital space. The caring encounter, as basis for the establishment of relationships with

care recipients, is a key characteristic of professional nursing. In AC counseling as a nursing intervention takes place anonymously and distantly in digital space – a space in which what they do can be seen.

A-265

Controlled intervention study on effects of an AI-based app to support wound care: Preliminary results.

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Background and Objectives
Artificial Intelligence (AI)-based apps offer great potential in the differentiation of pressure ulcers (PU) and incontinence-associated dermatitis (IAD), which is a common challenge in nursing practice [1,2]. Within the research project KIADEKU we are developing an AI-based app to support nursing wound care of PU and IAD.

Design and Methods
In a controlled, non-randomized clinical trial we investigate the effects of the AI-based app on nursing wound care, using a pre-post design with two data collection periods. In the initial period, we observe the control group providing state of the art wound care and repeat the survey in the intervention group using the AI-based app. We include wound care of adult patients with PU or IAD in the pelvic area and measure the duration of wound care, guideline adherence and the task load of the nurse. We analyze the data using linear regression including further covariates (professional experience, general load, wound severity). Additionally, we determine the accuracy and usability of the AI-based app.

Results
From May 2023 to January 2024, we conducted 47 wound care observations in the control group, including 44 complete records in a preliminary descriptive analysis. The treated wounds comprised 38 PU, two IAD, and four cases with both IAD and PU. The mean duration of wound care was 9.19 minutes (SD=5.93; min-max=1-27; Q1-Q3=5-13; 95% CI 7.45-10.92). The nurse's assessment of the wound type agreed with the observers' assessment in 71% of cases, and with regard to wound classification in 29%. In 37.78% of cases no finger pressure test was performed in the presence of relevant redness, in 35.56% of cases no pressure relief was performed for PU and in 13.33% of cases no skin protection was used for skin maceration. The mean task load of the nurses was 67.6 (SD=17.23; min-max=32-114; Q1-Q3=54-73.5; 95% CI 59.57-69.63).
In July 2024 we began the survey of the intervention group using the app, which we plan to complete in December 2024.

Conclusions
In this study, we investigate the effects of an AI-based app on nurses' wound care and expect thereby to support nurses in wound assessment and documentation. Final conclusions on the effects of piloting the AI-based app can be made after completion of the study. However, the preliminary results already provide new insights into the use of AI in care and promote discussion about the challenges of implementation and profitable and sustainable application scenarios.

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A-347

Development and evaluation of the immersive virtual reality intervention "Tracing Minds"

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Background and Objectives
There is evidence that educational approaches that promote a deeper understanding of the everyday reality of a dementia-related worldview characterised by volatility, uncertainty, complexity and ambiguity benefit healthcare students. It appears that virtual reality (VR) - by producing signs to be interpreted - helps learners to gain knowledge about the world of persons with dementia (PWD) that is

not visible themselves, thus creating a 'Proteus Effect'. The name “Tracing Minds” is derived from ‘tracing’, which includes both the search for traces of memory and the train tracks, while ‘Minds’ stands for the experience of everyday life with dementia. We aimed to develop and evaluate a prototype of a VR app for dementia care education, which brings healthcare students closer to everyday situations from the perspective of PWD.

Design and Methods
We used a mixed-methods approach to develop and evaluate the prototype VR app through participative methods. We conducted several user tests, employing videography and semi-structured group discussions for intervention development and structured observation and quantitative post-intervention data collection for evaluation. We utilised validated measurement tools to assess usability, immersion, satisfaction with the learning scenarios, and students' learning progress. We performed data analysis using thematic and descriptive analysis techniques to derive meaningful insights from the collected data.

Results
The results show that the VR app enables a high level of immersion. Further, participants reported that the intervention heightened their sensitivity to the life situation of PWD. Realising, that everyday situations, such as a glass floor, can be perceived as threatening, which evoked a sense of unease and a feeling of "wrongdoing". At the same time, stress and sensory overload were perceived by participants and technical errors occurred that limited the experience. Gesture control in particular poses a challenge and limits the immersive experience. The results emphasise that well-structured pre- and de-briefing is necessary to maximise the usability of the VR app and the learning outcomes for students.

Conclusions
We developed a prototype of a VR app to enhance dementia care education by immersing healthcare learners in an everyday situation from the perspective of a PWD. Results underscore the potential of VR in dementia care education while pointing to areas for further refinement and development.

A-301

Integration of Robotics in Care and Its Contextualization within Care Centered Value-Sensitive Design (CCVSD): A Qualitative Analysis

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Background and Objectives
Integrating robots in care requires early attention to ethical and social impacts, especially for vulnerable groups [1]. The CCVSD framework aligns robot development with the values of care recipients, caregivers, and other stakeholders, addressing five core dimensions: practice, context, actors involved, type of robot and manifestation of moral elements [2]. The ReduSys project uses a humanoid robot-avatar to support reduced-contact care, controlled via VR to represent staff in patient rooms. This study uses CCVSD to assess ethical and social perceptions of the robot-avatar during development.

Design and Methods
This cross-sectional qualitative study used an episodic interview guide focusing on CCVSD’s five core dimensions [2], [3]. A total of 23 interviews were conducted with nurses (n=7), healthcare professionals (n=6), patients (n=9), and family members (n=1). Data were analyzed using Braun and Clarke’s thematic approach [4].

Results
The findings reflect the five CCVSD dimensions, structuring user perceptions on robot integration in care.

- **Practice:** The robot could assist with daily routines, and communication. However, tasks needing direct interaction, like positioning or personal care, have clear limits. In vulnerable contexts, like palliative care or among severely cognitively impaired patients, respondents largely oppose its use.
- **Context:** The robot could supported in settings like neurological rehabilitation, outpatient care, and long-term care.
- **Actors Involved:** The robot’s main benefit for caregivers is its protective role in isolation situations. As a support tool, it reduces workload, saves time, and enhances care quality without compromising safety. Respondents noted that interpersonal relationships are irreplaceable and may be affected by the robot.

- **Type of Robot:** Respondents preferred a humanoid design to enhance trust: “Acceptance may be greater […] if the counterpart doesn’t look too much like a robot” (IP6, Pos. 12). Caregivers prefer semi-autonomy over full remote control as it is less time-intensive.

- **Manifestation of Moral Elements:** A core issue is fear and rejection of robots: “There are patients […] who […] have some form of respect or fear about it” (IP5, Pos. 52). The risk of increased social isolation was highlighted, as robot use may reduce human contact and worsen patients’ loneliness.

Conclusions
Findings highlight key considerations for humanoid robotics in healthcare, underscoring the need to foster autonomy, acceptance, and address ethical and emotional factors.

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A-427

Nursing schools in digital transition: Results and implications from a mixed-methods survey at nursing schools in Germany

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Background and Objectives
The digital transformation is currently a challenge for both care organisations and educational institutions [1], [2]. Nursing schools have a key part in developing digital skills in nursing. The project “Digitalisation processes of vocational training in nursing schools” (DibAP), commissioned by the Federal Institute for Vocational Education and Training (BIBB), is investigating the profile of digitalisation, governance strategies and its impact for nursing schools. The study analysis differences of domain-specific digitalisation infrastructures and examines actor-specific action strategies to explain these differences.

Design and Methods
An online survey (summer/autumn 2024) with school directors at nursing schools about digital technologies took place. The data were analyzed by using descriptive statistics and by Cluster analysis. In addition, the research is based on qualitative interviews and focus groups analyzed through qualitative content analysis.

Results
The online survey results (N = 359) show that there are large varieties between nursing schools in terms of digitalisation, f. e. there are schools that do not have the basic infrastructures like WiFi or school servers. On the one hand there are schools with low basic infrastructures on the other hand there are schools with a broad and up-to-date range of basic technical equipment and with additional nursing specific technologies. In perspective of the schools the benefits of technologies are higher regarding unspecific aspects than nursing-specific categories, f. e. promoting skills in interprofessional collaboration or preparing for the first contact with patients. The results of the cluster analysis allow a differentiated classification and assessment of nursing schools with regard to the status of digital transformation. The differences can be explained by varying institutional support practices, organisation-specific resources and school-specific differences in terms of scope for action and coordination of action.

Conclusions
The results show that there is a large variation in digitalization across nursing schools and digital equipment is often not domain specific. All project results will be used to support systematic digital transformation of nursing schools in Germany.

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A-415

Online Counselling for Psychosocial Crisis Intervention: A Scoping Review.

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Background and Objectives
In recent years, the rapid digital transformation and advancements of modern communication technologies have led to an increased implementation of online counselling in psychosocial support services. The study aims to provide a comprehensive summary of the current international literature on online counselling within the field of psychosocial crisis intervention.

Design and Methods
A scoping review was conducted following the PRISMA-ScR checklist. A systematic literature search was performed to identify studies published in PubMed and CINAHL from January 2017 to January 2023, complemented by a comprehensive manual search. Additionally, a critical appraisal of the methodological quality of the included studies was carried out using the Mixed Methods Appraisal Tool (MMAT) (2018) and the Risk of Bias Checklist for Systematic Reviews of Patient-Reported Outcome Measures (COSMIN) (2018).

Results
A total of 30 studies (n=30) were included in this review. Most studies demonstrated moderate (n=14) or high (n=12) methodological quality. Nearly half of the studies were conducted in the United States (n=13). The most commonly used (a-)synchronous online formats in the included studies were SMS, chat and email. The findings indicate a significant predominance of female users under the age of 35 years. The primary concerns among service users included suicidal ideation, self-harming behavior, depressive symptoms, anxiety, and interpersonal or familial conflicts. Further, the data on SMS, chat and email counselling demonstrate immediate post-intervention effects on the emotional stabilization and reduction of suicidal ideation among users. Active listening strategies and collaborative problem-solving approaches by online counsellors were positively correlated with favorable user outcomes. However, online counsellors noted challenges in conveying empathy and the comprehensive suicide risk assessment, largely due to the absence of acoustic cues and nonverbal communication.

Conclusions
Online counselling can serve as a valuable complementary service for crisis intervention, facilitating the access to support services and aiding individuals in a psychosocial crisis. Despite that, further international high-quality research with updated data is needed.

A-136

Training Content and Organizational Development for Teachers in Nursing Education.

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Background and Objectives
The healthcare sector is undergoing a digital transformation, characterized by the increased use of digital applications, telemedicine, and artificial intelligence. Studies show that digital competencies of nurses are lacking both in practice and in education. The project aims to enhance the digital competencies of nursing school teachers, and practical instructors/mentors. It involves developing and testing digital learning arrangements based on the needs of these educators.

Design and Methods
To generate tailored training content based on specific needs and requirements, guideline-based interviews were conducted with teachers at nursing schools, students in the field of "Pedagogy in Healthcare," and clinical nurse instructors following a literature review. Eleven teachers and one focus group of students, along with clinical nurse instructors and four facility managers from nursing schools, were interviewed. To gather perspectives from different point of view, a focus group with HR, e-learning experts, and IT staff was also conducted. After transcription, the results were analyzed using MAXQDA with the help of a codebook.

Results
Regarding the digital competencies of teachers and nursing students, all groups see great potential but also recognize the need for significant investments in the training for educators. The necessity of digital competencies for lifelong learning and participation in the healthcare sector is acknowledged, but it is also hindered by structural conditions.
In the focus group with HR developers, e-learning experts and IT staff, particular emphasis was placed on security skills for protecting the infrastructure and encouraging critical reflection, and it was pointed out that a level of competence should be established in advance of the training to serve as a basis.

Conclusions
Despite the ongoing digitalization, digital content is not sufficiently taught in the training and education of nursing teachers. Participants are aware of their responsibility to develop digital competencies in themselves and in their nursing students. However, the extent to which educators are capable of doing this remains a personal responsibility. The lack of development of digital competencies in both teachers and nursing education students hinders the participation of nursing in digital healthcare and gives the impression that such integration is neither desired nor prioritized.

A-362

Users' requests for an assistive robotic system in direct nursing care - a mixed method study

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Background and Objectives
During the development of a robotic system, end-users must be involved and express their expectations of the system clearly, without prematurely thinking about possible solutions. User involvement during the development process of a robotic system is an important prerequisite for the successful implementation of the system in the work processes. User centered design (UCD) is a method where all users of a technology, with their tasks, goals, and characteristics, are at the center of the development process. The scientific-technical challenge associated with the development of the PfleKoRo robotic prototype (BMBF funded research) was to design a system that adequately supports the care of bedridden care recipients and integrates seamlessly into complex nursing care tasks. To achieve this, the needs of professional nurses as well as care recipients and their family members were assessed. The aim of this study, is to report on the results of a users' requests' assessment and analysis in relation to an assistive robotic prototype, to validate these results and to describe the translation of the results into technical requirements.

Design and Methods
An explorative, sequential mixed-methods design was applied. Through focus groups and interviews with nurses, care recipients, and their families, end-users' requests were identified. With the help of engineers, the requests were translated into requirements. Afterwards, through a survey administered to nurses, these requirements were evaluated.

Results
Key findings highlight the importance of incorporating user preferences, particularly regarding safety features, ease of operation, and the design of the robotic interface. The study reveals significant consensus among participants on safety and usability, yet also identifies challenges in translating certain user requests into technical specifications due to legal, practical, and conceptual limitations. The results underscore the necessity of interdisciplinary collaboration and comprehensive training to enhance acceptance and effective use of robotic systems in nursing.

Conclusions
UCD and requirements engineering were combined to gather users' requests and generate a valuable set of requirements for a robotic assistive prototype in the field of direct care. Though our project provides a concrete example of user involvement and inter-professional collaboration, more efficient methodologies for requests' gathering need to be developed to further refine robotic development processes in the field of nursing.

A-134

Views of nurses and physiotherapists in intensive and intermediate care units on the use of robotic aids in nursing and therapy: The HIRoM study.

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Background and Objectives
In view of the increasing need for care and the growing shortage of nurses, robotics is said to have the potential to relieve the burden of everyday care. However, nursing staff are said to have a sceptical attitude towards robotics. The benefits of robots in care are still difficult to imagine; the hope that work will be made easier is offset by concerns about the loss of human contact.
The use of a robotic aid for the early mobilisation of patients was tested in the intensive and intermediate care (IMC) wards of the Department of Surgery and the Department of Anaesthesiology at Heidelberg University Hospital (UKHD). The aim of the study "Robotic early mobilisation on the surgical intensive care units of Heidelberg University Hospital", acronym: HIRoM, was to record the views of nurses and physiotherapists on the use of autonomous technology (AT) in nursing and therapy.

Design and Methods
HIRoM is a mixed method study. It was conducted in parallel with the testing of the robotic aid.
A quantitative survey was conducted using the Autonomous Technologies in Nursing Practice (ATNP) Scale. 36 ATNP questionnaires were completed and returned (response rate 40%). The analysis was carried out using the IBM Statistics SPSS 26.0 programme.
To collect the qualitative data, a semi-structured, theory-based interview guide was developed based on the Unified Theory of Acceptance Use of Technology (UTAUT) model. 8 interviews with an average duration of 11 minutes were analysed using qualitative content analysis according to Kuckartz.

Results
The majority of surveyed employees rated their skills in dealing with AT as moderate on the ATNP Scale. Both professional experience and place of work appeared to influence the self-assessment. Neither gender nor the completion of specialist training in anaesthesia and intensive care appeared to have any significant effect on the results.
The interviewees hope that robotics will make their work easier, but fear additional work. There is also concern about patient safety.

Conclusions
AT can provide relief to nursing and physiotherapy staff and are therefore being used more frequently within the care and therapy setting. HIRoM was designed to gather the views of employees and show how robotic technology could be successfully implemented. The mixed-method design was intended to gain an overall view of the attitudes of employees. However, there is a risk that more people interested in technology took part in the survey.

Professional development

A-237

A VITALIS study about nursing students' perceptions on education about interprofessional lifestyle care

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Background and Objectives
Interprofessional lifestyle care is important to promote health and well-being of caregivers. This requires partially new competences of students across various bachelor's programs, such as dietetics, social work and nursing, who represent the future workforce. A prerequisite for successful competence development is that education about interprofessional lifestyle care fits with the perceptions of students. However, it is unknown what their perception is. The VITALIS project aims to enhance lifestyle care through education about interprofessional lifestyle care for students of various bachelor's programs. We started our exploration focussing on the Bachelor of Nursing program. Therefore, the objective of this study was to gain insight into nursing students' perceptions on education about interprofessional lifestyle care.

Design and Methods
A cross-sectional descriptive study, where a validated questionnaire addressing topics about interprofessional lifestyle care was used. The questionnaires were distributed to nursing students in the main phase of the Bachelor of Nursing program.

Results
A total of 171 nursing students completed the questionnaire. Of all nursing students, 57.8% indicated that they have sufficient knowledge about the lifestyle factors exercise, sleep, relaxation, substance use and social interaction. Nursing students reported that they have little to no knowledge about certain nutrition-related topics, such as sarcopenia (96.4%) and obesity (47.0%). In addition, they stated that they have little to no knowledge about several topics regarding interprofessional collaboration, such as team learning (34.9%) and interprofessional conversation techniques (50.6%). Nursing students expressed their need for in-depth education about all lifestyle factors (45.8%) and interprofessional collaboration (58.6%).

Conclusions
A considerable number of nursing students expressed they have sufficient but not comprehensive knowledge about several topics within interprofessional lifestyle care. While some topics are partially covered in the nursing curriculum, in-depth education is lacking. To address these challenges, the VITALIS project aims to develop and evaluate education about interprofessional lifestyle care involving various bachelor's programs. This is essential to keep up with challenges and increase the chance of successfully providing interprofessional lifestyle care in healthcare practices.

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Bridging the gap between interprofessional education and clinical practice: a mixed-methods evaluation of the Lübeck interprofessional training ward

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Background and Objectives
To optimize interprofessional collaboration and develop competencies in practice, interprofessional education should be integrated into placements of health professions students. Therefore, we implemented the Lübeck interprofessional training ward (LIPSTA) in the Department of Haematology and Oncology at the University Hospital of Schleswig-Holstein (Germany) in 2022. Students of nursing, human medicine, and physiotherapy are responsible for 2–4 patients under the supervision of professionals during four-week LIPSTA placements. The aim of the mixed-methods study was to evaluate the structures and processes of the LIPSTA concept from the perspective of students and professionals as well as the development of students` interprofessional learning outcomes.

Design and Methods
Pre-post-design using mixed-methods: Subjective competencies development of students in interprofessional collaboration was assessed using psychometrically tested questionnaires at the beginning (T0) and the end of the placement (T1), and after three months (T2). We assessed students' satisfaction using a self-developed questionnaire at T1. For the qualitative strand, we conducted semi-structured interviews with students after the placement and supervisors at the end of the implementation phase. We analysed the quantitative data descriptively and used content analysis for qualitative data.

Results
The students (nursing n=12, medicine n=8, physiotherapy n=4) were satisfied at the end of the placement, although deviations from LIPSTA components such as interprofessional ward rounds led to a decrease in satisfaction. We noticed an increase in students' self-reported competencies in interprofessional collaboration (Interprofessional Socialization and Valuing Scale, 1=very low, 7=very high) from mean 5.2 (standard deviation (SD) 0.7) to 6.1 (SD 0.4) from T0 to T2. Qualitative data with students (n=10) suggests distinct improvements in interprofessional competencies (e.g., role understanding, teamwork, and communication). Students and professionals (n=8) describe an increase in practical knowledge, skills (e.g. independent work), and professional behaviour in practice.

Conclusions
The LIPSTA model proved to be feasible in clinical practice (one clinic with oncology patients) and showed the potential to bridge the gap between education and collaboration in practice. Currently, we plan a hospital-wide implementation of LIPSTA components.

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Building Stronger Nursing Teams: Mentorship for Role Integration in Institutional

Elderly Care

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Background and Objectives
The introduction of competency-based staffing under §113c SGB XI [1], based on findings from the Rothgang study [2], has led to significant structural changes in institutional elderly care in Germany [3]. Creating new role profiles requires extensive human resources and organizational development measures [3]. Almost at the same time, nursing education has shifted to a generalist model [4], presenting newly qualified nurses with new challenges. The funded project aimed to support these nurses in finding their professional roles. Given the critical staffing situation, it is also essential to assist career changers and returnees in strengthening their roles. All these groups contributed to the concept's development and evaluation.

Design and Methods
The study on competency-based staffing employed a multi-method approach, including literature reviews, surveys of residents and staff, group discussions, and participant observations. Discussions involved staff from various qualification levels. A working group was formed to develop a mentoring program framework, with input from experts. Experts in this group included nursing professionals and other employees of the elderly care. The program was implemented, further developed, and evaluated.

Results
Given the diverse demands of nursing staff and responsibilities tied to protected tasks, targeted support in role development is crucial. This especially applies to newly qualified nurses, career changers and returnees, who need tailored programs to navigate their new roles confidently. As onboarding often occurs alongside regular duties, supplementary programs are essential for providing necessary content and structure. A mentoring program is one way to integrate this into daily operations. Mentors receive brief training and play a key role in supporting new staff. The program serves as a quality indicator for resident care and supports the long-term development of elderly care facilities.

Conclusions
The mentoring program supports newly qualified nurses, career changers, and returnees in their role development within institutional elderly care. Targeted training and guidance from experienced mentors simplify onboarding, strengthen professional competencies, and enhance integration into daily routines. This approach can improve job satisfaction and resident care quality while contributing to sustainable staff development and retention, supporting the ongoing transformation of the nursing sector.

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A-388

Case management and prevention in people with intellectual disabilities: Qualitative evaluation of a nursing and health professional intervention

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Background and Objectives
People with intellectual disabilities have an increased risk of several chronic diseases [1]. They also have less access to health

promotion and prevention services, leading to further health inequalities [2; 3]. Therefore, an intervention was developed for people with intellectual disabilities in Hamburg, Germany, who received 12 months of case management and prevention by nursing and health experts (including Advanced Practice Nurses). The intervention focused on stress, nutrition, mobility and addiction to improve their health status. In addition to a randomised control trail, an economic analysis and participatory research, a qualitative process evaluation was conducted to explore the barriers and facilitators of the intervention.

Design and Methods
A total of 86 problem-centred interviews with clients (n=26) and other key stakeholders including relatives (n=15), professional caregivers (n=19), providers of prevention services (n=11) and nursing and health professionals (n=15 and one focus group interview) were conducted between 2023 and 2024 using convenience sampling. The analysis was carried out using qualitative content analysis [4; 5] in an inductive-deductive approach.

Results
The results indicate that the clients' health improved in the targeted areas. Furthermore, they benefited from the regular support provided by the nursing and health professionals. Effective interprofessional collaboration with the integration assistance, the establishment of a sustainable relationship with the clients, precise goal setting and a target group-specific and person-centred approach contributed to the success of the intervention. Barriers to implementation included difficulties in goal setting, the lack of involvement of the care network, insufficient availability of appropriate prevention services and lack of financial resources.

Conclusions
The results show that nursing and health professionals can be successful in providing specialised case management and prevention tailored for this target group. Implications for effective implementation of the intervention are better financial support for prevention courses, the accessibility of prevention courses to enable the participation of the target group, time resources for the care network and greater involvement of nursing expertise in order to focus on the health of this target group. This approach can contribute to the reduction of barriers to the participation in the health care system for people with intellectual disabilities.
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A-287

Continuity in nurse-patient contact – a mixed methods study

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Background and Objectives
Nursing theories emphasise the nurse-patient relationship as essential for providing good care[1]. Consistency in contact, defined as recurring contact moments[2], is an antecedent to developing a satisfactory relationship[1]. However, increasing care fragmentation threatens these recurring contact moments[3][4]. To identify current practice, this study examined recurrent contact moments between patients and nurses on hospital wards.

Design and Methods
A mixed methods, sequential explanatory research design[5] was conducted using descriptive statistics and thematic analysis.
First, a retrospective study of 126 patient records was conducted. Assuming that report writing meant contact between that nurse and the patient, we examined how many different nurses reported during the patient's admission period and how often this was a first, second, third, etc., report. We then presented these findings to nurses in three focus groups, discussing their interpretation.

Results
During an average admission of 6.5 days (19.1 shifts), 11.4 (SD 3.9) different nurses wrote shift reports. Of the 2,643 reports analysed, 83% involved a first or second report by the same nurse, while 17% were a 3rd, 4th or 5th report. Focus group analysis showed that nurses consider continuity of contact an important guiding principle. Nurses noted that patients appreciate seeing the same nurse again and aknowledged that this fosters trust, easier communication, and patient involvement. Nurses also described that by the second or third shift, care interactions became smoother, and human contact positively impacted 'how they went home.' Despite this, nurses cited numerous reasons for breaking continuity due to scheduling constraints, organisational reasons, and personal factors. Acceptance of interruptions to continuity was notably high. From their perspective, nurses indicated that 2-3 shifts was the maximum comfortable number of shifts with the same patient.

Conclusions
Nurses recognise that patients frequently encounter new nurses, typically interacting with the same nurse only once or twice. Given that recurring contact is essential for fostering care relationships, the current organisational structure of care provision fails to adequately support the conditions necessary for the establishment of such relationships. To improve consistency in patient contact, it is essential to understand the underlying conflicting values that influence nurses in their decisions regarding continuing contact with the same patients.

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A-186

Creating the Future: Prevention of Sexualised Violence in Nursing Education and Training

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Background and Objectives
Violence in care settings is a daily occurrence. The topic of violence in care is taboo despite high risk of sexual harassment and violence for workers [1],[2],[3]. A study by Adler et al. (2021) found that 62.5% of respondents experienced non-verbal sexual harassment, 67.1% verbal harassment and 48.9% physical harassment from patients, clients and residents in the workplace [2]. Sexual violence has a negative impact on health and well-being [2],[4]. It can be perpetrated by clients, patients, residents, relatives, colleagues and supervisors. It often affects younger people in a dependent relationship with staff or supervisors [5].
The project aims to raise awareness of and deal with sexualised violence among nursing trainees and students. It will result in a free digital handout for universities, vocational schools and training institutions.

Design and Methods
The research design is multi-method to provide comprehensive coverage. In addition to a scoping review and focus groups, this includes an expert advisory board. Ethics and data protection approval have been obtained.

Results
The review was conducted from February to mid-September 2020. Titles and abstracts were screened according to the JBI manual, duplicates were excluded, and the remaining full texts were read. A total of 58 relevant publications were included that provided information on prevalence and recommendations for specific interventions and were aimed at trainees and student nurses. Additional input was received from the German Institute for Human Rights and the Federal Ministry for Family Affairs, Senior Citizens, Women and Youth.
The review showed a lack of guidelines, evidence-based interventions and preventive measures against sexual harassment in the workplace, as well as limited training for nurses on this topic. Education about sexual harassment can help nurses develop coping

strategies and counteract feelings of overwhelm and insecurity ([2],[3], Bruschini et al. 2023, Sisawo et al. 2017).

Conclusions
The scoping review findings show a need for more research on sexualised violence in care and health settings, particularly for trainees and student nurses. The lack of clear guidelines and evidence-based interventions, as well as the limited availability of education and training programmes, highlights the importance of developing appropriate strategies that address awareness-raising and skills training at all three levels of prevention.

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A-446

Development and adaptation of an interprofessional transitional care model: AdvantAGE

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Background and Objectives
Transitional care models significantly reduce readmission risks for frail older adults transitioning from hospital to home, yet they are not standard in Swiss healthcare. This study is part of the AdvantAGE project that aims to develop and implement a transitional care model for frail older adults. This study comprises the pilot testing of a transitional care intervention at a Swiss geriatric hospital aiming to assess feasibility, explore necessary adaptations to intervention elements and inclusion criteria and lastly to develop a preliminary logic model.

Design and Methods
This pilot study used an exploratory descriptive design. The transitional care intervention was developed based on a comprehensive contextual analysis and includes five core elements: continuous support for patient and caregivers, coordination with primary care providers, health management at home, medication- and self-management, advanced care planning. Data collected comprise routine project documentation and informal conversations with intervention providers. Based on the experiences from the pilot testing, a logic model was developed and validated in an iterative process engaging the AdvantAGE research team, intervention providers and stakeholders.

Results
Of 137 eligible patients, 62 participated in the pilot study with an average intervention duration of 69 days. Adaptations comprised optimizing the frequency of home visits and integrating medication reconciliation. The eligibility criteria were refined to exclude patients who are significantly affected by a psychiatric disorder. A logic model was developed and refined by stakeholder input.

Conclusions
The development of a logic model effectively visualizes the expected pathways and outcomes of the intervention, serving as a valuable tool for communicating the program theory and designing evaluation. Employing an implementation science approach facilitated the development and refinement of the AdvantAGE care model, ensuring alignment with stakeholder needs and the specific implementation context.

A-153

Development and Implementation of a Nurse-led Unit in a German Hospital

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Background and Objectives
The German legislature is creating pathways to delegate expanded medical responsibilities to academically trained nurses. Integrating and retaining these professionals within clinical practice and direct patient care is a critical task and poses a significant challenge for clinical nursing management decision-makers. Nurse-Led Units (NLUs) represent one approach to organizing and delivering care in the hospital setting, empowering nurses to utilize advanced competencies and assume new, expanded roles in patient care. Our objectives were to (1) systematize the characteristics of NLUs based on empirical evidence, (2) explore the perspectives of German nurses, nurse managers, physicians, and therapists regarding this innovative nurse-led care model, and (3) conceptualize and implement an NLU in a German maximum care hospital as a good practice example.

Design and Methods
Based on a systematic literature review and qualitative data from focus group discussions for a requirements analysis (N=17) on interprofessional perspectives and expectations on structures, processes, qualification and case mix at the NLU provided the basis for conceptualising structures and processes to be created for the operation of the NLU. Qualitative data was analysed follwoing a summarizing qualitative content analytic approach.

Results
Participants were generally positive about the NLU approach and support the key characteristics of NLUs as wards that provide care to patients with high nursing care needs after an acute illness event, largely without or with little involvement by physicians. The proposed adoption of algorithm-led care by nurses is in line with extended competencies specified in the German Nursing Studies Strengthening Act. The variety of ideas for possible algorithms as well as tasks and roles of nurses on the NLU provides a broad basis for the selection of key areas of activity that can be promoted through targeted training or even further education.
Necessary organisational-cultural efforts for embedding an NLU in a German hospital entail measures to build trust in advanced nursing roles also within the professional group itself.

Conclusions
We conceptualized a 12-bed NLU providing nurse-led care for medically stable adult patients with high nursing care needs. Our results inform the conceptualization and implementation of NLU in hospitals and can help decision-makers and nurse leaders to introduce and sustainably establish innovative models of nurse-led care.

A-363

Development of advanced nursing care service in Emergency. Behaviors and attitudes of doctors and nurses.

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Background and Objectives
The increasing complexity of healthcare demands efficient and collaborative practices, especially in emergency settings, where the need for advanced nursing care services has grown. This study aims to explore the behaviors and attitudes of doctors and nurses at the University Clinical Center of Kosovo regarding the development and implementation of advanced nursing care in emergencies. Specifically, it investigates their perceptions and experiences with advanced nursing care practices, as well as the factors that either support or hinder the adoption of these practices.

Design and Methods
A quantitative research design was employed using a structured questionnaire consisting of 29 questions, administered to 80 healthcare professionals (60 nurses and 20 doctors) working in the emergency department. The data collected was analyzed using SPSS v.27, where statistical techniques such as correlation analysis and ANOVA were applied to examine relationships and differences in perceptions among participants.

Results
The study found that 53.8% of doctors agree and 30.0% strongly agree that nurses are capable of effectively managing emergencies. In terms of interprofessional collaboration, 61.3% of doctors agree and 21.3% completely agree that their collaboration with nurses in emergencies is effective. A statistically significant positive correlation was identified between nurses' training and their contributions to

emergency care (r = .444, p < .01). Furthermore, ANOVA analysis revealed significant differences in perceptions between doctors and nurses regarding advanced nursing care, with an F-value of 9.61 and a p-value of 0.003.

Conclusions
The findings suggest that fostering interprofessional training and enhancing collaborative practices between doctors and nurses can play a pivotal role in advancing emergency nursing care. Addressing concerns from both professions may facilitate the integration of advanced nursing practices, ultimately benefiting the efficiency of emergency responses and the overall patient experience.

A-192

Development of an ICF-based competence manual for the nursing care of adults with an autism spectrum disorder

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Background and Objectives
A study conducted in 2020 on the home care of people with Autism-Spektrum-Disorder (ASD) in Bavaria revealed significant potential for improvement in the care of people with ASD. A further need for research was identified in the current lack of autism-specific care approaches and recommendations for action for outpatient and inpatient care, which on the one hand enable individual and flexible action [...] but on the other hand require clear rules of conduct and extensive knowledge about ASD on the part of professionals, as this has not yet been perceived in this way by autistic people. To this end, training curricula should be developed for different target groups in accordance with scientific standards and considering the empirical knowledge of autistic people/family members, which serve as orientation for independent organizations.

Considering the bio-psycho-social approach of the International Classification of Functioning, Disability and Health (ICF), the ICF Core Set ASD for older adolescents and adults (>17 years), the NANDA International, Inc. terminology of nursing diagnoses, the aim of this project is to develop an ICF-based competency manual and training concept for the nursing care of adults on the autism spectrum.

Design and Methods
The research design of the project is multi-methodological to cover the research topic "care and autism" as comprehensively as possible. Multi-method structure: 1. inclusion of a trialogue of experts, 2. systematic literature research, 3. inclusion of qualitative research methods, 4. development and testing of a training concept.

Results
The results of the project, which has been completed by then, are the development of the setting-specific working groups based on a participatory, multi-professional approach (including peer participation), the ICF-based competence manual and the development of the training concept for knowledge transfer.

Conclusions
In Germany, people with ASD and their impairments are usually described in medical-psychiatric categorizations in ICD-10. However, this approach provides little information about the effects on dimensions of everyday life, on abilities and which implications result from this interplay of barriers/disability. Nor can any necessary nursing interventions be derived from the diagnostic criteria that are required as competences in the care of autistic people. This project aimed to transfer this into practice and create a flexible framework for everyday practice.

A-156

Development, piloting, and feasibility of a complex intervention to prevent insufficient home care of community-dwelling older adults – Prev-It

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Background and Objectives
In Germany, most individuals in need of care are primarily looked after at home by informal caregivers (1). However, these caregivers can suddenly become unavailable due to illness, accidents, or burnout, heightening the risk of insufficient home care. Insufficient home care is defined as a state in which individuals do not receive the necessary physical, emotional, or social support, leading to diminished

quality of life and potential risks such as malnutrition, pressure ulcers, and anxiety. This study seeks to develop a complex intervention aimed at the primary and secondary prevention of insufficient home care, using a participatory approach, and to evaluate its feasibility and acceptance.

Design and Methods
A complex intervention will be developed, piloted, and evaluated for feasibility and acceptance across two model regions: the city and district of Rosenheim (south-east Germany). This intervention is grounded in the UK Medical Research Council's (MRC) framework for developing and evaluating complex interventions (2). Designed in a participatory and interdisciplinary manner, the intervention encompasses advisory services, guidance, training, and the development of a concept for a nursing crisis service. Alongside the feasibility and acceptance assessments, a thorough process evaluation will be conducted.

Results
A "Community Health Nurse" (CHN) will be deployed in the model regions, with a focus on preventing insufficient home care. The CHN will offer guidance, training, and support as part of both primary and secondary prevention efforts. These services will be provided at the individual, group, and community levels. Additionally, care advisors from the model regions will receive specialised training on this topic. This initiative will also establish the groundwork for the development of a nursing crisis service to address acute insufficient home care.

Conclusions
The primary and secondary prevention of insufficient home care aims to raise awareness and foster a sense of personal responsibility among individuals in need of care and their families. Additionally, the goal is to cultivate broader societal recognition of the gaps in nursing care provision.

A-137

DigiCare-Development of a self-management app in transsectoral, interprofessional care structures in oncology, with focus on Advanced Practice Nursing

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Background and Objectives
Oncology patients are often treated over many years in complex care structures where gaps in care often occur. These gaps are caused, for example, by a lack of self-management, insufficient information or delayed involvement of palliative care ([1],[2]). The DigiCare research project aims to create a new, digital, transsectoral care structure by integrating an eHealth application. In addition to the technical development, the active role of the Advanced Practice Nurse (APN) to manage the flow of information between the patient and the treating physician is being investigated. Both strands of development should ensure that the active role of patients in the treatment process is strengthened, quality of life is promoted through self-management and personalised knowledge transfer is supported.

Design and Methods
Stakeholders and patients will be actively involved in the analysis process to ensure a user-centred perspective and to gather information about the current care situation. The focus is on two online workshops with a total of 21 participants from medicine and nursing (especially palliative care and APN), psycho-oncology and patient representatives. Four questions were formulated by the project team to gain insight into the design needs of the app and the care provided by an APN. The contributions resulting from the interview were structured, categorised using MAXQDA software and analysed using Mayring's content analysis method.

Results
Symptoms such as malnutrition, oral mucositis, fatigue, nausea and emesis were considered relevant for the app. The app should provide evidence-based information about symptoms and treatment options, and identify treatment needs that the APN can respond to. In the functionality category, a diary function, AI-based assessment scoring and a chatbot function were highlighted. APNs should take on the role of gateopener to palliative care and personal contact for education and guidance.

Conclusions
Based on the data collected, guideline-oriented assessment tools for the individual recording of symptoms can be integrated in the course of the project, evidence-based health information and recommendations for intervention can be included and the role of the APN

as a mediator of health information can be strengthened.

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A-360

Implementation and evaluation of the "astra plus" programme to promote health competence and smoking cessation in nursing education.

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Background and Objectives
Despite an overall decline in smoking rates among young adults in Germany [1], nursing trainees continue to show significantly higher smoking rates, with up to 50% identified as smokers [2]. This highlights a gap in the German nursing curriculum with regard to health competence and prevention of tobacco and nicotine use. The "astra plus" program was developed to fill this gap and aims to improve health competence and reduce tobacco and nicotine use among nursing trainees. The program also aims to improve health behaviour and strengthen the role of nurses in tobacco control.

Design and Methods
The astra plus modules include evidence-based interventions for occupational health management, promoting a healthy lifestyle, managing stress, a stop-smoking course and training in brief intervention for patients who smoke. The content, methods and structure of the astra plus programme meet the quality requirements and effectiveness criteria of the European Prevention Curriculum EUPC [3] and is regularly evaluated during and after the implementation in nursing schools. Data are collected at three time points, with e.g. coping with stress measured by standardised questionnaire, subjective and social norms measured by single items and smoking behaviour assessed by established self-report items.

Results
Program evaluation between 2016 and 2020 show 50% of trainees participate in cessation,
a significant decrease in smoking prevalence (51% to 46%) and increase in motivation to quit (28% to 36%). Quitters use more healthy stress management compared to continued smokers.[2]

Conclusions
The program shows a positive impact on the health promotion of trainees during education and strengthens their professional role in health promotion and tobacco control. These findings highlight the importance of integrating such programmes into nursing curricula in Germany.

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A-352

Implementation of reference frameworks at nursing schools – A qualitative study on beneficial and hindering factors

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Background and Objectives
As part of the implementation of the Generalist Nursing Professions Act (PflBG, 2017), an expert commission developed the first recommended reference frameworks (§ 53 PflBG). The reference frameworks follow a new didactic-curricular structure and are intended to support nursing schools in developing their own curricular documents. The study commissioned by the Bundesinstitut für Berufsbildung (BIBB) examined the inhibiting and promoting factors in the implementation of reference frameworks at nursing schools.

Design and Methods
Expert interviews (n = 16 paired interviews) were conducted with teachers responsible for curriculum development in nursing schools and analysed using qualitative content analysis. The model of educational implementation factors such as 'teacher characteristics', 'individual school characteristics' or 'characteristics of the environment and transfer support' was used for the main deductive categories. Subcategories were created inductively from the material. Internal school curricula (n = 15) were subjected to criteria-based document analysis. The results were used to establish implementation types based on the degree of completion of the curricula and the implementation of the new didactic-curricular structure.

Results
Four types of implementation were identified: reform-oriented implementation, partially reform-oriented implementation, traditional implementation and no implementation. One of the key factors for successful reform-oriented implementation is the supportive behaviour of the school administration and management as an aspect of 'individual school characteristics'. This concerns the development and coordination of working structures on the one hand and the provision of time resources on the other. A high level of interest and acceptance of the new education programme as aspect of the factor 'teacher characteristics' is also important. Holding on to old structures is described as an obstacle, as this greatly delays the implementation of the new requirements. Another important implementation factor is referring to 'characteristics of the environment and transfer support' the opportunity offered in some federal states to take part in further training in order to familiarise themselves with the innovations.

Conclusions
The types show the complexity of implementation processes in nursing schools. In order to promote acceptance and knowledge of the framework plans, all federal states should implement internal training programmes.

A-389

Implementation of the SBAR in nursing homes: professionalization of the nursing staff in older adult care

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Background and Objectives
When nursing home residents suddenly deteriorate, optimal communication between nursing staff and medical practitioners is crucial. Communication during these moments is often unstructured and varies in quality. SBAR (Situation, Background, Assessment, Recommendation) is a structured communication approach. Despite its proven effectiveness, implementation is not a straightforward success and requires leadership skills form nursing staff. The aim of this study is to implement the SBAR in nursing home settings.

Design and Methods
In this action research, 4 nursing homes, each with 4 units, are involved. The implementation focusses on nursing staff and medical practitioners. The cyclical nature of action research follows the steps of the GPS model. This model synthesizes two implementation frameworks; Grol and Wensing[1], and i-PARIHS framework[2]. Two external coaches facilitate the tailer-made implementation per team. The action researcher conducts pre-, interim-, and post-measurements through interviews, questionnaires, and registrations.

Results
The pre- and interim-measurements consisted of: 70 interviews with 94 individuals, 315 questionnaires, and 197 SBAR registrations. We found barriers on all elements of the GPS-model: 1) innovation: psychogeriatric questions are not part of SBAR, also a suitable SBAR-template is not available for nursing homes; 2) receivers: lack of role models in the use of SBAR, and lack of leadership skills; 3) context: personnel changes, and the SBAR is not integrated in actual processes. Implementation strategies on all elements were developed, such as: 1) development of a specific SBAR-template for elderly care as an enabling strategy, 2) a leadership meeting for key users as a motivational strategy, and 3) preparing the weekly doctors visit according to the SBAR-method via the electronic patient

file as an organizational strategy. The results of the interim-measurement show that nursing staff use the SBAR structure in complex situations and communicate vital signs (blood pressure, temperature) more often. Besides that, more actions in resident care are initiated by nursing staff. The post-measurement is currently in progress, ending in January 2025.

Conclusions
Implementation of the SBAR in nursing homes is complex due to different barriers. Role models in nursing teams with leadership skills are essential for a successful implementation.

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A-292

Implementing high-quality care for persons with dementia in acute hospitals: recommendations for practice development

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Background and Objectives
Adequate care for people with dementia in hospitals is often hindered by strong traditions, rigid structures and insufficient staff numbers and skills. Our aim was to develop recommendations for sustainable practice development to implement appropriate care for people with dementia.

Design and Methods
In a two-part qualitative study, we conducted individual interviews and focus groups with 14 participants who shared their experiences of implementing dementia care in hospitals. In addition, Lego Serious Play workshops were conducted with 22 healthcare professionals and lay people to gather more information about overcoming barriers. The data were analysed using structured content analysis and knowledge mapping.

Results
We have identified four core activities that are crucial for the successful development of structures, processes, competences, and attitudes of employees: (1) Role modelling: A clear vision, represented by a transformational leader and a multi-professional core group, is essential. (2) Persuading: Convincing managers at all levels, staff and stakeholders outside the hospital requires consistent lobbying and making dementia care more attractive, e.g. through incentive systems. (3) Empowering requires modelling person-centred values and developing skills through formal and informal learning opportunities. The use of champions in everyday clinical practice is important. (4) Enabling: Processes must allow for variation, creativity, and experimentation. Case leaders should be appointed to coordinate information, people, and processes. It also requires more skilled staff and an optimised environment. The four core activities influence each other and should be iterative.

Conclusions
Developing high-quality care for people with dementia in hospitals requires the broad involvement of people from different professions and management levels. It is not only necessary to inform and educate on the basis of a mission and a project plan, but also to convince and empower. A long-term perspective and consistency seem to be crucial.

A-171

Implementing "Dementia Care Management" in the Region of Siegen-Wittgenstein – Results from the process evaluation

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Background and Objectives

Dementia Care Management (DeCM) is a complex intervention to support people with dementia and their (caring) relatives at home. Specialised registered nurses provide support through home visits, digital assessments and coordination of care, including a close collaboration with physicians and other health care professionals. The intervention demonstrated efficacy in a randomised controlled trial in Mecklenburg-Western Pomerania, Germany. Subsequently, DeCM was adapted in the region of Siegen-Wittgenstein. Four project partners with a specific point of contact within the healthcare system, planned to implement DeCM. A process evaluation accompanied this process, which sought to identify potential barriers and facilitators for the long-term sustainability of implementing the intervention.

Design and Methods
We conducted a longitudinal study using a mixed-methods approach. Data collection included information from all stakeholders: dementia care managers, managers of implementing institutions and physicians as well as minutes of project meetings. People with dementia were asked about their attitude towards DeCM. Data were analysed and merged using qualitative content analysis according to Elo & Kyngäs (2008).

Results
The constitution of a network comprising all stakeholders proved to be a crucial factor in ensuring DeCMs´ successful implementation. Two principal facilitators were identified within the network. Primarily, the project partners constituted a crucial element in facilitating the acceptance, feasibility and precision of DeCM. This included the adaptation of DeCM by local stakeholders prior to its implementation. Secondly, evaluating project partners fulfilled a pivotal role in driving the implementation process forward. They initiated the implementation, facilitated exchange between stakeholders, and provided technical assistance with the assessment. Barriers to a sustainable implementation were identified at the institutional level in relation to their resources.

Conclusions
The implementation of DeCM in Siegen-Wittgenstein was facilitated by establishing structures for the provision by different institutions within the local healthcare system. Consequently, DeCM represents a new field of work in high-specialised dementia care, without a narrow focus on a single setting. The identified barriers indicate a need to emphasize the value of case management to enhance the care of people with dementia at home and to incorporate this nursing work field within social legislation.

A-179

Innovation in Elderly Care: Integrating Palliative Approaches within Relationship-Focused Frameworks

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Background and Objectives
The legal introduction of competency-based staffing in Germany, according to §113c SGB XI [1] and based on the Rothgang study [2], presents significant challenges for institutional elderly care. Extensive measures in human resources and organisational development, alongside effective change management, are required [3]. This leads to a redefinition of roles and responsibilities to ensure satisfaction among both residents and staff [3] adhering to the new legal requirements. The new legal requirements were a key consideration in integrating palliative care into a relationship-based concept [4] as part of a funded project.

Design and Methods
A multi-method approach was employed in the research, including literature reviews, surveys, participant observations, and focus group discussions. Based on these findings, workshops on various topics, including palliative care, were conducted with nursing experts. The developed concept was implemented and evaluated within project care units in participating institutions.

Results
Palliative care is an essential part of relationship-oriented care in institutional elderly care. It involves not only end-of-life care, but also support throughout the entire caregiving process. This approach aims to foster active resident participation and function as a collaborative process between residents, staff, and families. By fostering a supportive environment, the quality of life for residents can be maintained until the end, ensuring their dignity and comfort.

Conclusions
Institutional elderly care must actively engage residents in shaping their care, which enhances their well-being, autonomy, and participation. A collaborative process that integrates palliative care should respect the needs and wishes of residents, and this cultural approach must be practiced daily. Ultimately, palliative care, as part of relationship-oriented care, enriches lives and upholds both

ethical and human responsibilities. Palliative care must be culturally embedded within care units, facilities, and organisations to form an integral part of the overall care system.

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A-141

Interprofessional case discussions in adult hospital care: A systematic review on content, structure and process characteristics

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Background and Objectives
Interprofessional case discussions (ICD) are essential in clinical practice, especially as patient care becomes more complex due to demographic changes and an increase in chronic diseases. ICD promote collaboration and communication among healthcare professionals, leading to better clinical decisions and improved patient care. However, there is often a lack of structured formats and consistent implementation in inpatient acute care. This deficiency results in significant variations in the effectiveness and sustainability of these discussions, potentially compromising healthcare teams' ability to respond appropriately to complex care situations.

Design and Methods
A systematic search following the PRISMA Guidelines was conducted in PubMed, CINAHL, Cochrane Library, and PsycINFO up to January 2024. The inclusion criteria focused on original quantitative and qualitative research and reviews published in English or German that described ICD in hospital settings involving more than two professions. Data were extracted, and levels of evidence were assigned based on established hierarchies.

Results
Out of 3,674 studies identified, 42 met the inclusion criteria. ICD were categorized into eight types, with interprofessional bedside rounds (N=9) and interdisciplinary rounds or multidisciplinary team meetings (N=6) being the most common. Key components of ICD include ethical decision-making, patient and family involvement, collaborative decision-making, and care coordination. Nurses play various roles in ICD, such as participating in teamwork, facilitating communication, providing patient support, engaging in ethical reflection, and coordinating care.

Conclusions
There are numerous opportunities for the development of ICD in clinical practice, but careful methodological considerations are necessary for their development, implementation, and evaluation. Clinical decision-makers can use these findings to promote and implement ICD effectively. There is a need for evidence-based and theoretically grounded conceptualizations of ICD and appropriate implementation strategies to enhance patient care.

A-290

Is it Mission Impossible? A Strategy to Enhance Evidence-Based Practice in Nursing at the University Hospital of Muenster

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Background and Objectives
Evidence-based practice (EbP) in nursing is fundamental to providing high-quality patient care in hospital settings. This approach combines the best available research evidence with clinical expertise and patient preferences to guide nursing interventions and

decisions. In Germany, the implementation of EbP in hospitals remains relatively low. Nonetheless, there is a promising shift in the attitudes of nursing staff towards this approach.

How can evidence-based practice in nursing care be effectively implemented and enhanced in the daily operations of a hospital?

Design and Methods
We conducted a literature review to identify frameworks that support the integration of evidence-based practice into routine nursing care (research utilization). Our findings highlighted several studies that identified barriers, particularly in hospital environments. Meyer et al. (2013) emphasized key aspects that foster EbP: (1) Making research utilization a visible strategic goal, (2) Changing the attitudes and assumptions of nursing staff towards EbP, (3) Promoting and leveraging competencies, and (4) Implementing necessary structural changes. Based on these findings, we developed a comprehensive intervention package.

Results
This strategy involved integrating EbP development into the defined roles of academic nurses. Additionally, we established electronic systems and allocated both time and spatial resources to support this initiative. To further build and refine existing competencies, various programs were introduced, such as establishing Advanced Practice Nursing (APN) positions, launching a trainee program for bachelor's graduates in clinical nursing, offering EbP training to interested nurses, and incorporating EbP into further and continuing education programs.

The core element of our strategy is the theory-practice transfer led by academic nurses, who also disseminate findings from EbP projects. Moreover, we created several structural platforms, including interprofessional and mono-disciplinary journal clubs, research colloquia, and the APN Network Group, to foster a collaborative culture.

Conclusions
Is this Mission Impossible? We believe it is not. Many components of this strategy have already been successfully implemented. Our primary focus is the ongoing development of academic nursing staff. The next step is to systematically evaluate and monitor the impact of this strategy from the perspective of the nursing staff.

A-210

Management and treatment of pain: the role of nurses and other nursing professionals

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Background and Objectives
People living in nursing homes are commonly 65 years old or older. This age group is at risk of multiple long-term conditions which often co-occur with pain. The roles of the various nursing professionals (NP) in managing and treating nursing home residents' (NHR) pain, especially the involvement of less qualified NP, has not been satisfactorily demonstrated by the literature. Therefore, this scoping review aims to identify the involved NP and their tasks in pain management/treatment.

Design and Methods
A scoping review was conducted by following the Joanna Briggs Institute Methods Manual. The literature search was performed in PubMed, EMBASE on Ovid, the Cumulative Index to Nursing and Allied Health Literature, the Cochrane Library on Ovid and the Cochrane Central Register of Controlled Trials on Ovid in May 2024. Google Scholar and the reference lists of the included studies were also screened. For data analysis, a qualitative content analysis was carried out.

Results
A total of 19,538 citations were screened, and 17 records were included in this scoping review. NP with various qualification levels were identified as being involved in pain management/treatment, such as nurse practitioners, registered nurses, nursing aides or healthcare assistants. Often mentioned tasks these NP fulfill in pain management/treatment are collaborating and communicating with others involved in pain management/treatment, they establish good relationships with NHR to treat their pain individually and perform non-pharmacological interventions. Unlike higher qualified NP, lower qualified NP mainly fulfill tasks directly involving the NHR.

Conclusions
The results show that NP perform numerous tasks in pain management/treatment. Lower qualified NP often provide most of the daily

care, including many tasks in pain management/treatment. As higher qualified NP are tasked with administrative work, they are less available for direct healthcare tasks, which makes it difficult for lower qualified NP to stay within their legal scope of work. Also, a more accurate understanding of the various tasks can help tailor sessions to the specific needs of a target group, rather than implementing a general training program for all NP.

A-173

Negotiated Ventilation: An Interprofessional Perspective on Ventilation Decisions in ICUs

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Background and Objectives
Ventilation decisions in intensive care units (ICUs) are often not mono-professional but involve interaction among various healthcare groups [1]. This study aims to explore how nurses and physicians negotiate these decisions, with a focus on their interprofessional interactions as key professional groups in ICUs.

Design and Methods
Adopting a constructivist epistemological stance and guided by Strauss's negotiated order theory, this ethnographic study investigates ventilation decisions in two ICUs of a German university hospital. Data are currently being collected through participant observation and triangulated with episodic interviews. The Qualitative Analysis Guide of Leuven (QUAGOL) [2] has been adapted to analyse ethnographic data.

Results
Preliminary results indicate that ventilation decisions can be categorised into two main types: directional decisions, such as selecting the ventilation mode or deciding on extubation, and adjustment decisions. The latter refers to decisions aimed at establishing and maintaining a functional patient-ventilator cohesion to implement the directional decision. These adjustments involve not only modifying ventilation settings but also ‘adapting the patient' to align with the objectives set by the directional decisions.
Directional decisions are typically negotiated within formal interprofessional structures, such as ward rounds, involving a broad amount of healthcare professionals. These decisions are generally made by senior physicians. In contrast, adjustment decisions are often made independently by the responsible nurse or during brief episodes of informal dyadic interprofessional interaction. Such moments of collaboration particularly arise when a professional encounters a problem related to the adjustment of patient and ventilation. Depending on the decision type, professionals employ different strategies in the negotiation processes.

Conclusions
Distinguishing between directional and adjustment decisions seems essential when analysing interprofessional negotiation processes in ventilation. Although both involve interprofessional negotiation, the nature of interactions and strategies employed by professionals differ. These initial findings highlight the need to investigate interprofessional dynamics in ventilator-related decision-making within ICUs.

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A-154

Nurse-led units in adult hospital care: A Systematic review

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Background and Objectives
Nurse-led Units (NLUs) offer post-acute intermediate care, freeing acute ward beds and expanding nursing roles. This review compiles

evidence on NLUs' impact on patient and staff outcomes, nurse roles, and barriers to implementation in hospital settings.

Design and Methods
We searched databases PubMed, CINAHL and the Cochrane Library through October 2023, applying the PICOS framework. Original quantitative and qualitative research, and reviews published in English or German, were included based on predetermined selection criteria. Studies involving adult patients and nursing staff implementing NLUs with nurses as lead therapists were included. We considered physiological, cognitive, social, or organizational outcomes reported for a hospital setting. Critical appraisal tools (AMSTAR 2, RoB 2, ROBINS-I, AXIS, JBI) were used to assess study quality.

Results
Of 9584 records screened, 14 studies were included. Evidence supports the feasibility and acceptance of NLUs, indicating comparable quality of care to traditional physician-led wards. Patients in NLUs experience longer hospital stays but show improved functional abilities, though causal links to NLU care remain unclear. Most studies used controlled designs but faced bias concerns due to single-site limitations. Implementing NLUs is feasible but may encounter skepticism over nurses' advanced competencies. Identified barriers and facilitators apply broadly to interprofessional healthcare innovation.

Conclusions
This review highlights the need for rigorous evaluation and proper success metrics when introducing NLUs. Results guide hospital leaders in assessing NLU feasibility, focusing on organizational, patient, and staff outcomes. Future research should explore tools for interprofessional collaboration and address legal and employment-related challenges for nurses.

A-326

Nurses' roles in caring for older people in domiciliary care settings: preliminary results of scoping review

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Background and Objectives
Due to global demographics shifts and advances in chronic illness management over the past few decades, domiciliary care has become the primary setting for caring for older people< span style="font-size:10.8333px" >. Nurses play a pivotal role, promoting quality care and reducing hospital admissions. However, historical, and geographic variations in nursing titles, along with the multitude of labels for different roles have created a lack of a clear map outlining specific nursing roles in home care for older people. This scoping review aims to map the existing literature on nurses' roles in providing care to older people in domiciliary settings.

Design and Methods
A scoping review study is currently underway, conducted in accordance with the Joanna Briggs Institute (JBI). A literature search using Medline, Embase, Cinahl, and gray literature was performed to identify nurses' roles in caring for older people in domiciliary care. Two reviewers independently selected publications and extracted data. Descriptive frequencies, graphs, and a word cloud will be used for the data analysis and presentation of results. The review protocol has been registered within the Open Science Framework database and published on Nursing Reports.

Results
We identified 2,147 references, fourteen studies included in the review; all focusing on older people (over 65). These studies were conducted in various countries, mainly the UK (n=6). We identified twelve different nursing roles that work in domiciliary settings, managing conditions as cardiovascular disease, mental disorders, and chronic obstructive pulmonary disease. Heterogeneous nursing activities related to assessment, diagnosis, and interventions have been identified (e.g. need assessment, clinical assessment, assessment for quality of daily life, making diagnosis, vaccinations, wound care, administering intravenous diuretics, etc.).

Conclusions
This scoping review seeks to clarify diverse nursing roles and their nursing activities in home care, addressing the lack of a clear framework due to historical and geographic differences in job titles and responsibilities. Mapping nursing roles will help reveal divergences and commonalities among countries worldwide.

A-412

Nursing Research in German Hospitals: a quantitative survey

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Background and Objectives
Nursing research plays a crucial role in advancing healthcare practices, particularly within hospital settings. Establishing a dedicated research infrastructure fosters a culture of evidence-based practice, enhances nursing professionalism, and bridges the gap between research and clinical application. The study seeks to identify current challenges, demands on politic, and structural needs to further embed nursing research within clinics.

Design and Methods
The study, conducted by the Working Group on Nursing Research and Quality Management of the German Nurses Association (DBfK), aimed to assess the development and current state of nursing research in German hospitals, 15 years after its initial survey (Horbach et al., 2009). The online survey employs a questionnaire-based approach to gather insights from key stakeholders, including nursing directors and research coordinators. Additional questions to implementation of Advanced Practice Nurses (APNs) were added. A total of 217 hospitals with more than 500 beds were contacted nationwide, from which 69 hospitals have responded. The data analysis with SPSS is currently ongoing with further results for the presentation.

Results
Findings indicate that the primary barrier to nursing research development is inadequate funding. Nursing research was firmly established in 29 of the 69 hospitals, with another 17 planning to implement it. Similarly, 26 hospitals already employed APNs and further 13 are planning to employ APNs in the future. Respondents also advocate for the establishment of nursing professorships at university hospitals and greater integration of nursing education at the university level. Many participants highlighted the need for improved collaboration between hospital management and academic institutions to foster professional development opportunities for nursing staff.

Conclusions
To enhance nursing research and professional development in German hospitals, significant structural and policy changes are necessary. These include ensuring stable and sustainable funding for nursing research and supporting academic qualifications for nursing professionals. Embedding nursing research as a key component of patient care and nursing development in major hospitals is still not a given in Germany.

A-164

Nursing Through Children's Eyes — A Qualitative Image Analysis of Children's Drawings (PIKA)

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Background and Objectives
The *PIKA* study examines the perception of the nursing profession from the perspective of children with caregiving experiences, including children with their own hospital stays as well as children of healthcare professionals. Against the backdrop of an often negative public perception of the nursing profession, the study aims to gain unfiltered insights through a qualitative analysis of children's drawings. The goal is to challenge visual stereotypes, promote a contemporary and positive image of nursing, and strengthen the professional pride of nurses. The findings aim to sharpen the public's perception of nursing and encourage reflection on the professional self-image.

Design and Methods
Children and adolescents aged 6 to 14, who were either patients or visitors in pediatric departments of university hospitals or children of healthcare professionals, were invited to depict their caregiving experiences through drawings. As part of a drawing competition, 72

drawings were submitted, of which 42 were included in the qualitative analysis. The analysis followed the documentary method according to Panofsky and Imdahl, with multiple rounds of analysis conducted by several nursing scientists, focusing on the nursing activities depicted by the children and how they interpreted these actions.

Results
The study showed that children perceive the nursing profession in hospitals as predominantly positive and modern. Nurses were portrayed as technically skilled, friendly, and somewhat distant. Symbols such as hearts, smiley faces, and rainbows suggested care, emotional support, and hope. Nursing activities were primarily depicted in the areas of communication, accompaniment, organization, technical tasks, and basic needs. It was notable that modern visual identifiers, such as typical professional attire, were sometimes absent, while outdated symbols, such as nurse's caps, were used. Overall, the children depicted a nuanced yet largely positive view that combines technical expertise with emotional care.

Conclusions
The results highlight the need to promote a more realistic and contemporary portrayal of nursing in the media, as children occasionally rely on outdated symbols. These children's drawings could contribute to strengthening professional pride within the nursing profession.

A-356

Positioning of Nurse Practitioners in Delivering Complex and Specialised Care at or Near Patients' Homes

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Background and Objectives
Nurse practitioners (NPs) are crucial in delivering complex and specialised care at or near patients' homes, guided by the principle "at home when possible, hospital when necessary". This approach refers to shifting specialist care from hospitals to primary or community care settings to reduce healthcare costs, improve quality of care, and enhance accessibility. Nationally and internationally, healthcare initiatives increasingly promote this shift, reserving hospital care only for patients with complex care needs. This study explores the NP role, challenges they face, and their current positioning to better inform policymakers and optimize NP integration within the delivery of complex and specialised care at or near patients' homes.

Design and Methods
Three focus group discussions were held with 26 NPs working in various settings that deliver complex and specialised care at or near patients' home, such as general practice, home care, long-term care, cardiology and acute care. NPs discussed their roles, evaluated their positioning, identified development opportunities, and envisioned an ideal model for delivering this community-based complex and specialised care. They also shared key lessons for policymakers.

Results
NPs emphasized their accessibility to patients, enabling them to closely follow patient journeys and respond promptly to changing needs. Acting as coordinators, they often manage care alongside general practitioners and other healthcare professionals. NPs expressed satisfaction with their varied roles, which enhance job satisfaction, but highlighted challenges in gaining recognition within the healthcare landscape. They frequently need to clarify their scope to other professionals and insurers, which impedes the effective integration of their role. Barriers to broader integration in complex and specialised at or near patients' home, include legal uncertainties, lack of acknowledgment from professional associations and scalability and funding issues.

Conclusions
This study highlights the essential role of NPs in delivering accessible, patient-centered complex and specialised care at or near patients' home, bridging primary and secondary care services. The need for clearer legal frameworks, wider institutional recognition, and supportive funding remains crucial to fully embed NPs within the healthcare system. Addressing these issues will help NPs' in delivering sustainable, community-based care and reduce unnecessary hospital admissions.

A-147

Professional action by nursing staff in carrying out toilet training to promote

continence in geriatric care

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Background and Objectives
Challenges in managing urinary incontinence are globally recognized among populations aged 65 and older. Difficulties are observed for both those afflicted by incontinence, affecting an individual's overall quality of life, and for those attempting to manage its requirements. The need for increased awareness and improvements in continence care is evident. This study's objective is to investigate nursing knowledge, attitudes and person-centered care relationships in the context of "toilet training" within geriatric care.

Design and Methods
This study evaluates 10 research articles (published between 2019 and 2023) from a systematic literature review. The review utilized databases such as CINAHL, PubMed, Wiley, Cochrane Library, and other evidence-based resources, including NICE.

Results
Improved quality of life scores was observed within patients who received high quality, evidenced based continence management care. Optimal continence care delivery (with no negative patient effects observed) included timed voiding, habit training and prompted voiding. Successful delivery of these strategies was determined by the knowledge and attitudes of the nursing staff. Increased understanding, belief and awareness of continence management requirements underlined the rewarding outcome. A shared common goal highlights caring relationships between nurse and patient. Toilet training is acknowledged as a "core" nursing skill within national and international guidelines. Contemporary literature indicates that incontinence remains a stigmatized and taboo issue amongst nurses caring for older adults. Inadequate collaboration and understanding between nursing staff and patient with urinary incontinence are recognized as barriers to effective care delivery.

Conclusions
The nursing profession should advocate, promote and facilitate the concept of toilet training, in improving the quality in geriatric care.

A-339

Relationship between health literacy and level of education on health-related behaviors of the Nigerian population in Anambra State.

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Background and Objectives
Health literacy acquired through formal and informal education is fundamental in developing health-related skills. Nurses as frontline health professionals play vital role in providing health education. Current state of research in Nigeria shows that the concept of "health literacy" is not yet well established and access to formal- and health education is barely available to about one third of the population. Therefore, this study aims to examine the relationship between health literacy with regard to health-related behaviors and the level of education of the population in Nigeria.

Design and Methods
A quantitative research design with standardized questionnaires was developed based on the health literacy survey North Rhine-Westphalia questionnaire. Level of education was determined according to the International Standard Classification of Education. Data was collected from a purposive sample of 50 men and women aged between 30 and 60. Data analysis was performed computer-assisted with descriptive statistics using frequency calculation program to show the frequency distribution of research variables.

Results
Findings revealed that participants with high level of education (100%) search for health information more frequently and utilize it for their own healthcare and overall well-being against participants with middle (71%) and low level of education (50%). While 91% of participants with high level of education get health information directly from healthcare personnel like nurses, only 54% with middle and 23% with lower level of education cite healthcare personnel as their source of information, citing family and friends instead. Participants with high level of education (100%) pay conscious attention to their health and healthy lifestyle, partake more in health-related activities and make more use of healthcare services against participants with middle (75%) and low (65%) level of education.

Conclusions
Findings indicate that level of education influence health literacy and health-related behaviors of people. Formal and informal education,

health education and self-directed lifelong learning are needed to adequately strengthen the ability of the Nigerian population especially those with middle and low level of education to access and utilize health-related information. This requires investment in education- and health systems as well as in training health professionals in Nigeria. Further research on health literacy is recommended to gain new insights and find solutions to existing challenges.

A-295

Roles and Tasks of Nurses on a Nurse-Led Unit in a German Hospital: A Qualitative Interview Study.

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Background and Objectives
In hospitals in Germany, nurse-led units (NLU) are a new and unexplored care model. Although international experiences indicate basic approaches to designing structures and processes of a NLU, no role and tasks profiles exists for nurses with and without advanced competences working on a NLU in Germany. We aimed to develop a catalogue of competencies and possible tasks for nurses working on a NLU in Germany by utilizing published literature, legal frameworks and perspectives of hospital stakeholders.

Design and Methods
First, we conducted a systematic literature search in health science databases, journals and reviewed legal frameworks to identify advanced tasks for nurses with (non)academic qualifications. On this basis, we conducted a qualitative interview study utilizing focus group interviews to determine the perspectives of various health professionals on the requirements and skills needed by nurses on a NLU in Germany. The focus group interviews were digitally recorded, transcribed and analysed using Kuckartz's qualitative content analysis.

Results
Four focus groups were interviewed, including nurses (n=5), nurse leaders (n=4), therapists (n=5) and physicians (n=4). Competences and skills described by the focus groups pointed out a spectrum of extended tasks and skills, which werde defined on the basis of four core categories: *(1) Tasks of nurses on the NLU; (2) Qualification of nurses on the NLU*; *(3) Staff mix at the NLU and (4) Personal skills.* It seems that nurses should take on expanded roles and responsibilities on a NLU, particularly in regard to patient admission and discharge, as well as in the area of case management. Additionally, NLU-specific tasks of nurses were associated with the patients'care needs. To meet the care needs, the participants mentioned the inclusion of advanced practice nurses and nurse specialists as well as various training programmes.

Conclusions
The qualitative results indicate an extended set of requirements for nurses working on a NLU in a hospital in Germany. Additionally, findings show an extended job profile for nurses on a NLU, which is relevant regarding current changes in the legal regulation for the expansion of nursing tasks and responsibilities in Germany. Further research is needed to design and evaluate the NLU approach for hospitals in Germany and to explore it as a possible framework for expanded nursing activities.

A-142

Scope of practice, (nursing) phenomena and concepts of Advanced Practice Nurses in geriatric traumatology: Implications from two scoping reviews.

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Background and Objectives
Due to the ageing population, the number of geriatric trauma patients in hospitals is increasing. The presence of comorbidities, such as cognitive impairment, in addition to the main diagnosis indicates that familiarity and orientation are required to meet the needs of these patients in standardised hospital processes. While these needs are addressed by Advanced Practice Nurses (APN) in other countries, the scope of practice associated with this role has yet to be systematically developed in Germany.

In a synopsis, two scoping reviews conducted by the research group are contrasted, which focus on tasks on one hand and on (nursing) phenomena and concepts on the other hand. The aim is twofold: Firstly, to derive and synthesize the scope of practice of APN for

geriatric trauma patients from the international literature, and secondly, to reflect this for the role in Germany.

Design and Methods
Both scoping reviews were based on the JBI methodology, coordinated within the research group and driven by protocols. The descriptive and thematically analyzed results were compared. Tasks, (nursing) phenomena and concepts were reorganized at a more abstract level.

Results
A scientifically agreed APN role for geriatric trauma patients could not be identified. However, a wealth of tasks, (nursing) phenomena and concepts are described according to Hamric's APN core competency framework. In many cases these remain diffuse as they vary depending on the country, health system and qualification requirements. Consistencies in both reviews can only be identified if tasks, e.g. delirium management are related to phenomena, e.g. delirium. Only a few care concepts can be clearly assigned to the scope of practice of APN for geriatric trauma patients and have been elaborated, e.g. self-management.

Conclusions
Consequently, a more in-depth exploration of APN roles in geriatric traumatology is necessary. The results have implications for the APN role development and its consequences on the academic education in Germany.

A-172

Supporting older adults in need of care and informal caregivers during transitions from home to nursing homes: A counselling intervention

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Background and Objectives
The transition to a nursing home is a significant life event for older adults in need of care and their informal caregivers, often marked by emotional strain and inconsistent care practices across the three phases of the transition: pre-, mid-, and post-transition phase. Our research, including a scoping review and interviews, revealed substantial gaps in support, with healthcare professionals often intervening reactively and lacking sufficient training to manage this process. Additionally, responsibilities between home care nursing services and nursing homes are frequently shifted, leaving older adults and caregivers to navigate the complexities alone. Existing interventions focus primarily on the post-transition phase, neglecting earlier stages where unresolved issues intensify emotional distress. This study aims to develop a standardised counselling approach to address these gaps, promoting early engagement, shared decision-making, and continuous support throughout the transition.

Design and Methods
This approach was developed as a complex intervention, following the UK Medical Research Council (MRC) framework for developing and evaluating complex interventions. Building on previous research, we synthesised input from an expert workshop, a brief workshop, and feedback discussions to refine the intervention.

Results
The intervention, designed for both nursing homes and home care nursing services, comprises two key elements: conversation guides tailored to each transition phase, including a newly added preparation-transition phase, and a network list. Using systemic questioning techniques and a theoretical transition model, the guides include targeted questions and optional prompts for informal caregivers and older adults in need of care. The network list provides access to regional and national advisory services related to care needs and counselling. Implementation is supported by 4-hour educational trainings, mentoring calls, and a telephone helpline for health professionals to foster engagement and improve their effectiveness in guiding transitions.

Conclusions
This approach addresses all phases of the transition and raises awareness among health professions in both nursing home and home care settings about their roles. It equips them with practical tools to better support older adults in need of care and caregivers throughout the process. The intervention has been piloted and is currently being analysed for its feasibility.

A-369

Teaching systematic literature search in a blended learning format: a didactic approach from university teaching in a baccalaureate nursing program

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Background and Objectives
The basis for answering clinical questions is the identification of relevant evidence through systematic literature searches. In order to prepare future nurses for this task, knowledge of systematic literature searches should be taught during their undergraduate studies. The aim of this article is to present our didactic and content-related concept for teaching systematic literature searching in a bachelor nursing program at the Eastern Switzerland University of Applied Sciences.

Design and Methods
1 ECTS (European Credit Transfer System) point is available for the Literature Research course presented here. We have opted for a blended learning approach that combines traditional classroom teaching and self-study components with modern e-learning methods, using the advantages of both forms of learning to create a comprehensive and flexible learning experience. The content of the course is based on the ten-step approach to systematic literature searching as presented in RefHunter (Nordhausen & Hirt, 2024).

Results
Three times three face-to-face lessons are held at intervals of three to four weeks. The courses are designed to teach the steps of a systematic literature search. The self-study program, offered via Moodle, deepens the content of the courses through independent work and mutual exchange. It includes interactive exercises and discussions in a forum moderated by a teacher with methodological expertise. The assessment was designed as an individual written assignment to give students the opportunity to demonstrate the learning content in an exemplary manner using a self-selected question from the nursing context.

Conclusions
Our educational approach provides a flexible and effective method of learning that integrates traditional and modern educational approaches to meet the individual needs of students. Continuous assessment of learning outcomes and adaptation of teaching methods based on student feedback are required to fulfill the didactic ambition of the course. Course materials will be made available to the corresponding author upon reasonable request and may be explicitly reused.

A-220

Testing a Community Health Assessment in Germany with the focus on Planetary Health and older adults in an urban area

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Background and Objectives
Although Community Health Nursing has a long international tradition, Germany has only just begun to implement Community Health Nurses (CHN) in its healthcare. Key element of practice is the assessment of entire population needs. Community health assessment (CHA) is therefore a crucial part of a CHN's work. Through CHAs, a CHN can gather information about the community, define persistent problems, meet needs, prioritize problems and inform the decision-making process. Several CHAs have already been carried out in Germany, most of them project-related and only some of them published in German. The aim of our study is to test a CHA tool in a large city in eastern Germany with focus on Planetary Health and older adults.

Design and Methods
The testing of the CHA is part of a workshop organized by the CHN specialist group of the German Nursing Association, which will take place in November 2024 in Dresden.
The assessment will focus on Planetary Health and older adults in Johannstadt and Neustadt neighborhoods of Dresden. The assessment starts with a general introduction of the framework “Community-as-a-partner model” from Anderson & McFarlane et al. 2015 and a short introduction for the assessment tools. The participants then will be divided into groups. Each group will conduct one part of the CHA. After four hours, the groups meet again and discuss the challenges they faced in conducting the CHA using a structured feedback method.

Results
The expected results show that even in small social areas of a city, there are different challenges and approaches to improve healthcare for vulnerable groups. The 'community-as-a-partner' model requires adaptations in the German context, particularly with regard to the legal framework, access to health data and cultural particularities. In addition, the combination of community health and planetary health offers new approaches for care practice and emphasizes the importance of interdisciplinary cooperation and the consideration of environmental factors in care.

Conclusions
Our workshop will attempt to adapt a community health assessment tool in the German context. The results of our workshop in terms of challenges and potential adaptation needs will provide initial insights into the application of community health assessment in Germany.

A-285

The experience of women with faecal incontinence after birth trauma – an interpretative-phenomenological approach

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Background and Objectives
Faecal incontinence is still a taboo and socially stigmatised topic. Women who suffer faecal incontinence as a result of a birth injury face numerous challenges and restrictions in their quality of life. To date, these women have hardly been considered in research, although estimates indicate a prevalence of 0.6-6%. The aim of this study was to investigate the experiences of women with faecal incontinence after a birth injury and the resulting impact on their lives against the background of the identified research gap, in order to record the needs and requirements of women so that suggestions for implementation in existing care structures can be derived.

Design and Methods
A qualitative research design was used to emphasise the complex and subjective experiences as perspectives of the women. Narrative interviews were conducted and evaluated using interpretative-phenomenological analysis, as in addition to an existing biomedical perspective on women with faecal incontinence following birth injuries, there is also a need for a perspective that understands the perception and interpretation of the (physical) experiences of the women affected and the meaning they assign to them.

Results
A total of eight women aged 41-72 were recruited for the study. Suffering shows the multidimensional stress experience to which affected women are exposed. Living on (normally) is understood as a goal and includes various strategies for dealing with a stigmatised illness. Silence vs. revealing oneself illustrates the area of tension in which affected women move and constantly weigh up the context in which they keep silent or reveal certain aspects of their illness.

Conclusions
This study provides comprehensive insights into the experience and management of women with faecal incontinence following birth injuries and contributes to the expansion of knowledge in this area. Existing and future care structures must focus more strongly on the needs of affected women. Further research efforts in this area are urgently needed.

A-253

The OPT Model of Clinical Reasoning - First Steps in Teaching and Reflections by Teaching Staff

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Background and Objectives
The Outcome-Present-State-Test Model (OPT model) supports the process of clinical reasoning in nursing. Literature suggests that the OPT model can be used throughout the entirety of nursing education. In our degree program, the OPT model is employed to assess care planning in exam situations within the care setting. However, the model remains largely unfamiliar to teaching staff in both university and clinical settings, creating challenges in teaching that we aim to discuss and share. Addressing these challenges may enhance the application of the OPT model in German-speaking countries.

Design and Methods
We conducted a qualitative content analysis of six OPT models developed by students in exam situations and during preparatory courses for practical exams. This analysis utilized selected criteria from the OPT Model Rating Tool by Kuiper et al. (2008), covering the clinical reasoning process content currently integrated into teaching. Additionally, a SWOT analysis was performed with three educators to guide the further implementation of the OPT model in teaching.

Results
All students completed their OPT models thoroughly, using some but not all available patient information. Despite this, NANDA-I nursing diagnoses and interventions were identified accurately and comprehensibly. However, in only three cases were nursing-sensitive outcomes and testing activities justified correctly. While all students incorporated elements of the individual patient's story into their OPT models, these aspects were less evident in their care planning. Educators observed that students adhered strictly to rule-based processes in applying the model's steps.

Conclusions
Our findings indicate that both students and educators require further practice and reflection on the OPT model's application to maximize its benefits within the iterative clinical reasoning process.

A-393

The role development process of Advanced Practice Nurses (APN) - First literature-based results

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Background and Objectives
Older people are at increased risk of traumatic injury and age-related comorbidities such as cognitive impairment. The work processes in hospitals are particularly unsuitable for these patients which can lead to highly complex care situations that pose increasing difficulties for nursing care. The development of an innovative APN role can be helpful to meet the specific needs of older patients in traumatology. It takes some effort to develop such an APN role, whereby the APN has to face major challenges, in particular to develop into the new role and to organise a process of negotiation within the interaction with the multiprofessional team. Despite a growing body of empirical research, the actual process of role development and the process of negotiation remains mainly unexplored. The aim of this systematic review is to present the national and international state of knowledge on the topic of role development for APNs in an hospital setting. The findings will be used in a doctoral thesis for further research regarding the process of role development of APN in geriatric traumatology.

Design and Methods
A systematic international literature review was conducted to identify the process of APN role development in hospital settings using the databases MedLine and CINAHL and a supplementary hand search.

Results
A well-structured, process-oriented implementation of APNs which involves stakeholders in a participatory way, can have a positive impact on the development of APN roles. Particularly important is a clearly outlined task and role profile that defines the scope and boundaries of the role and distinguishes it from other roles, as well as support for APN activities from the multi-professional team. Results have also shown that the personality of the APN and her professional expertise can have an influence on the development of the role.

Conclusions
The results suggest that the process of role development for APNs may be associated with opportunities but also challenges. Role development is influenced by a range of personal and organizational factors. In addition, there is a need for further research regarding role development of APNs throughout the process of implementation.

A-277

The UAS Professorship in Nursing in Germany

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Background and Objectives
In Germany, generalist nursing training is primarily conducted at specialized vocational schools. This is in contrast to the global academic pathway for nursing education. The process of academization in nursing in Germany is facilitated by the strengthening of the professionalization of the nursing profession. The resulting new demand for professorial staff cannot be met by the low proportion of already academically qualified specialists (often at the Bachelor's degree level) [1],[2]. The potential pathways to a professorship at a UAS institution in the field of nursing appear to be limitless. A systematic approach to career guidance can assist individuals in navigating this complex landscape.

Design and Methods
The publicly accessible CVs of 170 UAS professors with a designation in healthcare (e.g., nursing sciences) and a background in nursing were examined with regard to various factors using defined inclusion and exclusion criteria and subsequently analyzed by cluster using Mayring's qualitative content analysis [3],[4]. The data were collected and analyzed between November 2023 and October 2024. The relevant factors include differences and similarities in educational and career paths, mobility, work experience, parenthood, and academic achievements [5].
The data set was derived from an analysis of a total of 340 UAS professors with a designation in the healthcare sector who initially trained in one of the following healthcare professions: (a) Nursing, (b) Physiotherapy, (c) Occupational Therapy, (d) Speech Therapy and (e) Medicine (excluding human medicine and dentistry).

Results
The CV analysis provides an overview of university health and nursing qualifications, characteristics and career choices. This includes denominational characteristics, possible locations and relevant professional positions on the path to professorship. Academic careers can be outlined using relevant options in the bachelor's, master's and doctoral pathways. Guidance is provided on the choice of doctoral title, publication record and decisions on habilitation. Further perspectives on time and space requirements can be formulated.

Conclusions
The path to a UAS professorship in nursing does not have to be a straight line. The analysis shows that there is not just one "right" way and explains a selection of possible options that can serve as a guide for interested nursing professionals.

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A-225

Theories, models and frameworks of school nursing - results of a scoping review

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Background and Objectives
School nursing is recognized as a complex clinical specialty practice. The approaches, tasks, and responsibilities assigned to school nurses vary across different countries. In Germany, the role of school nurses has not been widely implemented, with a few model projects and different focuses. To date, there is limited understanding of the theoretical foundation behind these projects and their compatibility with existing theoretical frameworks. This study aims to analyse how the school nursing approaches in Germany align with existing theoretical approaches.

Design and Methods
In a first step, a scoping review was conducted oriented on JBI Manual for evidence synthesis [1]. To identify existing theories, models, frameworks and concepts of school nursing, we searched in the data bases Medline/PsycInfo, CINAHL and ERIC from earliest date until 08 March 2024. There was no limitation regarding the types of study, school settings and countries. Content analysis was used for data

extraction, including target group, school type, tasks, qualification, aim, role and key elements. In a second step, the results of a previous conducted mixed-methods study on school nursing in Germany were compared with the identified models and frameworks.

Results
30 reports from seven countries were included in data analysis, describing 11 different models, seven frameworks, two theories and one concept. These encompass a wide range and highlight the complexity of school nursing. Based on their focus, we categorised them into role- and practice, organisation- and delivery, and qualification models or frameworks. A theoretical grounding of German school nursing practice was rarely reported in the mixed-methods study. The school nursing approaches in Germany do not in total align with identified models or frameworks. Individual aspects such as tasks or target groups can be assigned to the identified models and frameworks. The tasks and responsibilities in the identified models and frameworks usually require an academic qualification, which is not the case in most of the German approaches.

Conclusions
Theoretical foundations for goal setting and implementation of school nursing are available. The orientation on international established models and frameworks could support the daily practice of school nurses and the further development and implementation of school nursing in Germany.

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A-289

Update of the German nursing expert standard "Promoting continence in nursing" – presentation of the literature-based results

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Background and Objectives
Incontinence is a widespread, socially sensitive issue affecting people of all ages, impacting health-related quality of life and causing physical, psychological, and social challenges. While various therapies exist, conservative approaches are often preferred over surgical options due to lower risks. Nurses play a vital role in implementing these treatments, although uncertainties can arise due to limited nursing-focused guidelines. In Germany, the DNQP aims to enhance nursing quality, exemplified by its expert standard on promoting continence, first published in 2007.

Design and Methods
To update the expert standard we did a systematic exploration of the existing literature. Searches were conducted in the PubMed, CINAHL, and Cochrane Library databases, adhering to specific inclusion and exclusion criteria. The RefHunter Manual Version 3.0 served as the foundation for executing the systematic literature search. The sources that met the inclusion criteria underwent a thorough examination of their full text and were subsequently subjected to meticulous scrutiny utilizing assessment tools. The research and full-text evaluation were conducted by two reviewers working independently. Following each step, a joint exchange took place to discuss the approach and results, aiming for the most accurate representation of hits and findings.

Results
The revised expert standard emphasizes a structured approach based on the nursing process, with assessment as a critical first step in addressing incontinence. Through screening, nurses can tailor care plans, not only managing symptoms but empowering individuals to engage fully in daily activities and social life. Central to this is a patient-centered approach, aligning care with individual needs, values, and goals. Recognizing the complexity of incontinence, the standard includes interventions like lifestyle changes and assistive devices to support independence.

Conclusions
Evaluating nursing interventions is essential to ensure their effectiveness and achievement of predefined goals. Regular assessments help monitor progress and adjust strategies to optimize outcomes and well-being. Despite the medically dominated literature on incontinence, this expert standard offers a coherent framework for nursing, ensuring evidence-based, patient-focused care across various nursing settings.

A-243

Walking in Their Shoes: Fostering Person-Centred Dementia Care through Self-Experience Training

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Background and Objectives
Understanding the experiences of people with dementia is essential for providing person-centred care. Effective communication and meaningful interactions are often hindered by challenges such as stigma, communication barriers, and the growing demands on caregivers. This study explores how self-experience practices (e.g., role-play, virtual reality, and film interventions) can enhance empathy, understanding, and person-centred care among caregivers and health professionals working with people with dementia.

Design and Methods
Employing a qualitative approach within the interpretative paradigm, this research engaged three stakeholder groups: people with dementia, informal caregivers, and health professionals, across four European countries (Germany, Ireland, Italy, and the Netherlands). Data were collected via focus groups and individual interviews, and subsequently analysed using qualitative content analysis, followed by a cross-country thematic synthesis to identify shared themes and variations in perspectives.

Results
The study involved 75 participants, including six people with dementia, 37 informal caregivers, and 32 health professionals, highlighting the potential for fostering person-centred dementia care through self-experience practices. Six major themes emerged, including the rationale and impact of these practices, required content and strategies, training procedures, target groups, implementation challenges, as well as barriers and facilitators. Concerns were raised about the risk of reinforcing stereotypes and the technological limitations of certain approaches.

Conclusions
Our findings indicate that self-experience practices hold promise for improving person-centred dementia care. Training must be grounded in the authentic experiences of people with dementia, while ensuring psychological safety and addressing ethical concerns. Further research is needed to refine the development and implementation of these practices, leading to evidence-based recommendations for effective application.

A-361

Wish to Know? Nursing and Social Care Professional's Perspectives on Continuing Education in Geriatric Longterm Care.

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Background and Objectives
The healthcare system is confronted with demographic, epidemiological, societal and health policy changes. In order to meet these challenges, sufficiently qualified and motivated nursing and social care staff are required in geriatric long-term care facilities. The COVID-19 pandemic has made the staffing situation critical due to staff turnover and nurses leaving the profession. Appropriate, continuing professional education adapted to the needs of employees are required in order to successfully deal with the vaiety of rapidly changing, complex demands and challenges in geriatric care.
Experiences and attitudes, barriers and challenges, needs and wishes concerning continuing professional education in geriatric long-term care facilities will be explored. In addition, the motives and motivation of the participants to attend continuing professional education will be investigated.

Design and Methods
Using qualitative, semi-structured interviews with members of the nursing and social care professions (n ≥ 12) in a geriatric long-term care facility, experiences and attitudes, barriers and challenges, wishes and needs regarding continuing professional education measures (CPE) were surveyed. After the transcription of the interviews, a qualitative content analysis according to Mayring was conducted by using the software MAXQDA 22.

Results
The participants had different attitudes towards and experiences with CPE. The need for a variety of CPE opportunities, which should

be specifically adapted to personal needs and personal practice, is emphasized. Different personal and structural barriers and challenges regarding participation in CPE are perceived. The necessary openness and willingness to participate in CPE is considered to be important.

Conclusions
CPE are seen as essential for daily professional practice. They help to implement the latest knowledge in practice, to be able to deal competently with challenges and complex situations, to increase employee satisfaction and to ensure the quality of care.

A-133

Workplace well-being and social media addictive behaviors: The application of mattering theory

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Background and Objectives
Mattering has been recognized as a crucial psychological resource that helps people cope with and adjust to new environments. It is highly relevant in the workplace, affecting important job-related indicators such as burnout, turnover, productivity, and well-being. Objectives - a) To explore the effects of mattering theory on workplace employees' well-being, job satisfaction, and social media addictive behaviors. And b) To compare gender differences in workplace well-being and social media addictive behaviors.

Design and Methods
A cross-sectional study gathered data from 60 employees working primarily from home.

Results
Sixty participants joined this study. The mean age was 42.95 ± 6.25; most participants were female and married. Fifteen participants had been infected with COVID-19, and 27 had at least one family member contracted with COVID-19. When analyzing the effects of mattering theory on the study variables using Pearson correlation, it was observed that the General Mattering Scale scores had positive relationships with the scores of the Work Mattering Scale and the Affective Job Satisfaction Scale. Anti-Mattering Scale scores showed negative relationships with scores on the Work Mattering Scale, the Well-Being Scale, and the Affective Job Satisfaction Scale. Social Media Addition scores showed positive relationships with the Non-Mattering Scale scores and the Depression Scale. Well-being was found to have positive relationships with the Work Mattering scale and Affective Job Satisfaction. There was no gender difference in the above variables. When using t-tests to compare individuals with and without COVID-19 infection on the study variables, significances were found in the General Mattering Scale, Anti Mattering Scale, Work Mattering Scale, and Affective Job Satisfaction.

Conclusions
The study's findings underscore the significant impact of mattering on employee well-being and job satisfaction. These insights provide professionals with actionable strategies to enhance employee well-being and job satisfaction. Additionally, the correlation between social media addiction and employee depression, as well as the considerable influence of COVID-19 on employee mattering and job satisfaction, highlight the importance of these factors in the workplace. This knowledge equips professionals with actionable insights to make informed decisions and implement effective strategies.

Theory

A-297

Analyzing current definitions of critical care, critical illness and chronic critical illness – partial results of a narrative literature review

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Background and Objectives
Critical care (CC), critical illness (CI), and chronic critical illness (CCI) are key concepts in acute care. These have been defined in various publications in recent years. However, a synopsis and a critical discussion of the available literature is still missing. Therefore, we aimed to develop an overview and analysis of existing definitions of these major concepts.

Design and Methods
We conducted a narrative literature review. This involved three independent, formative searches for the concepts ‘CC’, ‘CI’, and ‘CCI’ in the databases Medline, CINAHL, Cochrane Library, and Embase as well as citation searching and additional hand searches in Google Scholar, LIVIVO, Open Grey, Epistemonikos and Science Open in August 2024. We included studies, reviews, guidelines, position papers, and specialist books in German or English published in the last 10 years. After data extraction, clusters of key topics were built and jointly discussed to identify individual features, overlapping topics, and definition gaps. The core content of the definitions is presented in narrative form.

Results
A total of 31 publications were included, of which 13 studies focused on the definition of CC. These refer to patients with critical and life-threatening conditions who are treated by specially trained, interdisciplinary staff, usually in a designated unit. Numerous and complex interventions are used with the aim of overcoming the acute condition and improving patients’ outcomes.
Regarding CI, the eight identified definitions illustrate a dynamic and stepwise process. CI begins before an acute situation occurs, whereby early interventions can prevent life-threatening situations. The definitions focus on the numerous and varying causes, the need for time-critical treatment, future aspects, and the post-inpatient care.
Ten studies provide definitions of CCI. These studies show that in addition to a prolonged intensive care unit stay, further complications (e.g. respiratory, infectious, metabolic, neurological) occur that interfere with each other and are the reason for patients remaining dependent on specialized technical support.

Conclusions
The current concepts CC, CI, and CCI are defined on different premises and levels. They differ significantly from one another and mainly address medical aspects, but do not sufficiently represent the experiences of patients, relatives and professionals. Therefore, we will identify key needs of these groups in the literature and integrate them into the definitions.

A-169

Building a programme theory of a specialist paediatric palliative and hospice care programme

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Background and Objectives
In Lower Austria, children, adolescents and young adults with life-limiting and life-restricting illnesses are supported by Specialised Paediatric Palliative Care (SPPC) services. SPPC aims to improve the quality of life of children with life-limiting and life-threatening conditions and their families. The number of these patients has risen significantly in recent years, resulting in an increased need for palliative care for this population. The need for SPPC is growing, meaningful outcome evaluation to demonstrate its effectiveness as a complex healthcare intervention is in its early stages. For complex interventions (programmes), theory-based evaluations seek to understand how and why an intervention works by uncovering its underlying mechanisms by means of programme theory. We aimed to describe the construction of a programme theory for the SPPC programme in Lower Austria as basis for the evaluation of this care programme.

Design and Methods
We drew on a combination of theory-based evaluation frameworks to construct a programme theory consisting of an action and a change component. Through multiple iterations, incorporating different stakeholders’ perspectives (individual interviews with programme developers (n = 9) and group discussions (n = 3) with SPPC practitioners (n = 16)) and drawing on different sources of knowledge and theory, we theorized how and why the programme likely achieves its intended outcomes.

Results
The programme theory outlines the proposed chains of events, causal mechanisms and outcomes of a specialist paediatric palliative and hospice care programme for children and families in several areas corresponding to its main conceptual tenets. Through a range of activities and interventions, the programme triggers coping and adaptation mechanisms that ultimately contribute to family and child wellbeing in physical, psychological, social and spiritual dimensions. Established trust and partnership between children/families and healthcare professionals as well as a person-centered and family-centered approach were identified as enabling factors.

Conclusions
Our findings provide insights into how a specialised paediatric palliative and hospice care programme worksLin Lower Austria to achieve its intended outcomes for children and families. This helps demonstrating its impact, contributing to meaningful outcome evaluation and service improvement.

A-448

Capabilities and helping actions to support health-promoting behaviors of people with limited executive functions. A conceptual framework.

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Background and Objectives
Executive functions are often impaired in people with intellectual or developmental disabilities or mental disorders. These clients often live with long-term support and assistance. In such long-term care situations, health behavior and health-related outcomes are not primarily a result of the client's abilities, but arise from a co-production between client and caregivers who have to take an active role. The caregivers' capabilities, their interventions targeting the health behavior of the clients and the quality and appropriateness of these interventions are therefore crucial for behavior change.
When nurses get involved in these client-caregivers networks, they need valid and reliable measurement scales to assess the capabilities of the caregivers involved, the amount and quality of their support, the client’s cognitions and affect and the interactions in the client-caregiver network. Our aim is to develop valid measurement instruments for these constructs. A conceptual framework was needed as a basis for these measures.

Design and Methods
We identified theories, models and concepts related to predictors of health promoting behavior, domains of health promotion and collaboration between formal and informal care. Based on the identified concepts we developed a conceptual framework using a theoretical integration approach.

Results
Based on social cognitive theory, we developed a conceptual framework comprising the following levels: 1. The influencing factors on client level were operationalized using the Health Promotion Model. 2. The support of each member of the care network is delivered by helping actions: informational, instrumental, appraisal and emotional support and acting as a role model. 3. At the level of the caregiver's capabilities, the HPM is applied again, but here not in relation to the caregiver's own health behaviours, but related to the helping actions towards the client. Self-efficacy, self-regulation, commitment and responsibility and domain-specific health literacy are of central importance here.
There is continuous interaction and mutual influence (reciprocal determinism) between the cognitive processes and the behaviour of the client and his environment and also between the different caregivers.

Conclusions
Based on this framework, we currently develop measurement scales using Rasch analysis. The scales to be developed can be used by health care professionals to assess the capabilities to support health promoting behavior in informal care networks.

A-130

Concept Analysis "Activated Nursing" – a multidimensional, care-centered concept

for a future-oriented nursing health service

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Background and Objectives
In Germany, activating nursing care is to be implemented in transitional care. There are some efforts to establish activating nursing care, but these are often carried out without a scientific basis and without clear conceptual approaches

Design and Methods
A concept analysis according to Rodgers (2000) was carried out in order to determine the concept and terminology of activating nursing care. The analysis promotes a comprehensive understanding of the concept for nursing practice and scientific research.

Results
The concept analysis reveals a multidimensional concept of activating nursing care, which implies person-centred and individual care. The dimensions include content from the areas of autonomy, participation, mobility, activities of daily living, quality of life, independence, health promotion and prevention. Its implementation is complex in various areas of health. It includes preventative, health-promoting and rehabilitative elements, with clear interfaces to rehabilitative care, the WHO concepts of "Healthy Ageing" and "Active Ageing" as well as the person-centred approach according to Kitwood emphasise individual care.

Conclusions
The concept analysis of "activating nursing care" emphasises its multidimensionality and the need to expand the understanding of nursing care beyond simple tasks, as well as the importance of autonomy, quality of life and participation in patient care. It can support the development of quality indicators and outcomes to improve the effectiveness and implementation of activating care in practice.

A-443

Defining ecosystems in person-centred integrated long-term care: a scoping review

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Background and Objectives
This scoping review aims to derive a comprehensive understanding of existing ecosystems in long-term care (LTC) associated with approaches to person-centred (PC) integrated care (IC). The review addresses the research question of which factors and attributes can be ascribed to such an ecosystem. Specifically, it seeks to explore the role of social, regulatory, and technical factors and attributes within this context.

Design and Methods
To explore and delineate the factors and attributes of ecosystems for PC-IC, we conducted a scoping review [2] in alignment with PRISMA-ScR guidelines [1]. Using a defined PCC scheme [3], we searched for evidence defining ecosystems of IC for LTC across six databases: Medline via PubMed, Cinahl, Cochrane Library, Web of Science, Scopus, and EconLit. The literature search, conducted from May to August 2024, focused on publications from 2014 to the present.

Results
Out of 1862 publications, 37 were included in the review. The scoping review indicates that ecosystems for person-centred integrated long-term care can be represented through various contextual factors. Key internal factors include organisational and structural items, as well as items referring to technical and digital infrastructures. External factors encompass regulatory requirements within and beyond the healthcare sector, market conditions, as well as societal norms and social care systems. The preliminary findings further underscore the importance of interdisciplinary collaboration, considering the diverse perspectives of care recipients and both formal and informal caregivers.

Conclusions
The analysis of contextual factors demonstrates that person-centred integrated care in LTC is shaped by the interplay of adequate internal and external factors. The combined influence of internal structures and external requirements is crucial to ensuring person-centred integrated care in LTC. Further research is needed to address a specific mode of interplay between those factors.

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Designing a methodological approach to develop a program theory for ventilator weaning in adult intensive care patients

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Background and Objectives
Weaning patients from mechanical ventilation (MV) in intensive care units (ICU) is a complex intervention. While this combines various measures, there is a large body of evidence examining only the effectiveness of individual measures. To date, we have a limited understanding of how measures work, for whom and under what circumstances. In addition, science is lacking an underlying theory. Therefore, we aim to develop a program theory on ventilator weaning of adult patients in ICU. The aim of this presentation is to introduce the method and discuss it with an expert audience.

Design and Methods
To identify and derive a suitable methodological approach, we reviewed established methodologies and published program theories. In addition, the body of evidence on ventilator weaning was screened and discussions were held with experts in program theory development. Finally, an existing methodology was selected and customized to the subject of the study.
The overall methodological approach is based on the guidance of Funnell and Rogers. In detail, a stepwise approach was designed to develop and revise the program theory on ventilator weaning.

Initially, a comprehensive literature analysis was conducted including three systematic reviews. First, a scoping review was carried out to identify weaning-associated interventions, related outcomes and contextual factors. Second, we developed an evidence map on predictors of weaning failure. Third, we provided an in-depth synthesis of patients' experience and needs under MV. In stakeholder workshops with nurses, physicians, physiotherapists and researchers the results of the reviews are transferred into an initial program theory and adapted using and abductive approach.

Focus groups with healthcare professionals in ICUs and weaning centers are planned to evaluate and, if necessary, revise the program theory. In addition, participant observations in the ICU setting will be conducted as an ethnographic method to identify potential information gaps and inexplicit knowledge. Data is collected in an iterative process until it is congruent with the program theory.

Results
The in-depth understanding of ventilator weaning through program theory enables the targeted combination of individual measures. As a result, the still high rate of weaning failure may be systematically reduced.

Conclusions
Intensive care still lacks a theoretical and differentiated understanding of ventilator weaning. A program theory will fill this gap and make the complex intervention assessable.

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Developing Program Theories – Innovative methodological approach for sustainable health promoting solutions in nursing research and practice

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Background and Objectives
Ensuring high-quality nursing care urgently requires new solutions. However, many necessary innovations in nursing care are not even

tackled, feasibility and benefits are doubted or interventions do not make it beyond model status. This is often due to an unsystematic approach. The potential is wasted. What is needed are systematic approaches that enable sustainable improvements.

Design and Methods
A theory-generating, systematic approach was developed using the example of the ethical mandate of nursing boards. The methodology of developing a program theory, which is new for Germany and has a long history of success internationally as a widespread approach to health promotion, offers help. Program theories ensure accuracy of fit for single interventions and for complex interdisciplinary health care programs. They enable systematic implementation and targeted management; output and outcome can be evaluated in a controlled manner. To ensure the success of complex processes, the appropriate program theory must be developed before the first intervention is launched. This ensures sustainability.

Results
The contribution provides an insight into the interplay of the building blocks of a programme theory: a theory of strategy that changes the current situation, a theory of action that implements the specific interventions and synthesising logic models that build on each other. Theory generation is made possible by analysing the situation. The exploration of complex requirements also requires circular thinking to capture networked dynamics and interactions in cyclical-iterative processes. Narrative logic models describe the existing social reality. Supplementary graphic logic models are essential: retrospective outcome chains depict the situation as it was found; prospective pipeline logic models show solutions and goals. Tabular overviews of results support the derivation of the requirements for the necessary program theory.

Conclusions
Program theories involve multidimensional paradigm shifts compared to traditional research. The degrees of uncertainty and freedom inherent in the methodology must be endured; too early a linear reduction would jeopardise precisely tailored intervention programmes. The role of the researchers consciously distances itself from the traditional paradigm of neutrality. Their reflected embodiment and personal situatedness is an essential opportunity for successful programs. The development of program theories offers an essential contribution to improving nursing care.

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Nursing , AI and Diversity: How much does AI consider diversity in nursing practice?

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Background and Objectives
Professional nurses deal with internal and external diversity on a daily basis. The profession's internal demand for good nursing practice goes hand in hand with a certain understanding of diversity, especially if working in a person-centred way. Although this is programmatically anchored in theory with the ICN's definition of nursing, it is not easy to implement in practice. Both adverse framework conditions and individual attitudes make it difficult to achieve the ideal and thus to implement patient-centred care (e.g. [1]) as well. Technical assistance systems or emotional robots (cf. [1]) appear to offer hope for relief. The development and discussion of such technical solutions are diverse. AI is also increasingly being used in the latest developments and is playing an ever more important role [2]. The discussions surrounding this are primarily conducted from an ethical [3], nursing practice perspective or progressively, the user perspective is also being included [4].
Consequently, the research question is to what extent AI prevent dealing with diversity appropriatly

Design and Methods
In order to investigate this Research question and the assumptions, we conducted a scoping review [5].

Results
The handling of diversity in AI-supported systems has so far been neglected. Little can be found on this so far. As a result, the extent to which discrimination, mistreatment or the reinforcement of intersectional factors can be prevented as not yet been considered or taken into account. On the contrary, there are clear indications that the inherent algorithms reinforce these factors.
Attitudes that diversity are cemented in algorithms and prevent the inclusion of further characteristics. This in turn limits access and participation and reinforces exclusion and intersectionality as the use of AI increases, which already is in preparation.

Conclusions

It is inescapeable to investigate the effects of this disregard for diversity when using AI. Undesirable, distorting or even dangerous effects can be expected, especially in the context of nursing diagnostics, for example when using technology to diagnose emotions or pain. The analysis of its results should clarify the extent to which the implementation of nursing objectives helps to ensure person-centred, diversity-conscious and attentive care - or hinders it.

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A-255

Perception as a context of professional care and its relevance for nursing research

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Background and Objectives
In nursing, perception takes place with all the senses, determines practical action and sets guiding impulses for the reaction of the counterpart. Space is also a product of interaction and can be seen both as context and as an object of perception. It is therefore crucial for qualitative research to include it.
The aim of this analysis is to shed light on the significance of perception from researchers as well as from participants as context for collecting qualitative data, and how this can be taken into account for the data analysis.

Design and Methods
The researcher's body plays a decisive role as a data collection instrument, not only but especially in ethnographic study design. With the help of a comprehensive contextualisation, the influences on the researcher's perception should be revealed [1]. This is done in the course of a theoretical derivation of a phenomenological approach, which focuses the body, in contrast to e.g. neuroscientific assumptions [2]. The interactionist definition of perception is developed in its consequences for collecting and analyzing data, and the reciprocal influence of researchers and participants through felt bodily communication [3] is demonstrated. The necessity of including the context of perception in research is elaborated for at least hermeneutic procedures.

Results
Many questions in nursing science that have to do with feeling or sensation cannot be answered without scientifically controlled perception of those forms of communication that cannot be expressed through language, gestures or facial expressions. The modalities of perception are to be understood as a contextual condition for qualitative empirical studies. The challenge is to grasp and reflect on these phenomena and to translate them into scientific language. The terms ‘atmosphere’ [4] and ‘resonance’ [5] play an important role here.

Conclusions
We need to analyse how the expressions of the persons involved in a study can be perceived and recorded in a way that is appropriate for the respective research question. Two proven criteria of qualitative research can be helpful here: the degree of abstraction and intersubjective comprehensibility.

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Programme theory guided development of a complex intervention for interprofessional case discussions in adult hospital care - initial assumptions

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Background and Objectives
Demographic changes and rising chronic diseases complicate inpatient care, increasing the complexity of nursing tasks and requiring interprofessional collaboration. Staff shortages worsen nurses´ workload, stress, and burnout risk. While interprofessional case discussions (ICDs) can improve patient care, no gold standard exists for their development or sustainable implementation in acute care, and research gaps remain on effective structures and processes.
We aimed to (1) systematize the evidence on ICD in hospitals by summarizing their structural and process characteristics, (2) gather insights on the perspectives of German nurses, nurse managers, physicians, and therapists on this format of case discussions and, (3) conceptualise and implement the first programme theory guided conceptualization of the interprofessional case discussion and (4) to uncover what works, how, under which conditions, and for whom. We drew on the realist evaluation methodology to devise an initial program theory using the realist methodology.

Design and Methods
The MRC-Framework is guiding the conceptualization work. Based on a systematic literature review (N=42) and qualitative data from focus group discussions for a requirements analysis (N=17) and expert interviews, interprofessional perspectives and expectations on content, location, frequency, resources, duration, timing, participants and expected effects, provided the basis for our theory guided interprofessional case discussion conceptualising.

Results
We highlight key components and potential outcomes of ICD´s for patients, family members and the interprofessional team by formulating different types of Context-Mechanism-Outcomes that can help decision-makers and nurse leaders to use the concept of ICD´s. ICD´s enhance patient care by improving collaboration, care coordination, and individualized plans. Patients benefit from better communication and satisfaction. For teams, ICDs improve communication, teamwork, and job satisfaction, while protocols boost efficiency and reduce conflicts.

Conclusions
Our results of the programme theory guided conceptualization and implementation of ICD´s in hospitals and can improve patient care through interprofessional decision-making, comprehensive consideration of care needs, individualized care plans, and increased team communication, which increases both patient satisfaction and team efficiency and professional satisfaction.

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Translation and cultural adaptation of the Fundamentals of Care Framework (FoC) into German.

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Background and Objectives
The Fundamentals of Care Framework (FOC) provides a model for structuring the essential, multidimensional nature of professional nursing care, aims to contribute to the visibility and relevance of fundamental care, and supports a common language for nursing. It focuses on the nurse-care recipient relationship and the integration of physical, psychosocial and relational nursing care actions for person-centred care, taking into account contextual requirements. The FoC has already been translated into several languages, while a German translation was not yet available. A translation into German is needed to support the discussion of the framework in German nursing context. The aim of the study was thus to translate and culturally adopt the the FoC to the German context.

Design and Methods
The German translation of the FoC was carried out using an adapted method by Beaton et al. (2000) [1]. Two separate German translations were developed and merged into a synthesis and then this synthesis was translated backwards into English. A panel of experts from nursing science, practice, and education verified the conceptual and linguistic accuracy of the translated framework before the final version was submitted to the original authors for validation.

Results
In total, 47 terms were translated; 19 of these gave rise to semantic and conceptual discrepancies. In particular, the terms 'care' and 'nursing' represented a significant challenge in the German context. In order to align more closely with German nursing practice context, the term "integration of care" was specified as "integration of nursing components." Terms that lack a direct equivalent in German nursing practice or are of limited institutional relevance, such as "regulation and accreditation," were particularly challenging to translate and to adopt . The translation is available on the website of the International Learning Collaborative.

Conclusions
The translation is an important step towards encouraging a discussion about and visibility of the fundamentals of care and developing potential fields of application for the FoC. The translation of theoretical models poses many conceptual and cultural challenges in addition to linguistic ones. A theoretical debate on the content of the framework and its suitability for nursing in the German context must follow the translation.

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A-184

Understanding the Second Victim Phenomen: The Concept of Interaction Work as an Explanatory Approach

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Background and Objectives
In the health sector, crisis situations are often associated with psychological or psychotherapeutic settings. However, traumatic events occur in somatic settings (e.g. unexpected death or violence) [1]. These situations can be highly stressful for both those directly and indirectly affected - relatives and friends, patients or staff. The latter are often referred to as 'secondary victims [2],[3]. Despite existing recommendations to reduce stress and standards for psychosocial emergency care in the prehospital setting [4],[5], there is a lack of systematic structuring and organisation of crisis intervention in clinical practice ([1],[3],Deffner et al. 2020).
The aim of this research is to analyse clinical crisis intervention teams in Germany and their role in changing healthcare. Staff perspectives on further development will be recorded.

Design and Methods
This will require a descriptive approach (scoping review), complemented by quantitative and qualitative research. In addition, the topic will be examined in terms of health policy and social science theories, as well as object-related theories, such as the integrated concept of interaction theory according to Böhle & Weihrich (2020), in order to identify possible explanatory approaches.

Results
33 (48%) of 68 publications refer to peer support services. The term 'second victim' is used more frequently and explicitly in this context, particularly in more recent articles.
The term 'second victim' describes staff involved in an unexpected negative event (e.g. harm to a patient) (Strametz et al. 2020). These individuals often experience negative emotions, which can affect their performance and emotional well-being. The integrated concept of interaction theory considers the influences of emotional and feeling labour, subjectivising work action and cooperation work in interactional work (Böhle & Weihrich 2020).
This provides an explanatory approach to the phenomenon of the second victim.

Conclusions
The theory of integrated interaction work (Böhle & Weihrich 2020) can explain the 'second victim' phenomenon by showing how the emotional distress of staff involved in adverse events is exacerbated by emotional and feeling work. Workers experiencing guilt and

anxiety must regulate their emotions and consider those of colleagues and patients, resulting in additional stress. Cooperation work is also important in reducing the psychological stress experienced by 'second victims' and stabilising their performance.

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A-252

Yearning for a stable picture of reality – preliminary results of a meta-synthesis on the experience of patients under mechanical ventilation

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Background and Objectives
An increasing number of patients are receiving mechanical ventilation (MV) in intensive care units (ICUs) worldwide. Their experience has already been investigated in several studies, but an in-depth synthesis of the available evidence is missing. Therefore, we aimed to summarize and synthesize qualitative studies on the experience of conscious patients under MV.

Design and Methods
We conducted a meta-synthesis following the methodological recommendations of Sandelowski and Barroso. After systematic searches in Medline, CINAHL and Cochrane in January 2024, additional hand and citation searches were carried out in May 2024. The results were screened by three reviewers. We only included qualitative studies with rich descriptions on the experience of adult ICU patients under MV. Studies on children, non-invasive ventilation or step-down units were excluded. Coding and in-depth analysis was performed in MAXQDA and supported by multiple discussion rounds. This abstract reports on partial and preliminary results of the meta-synthesis.

Results
In total, we screened 2,563 references and finally included 20 studies in our synthesis. A significant and recurrent theme that emerged was patients' 'yearning for a stable picture of reality'.
Patients under MV are confronted with unknown and constantly changing surroundings. They become increasingly aware of their own situation by realizing their own misinterpretations. When conscious, patients perceive the ICU surroundings, experience ventilatory support and an altered body image. In addition, they realize their dependency to varying degrees and are aware of the received treatment, thereby valuing the expertise of healthcare professionals.
Moreover, patients not only distinguish between different emotions (e.g., anger, fear, hope, joy) and numerous bodily sensations (e.g., discomfort, fatigue, pain, suctioning, warmth). They are also aware of their causes, interconnections, localization and variation. Over time, patients also become aware of their own improvements.
Finally, they try to make sense of it. Patients collect, organize and systemize their impressions and perceptions, assign meaning to them and derive their own picture of reality from these.

Conclusions

Patients under MV are highly perceptive. Insights into their complex experience are of great importance for an individualized and comprehensive care. Healthcare professionals, and in particular nurses as the main responders, must be sensitized to the differentiated perception of patients.

Methodological and clinical research issues

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"Strategies and behaviours for symptom self-management in chronic heart failure: a scoping review".

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Background and Objectives
Management of chronic heart failure (CHF) requires a multi-faceted approach that includes pharmacological and non-pharmacological interventions. A central aspect of this approach is symptom management, which plays a key role in self-management of the disease. Effective symptom management is crucial for improving patients' quality of life and reducing hospitalisations. This scoping review identifies the strategies and behaviours used by patients with CHF to manage their symptoms and assesses alignment of these strategies with evidence-based guidelines.

Design and Methods
This scoping review follows the Joanna Briggs Institute (JBI) guidelines. A systematic literature search (2006–2023) was conducted in four databases (PubMed, CINAHL, LIVIVO, Cochrane) focusing on adults with CHF (NYHA II-IV) and their symptom management strategies. Search terms included 'heart failure', 'self-care', and 'symptom management' and variations. Studies were selected using predefined inclusion and exclusion criteria. Abstract/title and full text screening was carried out using Rayyan software. Data were extracted using a standardised data extraction form. In addition, a qualitative content analysis according to Mayring (2022), top-down-bottom-up method, was carried out for narrative synthesis, using theory-based deductive categories in advance, which were extended by inductive categories in the course of the analysis.

Results
N=34 studies, mainly qualitative and mixed methods, were included. The categorization system identified five main deductive categories and one main inductive category. At least three sub-categories were derived for each deductive main category. The subcategories 'support from others', 'resources/tools', and 'deviant behavior' appeared across all deductive main categories, highlighting the complexity and interdependence of symptom management strategies. Not all behaviors aligned with guidelines, as illustrated by 'deviant behavior'. Support from others, along with resources and tools, plays a crucial role in strategy implementation.

Conclusions
The complexity of symptom management is under-recognized by both patients and healthcare providers. Managing CHF symptoms requires diverse, context-dependent strategies that must be adapted to evolving patient needs. The interdependence of strategies, as shown by overlapping subcategories, underscores the need for more comprehensive and practical guidance for daily symptom management.

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A review of established cut-off points for pain intensity in the Numeric Rating Scale

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Background and Objectives
Measuring pain in various settings, such as hospitals or long-term care facilities, is commonly done through the use of numerical pain assessment scales, e.g. the Numeric Rating Scale. Moreover, many countries routinely monitor pain as a quality of care measure. For example, Switzerland reports pain in the national quality indicators used to oversee the quality of care in long-term care facilities. Thus,

cut-off points to differentiate not only between the presence or absence of pain but also various pain levels are crucial to optimize patient treatment and care quality. The aim of this review is to identify cut-off points for pain intensity on the Numeric Rating Scale.

Design and Methods
In March 2024, PubMed and Embase were searched using an identical search string. Additionally, grey literature was reviewed on Google Scholar. Papers were screened for relevance, focusing on primary studies that established their own cut-off point in the Numeric Rating Scale, using Rayyan. The data was extracted and synthesised to describe the findings.

Results
A total of 20 papers and 25 studies reporting 28 results were included in the review. The study populations included surgery patients, cancer patients, healthy participants, chronic participants, primary care patients and children. The cut-off points for pain vary between studies, with definitions of pain levels ranging from one to five. Values for mild pain ranged between 0 and 5, with the most cited category being 1-4. Moderate pain ranged from 3 to 8, with 4-8 as the most cited range. Severe pain ranged from 5 to 10, with the most popular category of 7-10. There was little consistency between studies, even within similar populations. Furthermore, there is a lack of consensus on the use of a single cut-off score versus a range of numbers, with some authors advocating for overlapping ranges while others prefer non-overlapping ones.

Conclusions
Establishing a cut-off value for pain is challenging, with no consensus in the literature on what constitutes optimal values. Three differences between the established cut-off points emerged in this review 1) the number of pain categories, 2) the use of cut-off point versus category range and 3) the use of overlapping or non-overlapping pain categories. However, pain assessment impacts patients' treatment and indicates the quality of care delivered. Therefore, standardisation of pain intensity for pain assessment needs to be explored further.

A-340

Combining participatory research and co-creation – an innovative approach to develop a guideline for pregnancy loss care practices

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Background and Objectives
Involving peers in research activities is becoming increasingly important in nursing science. However, methodological guidance in participatory research often remains superficial, lacks clarity, and practical examples are rarely available.
Regarding the pregnancy loss of parents, a moderate number of studies have been conducted internationally, but none of them used integrative and participatory approaches. In addition, studies and guidelines lack recommendations for interacting with parents during pregnancy loss, despite healthcare professionals' longing for clear instructions. Following this, the aim of our study is to derive such recommendations from the experiences and knowledge of affected parents.

Design and Methods
To reach this aim, we formed a study group and involved a peer from the outset. She herself lost a child during pregnancy and now offers consultations for parents after pregnancy loss. Together with her, we reviewed the current literature and research in 21 meetings from February to October 2024, critically discussed the results and identified several research gaps. After formulating our objectives, the researchers proposed various research methods and discussed them with the peer. Finally, we also consulted with several researchers who had experience in working with peers.

Results
To develop a peer-informed guideline for the care of parents experiencing pregnancy loss, an explorative mixed-methods study was designed connecting participatory research and co-creation. In detail, our data collection encompasses 1) initial workshops with parents after pregnancy loss, including world cafés and focus groups to establish the support needs, 2) narrative interviews with parents, elaborating on their experiences and needs during pregnancy loss, and 3) the conclusive co-creation of a guideline with the participants using a modified Delphi method within a co-designed workshop.
Participants will be able to take part in all study stages and thus actively contribute to the guideline development. The entire process will be accompanied by our non-scientific peer who will be involved in all steps of the research process (e.g., design, recruitment, workshops, data interpretation).

Conclusions
To date, most studies in healthcare apply only participatory research or co-creation. The combination of both methodologies appears to be a promising approach to involving patients in research and further developing healthcare. The innovative approach will be evaluated during and after the study.

A-380

COVID-19 related nursing research in Germany: a scoping review

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Background and Objectives
The SARS-CoV-2 pandemic had a major impact on nursing practice and research. The number of publications increased unprecedentedly, and reviews analysing scientific publishing with regard to country- or discipline-specific characteristics were provided. So far, an overview of the contribution of nursing research in Germany to the body of knowledge is lacking.

Objectives: To provide a systematic overview of nursing-related research in Germany during the SARS-CoV-2 pandemic.

Design and Methods
We conducted a scoping review. We systematically searched Medline (via PubMed), CINAHL, the German Register of Clinical Trials, and abstract books of conferences (June 2023) in combination with hand search and citation searching. Empirical studies and theoretical research on any aspects of nursing in the context of the pandemic conducted in Germany or with the participation of German researchers were included. Study selection and data extraction were performed independently by two reviewers. Results were analysed descriptively.

Results
We included 131 publications (n=85 quantitative, n=27 qualitative, n=6 mixed-/multi-methods studies, n=12 systematic reviews, n=1 discussion paper) published between 2020 and 2023; about 50% of the studies were published in 2021. Most quantitative research was observational, whereas only 4 studies used a non-randomised experimental design. Only two of the qualitative studies mentioned a specific methodology. About a quarter of the authors were from the fields of nursing science, medicine, and psychology each; 42% of senior authors were from the field of medicine. Study populations were predominantly nursing staff and other health professionals. People with care needs or relatives were the target goup in 23% of the studies. While 25% of the studies did not receive external funding, 32% did not provide information on funding. The Federal Ministry of Education and Research was the most frequently mentioned funding source (21%).

Conclusions
Nursing-related research in Germany during the SARS-CoV-2 pandemic was predominantly descriptive and focussed on health care professionals. Studies on people with care needs and family caregiver were underrepresented. Only one-fifth of the studies were published by nursing researchers as first or senior author. Continuous funding and a well-established research infrastructure for nursing research are needed to ensure timely and well-informed research relevant to clinical and health policy decision-makers during public health crises.

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Critical appraisal of focused interviews (FI) with nursing experts on specific similar pain situations experienced by premature infants

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Background and Objectives

A qualitative, explorative-interpretative and initially inductive study approach based on Honer's lifeworld-analytical ethnography was chosen to reconstruct the phenomenon of pain in premature infants on the limit of viability. The results of the observational study were to be triangulated through the use of a newer variant of FI, which is conducted in specifically “together" experienced situations by interviewees and interviewers and methodically designed in observational situations. For practical research reasons, however, the interviews were not conducted in the observation situation. The aim of a discussion of methods is now to focus on FIs that were conducted on the basis of specifically “similarly” experienced situations.

Design and Methods
The use of FI relating to specifically “similar” pain situations experienced by premature babies is described. The interviewee and the researcher (author) have similar experiences with small premature babies. The interviews were conducted in the setting of neonatal intensive care units. Quality criteria were used to check whether this variant of FI is suitable for reflecting the results of an observational study.

Results
In order to meet the requirement for intersubjective comprehensibility, the evaluation process was described. Based on the category system already developed from the observation data, the interview data was analyzed deductively in the context of the research question. The comparison of the results from the observation and interview data revealed similar but also different categories, which can be explained by the nature of the respective methodology. Specifically, the results of the observational study were reflected upon and additional access to further signs of pain was made possible, as well as further special pain situations of premature babies being named. The category 'specifically similarly experienced situations' was also inductively developed from the interview data.

Conclusions
The empirical data was used to reconstruct the lifeworld of premature infants at the limit of viability in pain situations. The implicit knowledge, experiences and emotions of nursing staff regarding the pain of premature babies could also be described with the help of the FI from the research field.
FI are suitable for generating data in relation to “specifically similarly experienced situations” of interviewees and researchers, e.g. to validate results from observations and to gain additional insights.

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Data extractions using a large language model (Elicit) and human reviewers in randomized controlled trials: a systematic comparison

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Background and Objectives
Systematic reviews are considered a reliable method for synthesizing evidence because they follow a structured, rigorous, and transparent research process. However, they are labor-intensive and therefore time-consuming. Elicit is an Artificial intelligence (AI) tool using large pretrained language models like GPT-3 and may automate specific steps in conducting systematic reviews. However, the tool’s performance and accuracy has not been independently assessed. We aimed at comparing data extractions from randomized controlled trials (RCTs) by using Elicit and human reviewers.

Design and Methods
To compare the data extraction from Elicit with human extractions, we sampled 20 RCTs of which data was extracted manually from human reviewers for the purpose of FIT-Nursing Care, a nursing knowledge platform. We assessed the variables study objectives, sample characteristics and size, study design, interventions, outcome measured and intervention effects and classified the results into "deviating extractions", "partially equal with less information" and "equal to or more information".

Results
Data extractions were equal between Elicit and human reviewers in 49% of all variables across all twenty studies, partially equal in 46% and deviating in 5%. Across all seven variables, Elicit extracted equal to or more information compared to human reviewers in 1-20 studies (median 11). Only for the variable study design, all extractions (100%) by Elicit were equal to human reviewers. For the variable intervention effects, extractions by Elicit were equal to human reviewers in only one study (5%).

Conclusions
Elicit was capable of extracting data partly correct for our predefined variables. Variables like intervention effect or description of intervention may require human reviewers to complete the data extraction as Elicit seems to extract only few details. Our results suggest that verification by human reviewers is necessary to ensure that all relevant information is captured completely and correctly by Elicit but future studies are needed to confirm our results.

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Delphi studies in social and health sciences — Recommendations for a standardized reporting (DELPHISTAR)

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Background and Objectives
Internationally, Delphi studies have proven themselves in a variety ofdisciplines and fields of application including nursing research. While different recommendations on reporting Delphi studies exist, none of them were established in the health and social sciences and across the range of Delphi variants. This seems critical because empirical studies demonstrate a diversity of modifications and heterogeneity in the conduct of reporting of Delphi studies. We aimed therefore to develop a guideline for the standardised reporting of Delphi studies.

Design and Methods
In an international Delphi procedure, Delphi experts were surveyed online in three rounds to find consensus on a reporting guideline for Delphi studies in the health and social sciences. The participants were selected via publications of Delphi studies. The preliminary reporting guideline, containing 65 items on five topics and presented for evaluation, had been developed based on a systematic review of the practice of Delphi studies and a systematic review of existing reporting guidelines for Delphi studies. Starting in the second Delphi round, the experts received feedback in the form of mean values, measures of dispersion, a summary of the open-ended responses and their own response from the previous round. The final reporting guideline contained the items on which at least 75% of the respondents agreed.

Results
We invited 1,072 experts to participate. A total of 91 experts completed the first Delphi round, 69 experts the second round, and 56 experts the third round. Of the 65 items in the first draft of the reporting guideline, consensus was ultimately reached for 38 items addressing the five topics: Title and Abstract (n = 3), Context (n = 7), Methods (n = 20), Results (n = 4) and Discussion (n = 4). Items focusing on theoretical research and on dissemination were either rejected or remained subjects of dissent.

Conclusions
We expect a high level of acceptance and interdisciplinary suitability for the reporting guideline presented here, which is referred to as "DELPHI studies in social and health sciences - Recommendations for an interdisciplinary STAndardized Reporting" (DELPHISTAR). The use of this reporting guideline can significantly improve the ability to understand, compare and evaluate future Delphi studies in health sciences including nursing research.

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Exploring the status of nursing research on physical,relational and psychosocial fundamental care of older people in Germany:A mapping review protocol

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Background and Objectives
As the number of older people in need of care in Germany increases, so does the need for effective, person-centred care [1]. At the same time, nurses are being hindered in providing fundamentals of care, which is their primary job, resulting in low satisfaction with care, medication errors, infections, malnutrition and more [2]. Nurses need to find ways of highlighting value and encouraging investment in the delivery of high quality fundamentals of care, as defined holistically in the Fundamentals of Care Framework [2][3]. To do this, one strategy is to have access to evidence and to evaluate impact. A mapping review of research on the fundamentals of care for older people and to identify any gaps in the current evidence base is a first step. Therefore, we aim to map the extent, range and nature of nursing research activities on the fundamentals of care, as defined in the physical, psychosocial and relational components of the integration of care dimension of the Fundamentals of Care Framework, for older people in Germany.

Design and Methods
The Preferred Reporting Items for Systematic Reviews and Meta-Analyses extension for Scoping Reviews is followed for reporting this protocol [4]. The Population, Concept and Context framework is used to define eligibility criteria [5]. PubMed/Medline, CINAHL, CareLit and GeroLit databases will be searched for publications on nursing research in English and German on the integration of dimension of the Fundamentals of Care framework which consists of 25 components among older people (≥65 years). There will be no time limit. The screening process will be carried out by two independent researchers. Any discrepancies will be resolved by discussion. Results will be reported in a narrative style, using text, numerical presentation, figures and tables.

Results
Discussion: This mapping review will be the first to provide an overview of current nursing research on the fundamentals of care needs of older people in Germany. It will identify the evidence gap in research in this area and contribute to the definition of future scientific research. The results of the mapping review could therefore be of great interest to nurses and other health professionals for evidence-based practice, research and educational programmes to develop the provision of age-friendly and caring living conditions for older people in the future.
The protocol was registered with Open Science Framework**.**

Conclusions
Not applicable

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Global Intertrigo Prevalence and Incidence: A Systematic Review and Meta-Analysis

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Background and Objectives
Intertrigo, a common inflammatory skin condition, affects populations worldwide, yet its global prevalence and incidence are unknown. This systematic review aims to evaluate and to synthesize available epidemiological data.

Design and Methods
A systematic review was conducted across the databases Medline, Embase, Cochrane, CINAHL, and Web of Science. Studies reporting intertrigo prevalence or incidence across regions and age groups were included. Duplicates were removed, and two reviewers independently screened titles and abstracts. Studies published from January 1945 in any language were considered. Data extraction will focus on prevalence and incidence rates, study characteristics, and participant demographics. Internal and external validity will be assessed. Prevalence and incidence estimates will be combined using a random-effects model.

Results
Preliminary screening shows wide variability in intertrigo prevalence and incidence, with higher rates observed in specific age groups, obese populations, and certain settings. Final results will synthesize regional and demographic trends, with a focus on age, gender, and comorbidities. Data will be presented in tables and figures with standard errors and 95% confidence intervals (CI), including forest plots to illustrate geographic disparities.

Conclusions
This review will be the first to comprehensively map the global epidemiology of intertrigo. The findings will offer critical insights into its burden across populations and inform targeted public health interventions, while identifying gaps for further research on risk factors and outcomes.

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Intersectionality as a framework condition for qualitative research projects

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Background and Objectives
The concept of intersectionality describes multiple, structural inequalities that that cannot simply be added up, but influence each other reciprocally [1]. The disadvantages run along the categories of class, race, gender, and body [2].
We regularly encounter this phenomenon in nursing contexts, and it has consequences for professional practice as well as nursing research, for which both strands of our profession are still insufficiently prepared.
The German Research Foundation-funded project ‘TriaDe’ focuses on the negotiation processes that take place between people with dementia, their live-in helpers who live with them for several months at a time, and their relatives. The special features of this arrangement brought us to the topic of multiple disadvantages.
Using the example of the composition of the sample, we will explore the question of how the approach changes over the course of the project when the focus is directed on the concept of intersectionality.

Design and Methods
The project is designed as an ethnography; the focus is on participant observation in the domestic everyday life of the participating triads, supplemented by open interviews with all groups of persons involved, a discourse analysis and an analysis of the websites of recruitment agencies. The setting is the domestic care of people with dementia.
The evaluation is carried out using content analysis [3] and reconstructive procedures [4].

Results
The analysis of the difficulties in recruitment has made it clear that research cannot be conducted in a targeted manner here without considering intersectionality criteria.
1. There is an intersectional entanglement of the categories class (differences between employers and employees), gender (predominantly women employed), race (limited access to the labour market due to ethnicity) and body (older women preferred).
2. Sampling strategies need to be expanded and adapted in a target group-specific and flexible way.
3. Language is a central factor in building trust and for the quality of the evaluation, if possible with the help of ‘co-interpreters who are familiar with the culture’ [5].

Conclusions
New approaches, procedures and adapted content of the information material should be sought or developed. It is helpful to modify the declaration of consent, in consultation with the respective ethics committee. To do this, it is necessary to follow clear rules; a suggestion for this is presented.

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Methodological considerations in describing individual patient´s nurse staff exposure – insights from a multi-centre longitudinal research study

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Background and Objectives
Appropriate nurse staffing levels are vital for patient safety and quality of care. However, nurse staffing studies consider variables such as number of registered nurses (RNs) and skill mix, but do not often take shifts (early, late, night) or day (weekday, weekend) into account. Moreover, there is a lack of longitudinal and multi-centre studies. This study aims to provide a detailed description of the number of patients, RNs, and patient-to-RN ratios in German hospitals, accounting for these factors.

Design and Methods
The study has a longitudinal design and included three hospitals, comprising 12 medical and/or surgical units. The shift-level nurse staffing data were collected using data from unit schedules. For each day (Monday to Sunday) and each shift (9 a.m.; 5 p.m.; 11 p.m.), all RNs working on the unit in direct patient care were included. To evaluate the physical workload of RNs, we used routine data provided by the hospitals containing the individual patient's admission and discharge date to/from the unit. Descriptive analyses (median, minimum, maximum) were conducted for the number of patients, RNs and patient-to-RN ratios over time using R, version 4.2.2.

Results
In all units, the median number of patients was 22 [min/max: 5/57], the median number of RNs was 3 [min/max: 0/16]. The patient-to-RN ratio varied during weekdays between 7.7 [min/max: 1-33] during early shifts (9 a.m.), 8.8 [min/max: 1.1-26] during late shifts (5 p.m.), and 16.4 [min/max: 4-37] during night shifts (11 p.m.). At weekends, the patient-to-RN ratios were somewhat higher and varied between 8.4 [min/max: 1.5-26] during early shifts, 9.3 [min/max: 2-23] during late shifts, and 16.1 [min/max: 4-34] during night shifts. A comparison of the patient-to-RN ratios across units and service lines within and between hospitals revealed different patterns. Some units demonstrated a consistent patient-to-RN ratio, while others showed a high degree of variability throughout the week.

Conclusions
The study shows differences in the patient-to-RN ratio with respect to days and shifts, suggesting that these variables should be considered in staffing measurements in future studies. Variations in the patient-to-RN ratio indicate that staffing is fixed planned and not flexibly adjusted to workload. Detailed assessment of patient characteristics and analysis of nurse scheduling are essential in future research to explore variability in patient-to-RN ratios.

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Non-pharmacological interventions to prevent and treat delirium in critically ill children: a scoping review

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Background and Objectives
Delirium is one of the most common forms of acute cerebral dysfunction in critically ill children, leading to increased morbidity and mortality. The aim of the scoping review was to identify studies describing or evaluating non-pharmacological interventions to prevent or treat pediatric delirium.

Design and Methods
Scoping Review. Searches were performed in Medline, CINAHL, Cochrane Library, Ovid (Journals), EMBASE and Web of Science from 01/2000 to 04/2023. A hand search (01|24) and update were conducted on 06/24. Title and abstract screening and full-text review of

articles were conducted by two reviewers based on prespecified inclusion criteria. Two reviewers extracted relevant information from the included studies in tabular form. Extracted variables included publication year, title, author(s), country, setting, setting, population and age, design, sample size, intervention components, outcome(s), and findings. The protocol for this scoping review was a priori published.

Results
Of a total of 6248, nine studies and two reviews were included. Six of the nine studies are intervention studies designed as before-after or quality improvement projects and evaluated the effect of implementing non-pharmacologic interventions on the occurrence of pediatric delirium. Three were observational studies. Most studies were monocentric and one study was multicentric, overall, seven different clinical and implementation outcomes (e.g. delirium occurrence, duration, adherence to delirium screening etc.) were used. Study results regarding the effects of delirium were inconsistent. In total, 16 different intervention components were identified. The most frequently reported components for preventing and treating pediatric delirium were promoting mobilisation, encouraging family presence and involvement, improving sleep, and standardised instruments or checklists for underlying etiology.

Conclusions
Various non-pharmacological interventions are currently described to mitigate pediatric delirium, but the underlying evidence is limited. High-quality intervention research using relevant and comparable outcomes is needed to evaluate the effect of non-pharmacological interventions. Despite employing a comprehensive search strategy, we must consider the possibility that relevant articles were overlooked.

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Patient-related risk factors and nursing-sensitive events in German hospitals: observational multicentre study

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Background and Objectives
International studies have shown that up to 77% of all adverse events occurring in hospitalized patients are influenced by nursing care, so-called nursing-sensitive events (NSEs). To minimise NSEs in patients, vulnerable groups of patients should be identified. The aim of this study is to describe the association between NSEs and patient-related risk factors such as gender, age, and level of care dependency.

Design and Methods
Data was collected via the longitudinal TAILR (“Nursing-sensiTive events and the Association with Individual patient Levels nuRse staffing”) study. The sample comprised 717 patients aged ≥18 years admitted to three German hospitals with four medical and/or surgical units each. Two groups were compared: patients without NSEs during hospitalisation (n=383, 53.4%) and patients with at least one NSE (n=334, 46.6%). Besides gender and age, the patients’ activities of daily living (ADLs) were assessed by classifying them according to their individual care dependence.
Descriptive statistics and the chi-square test were conducted using R, version 4.2.2.
The study adheres to ethical standards outlined in the Declaration of Helsinki and ethical approval was obtained.

Results
In total, 397 (55.4%) patients were male. Most patients (54.5%) were 65 years or older, while 33.2% and 12.3% were 40-64 and 18-39 years old, respectively. Neither age nor gender were associated with NSEs.
A significant association was found between the occurrence of NSEs and dependencies of the patients regarding the ADLs. Patients with a high level of care dependency are more likely to have at least one NSE compared to patients with a low level of care dependency.

Conclusions
The results substantiate the assumption that patients being highly dependent on nursing care regarding their ADLs have a higher risk for an NSE during hospitalisation. Nurses providing direct patient care should be aware of the risk factors and NSE occurrences in hospital patients in order to establish appropriate precautions.

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Reaching out to Individuals with Mental Illness for Research on Psychiatric Rehabilitation in Germany – Challenges and Markers of Success

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Background and Objectives
The rehabilitation of people with mental illness (RPK) is an interdisciplinary approach, integrating nursing, medical, psychological, occupational, and work therapy expertise [1]. RPK consists of a medical and a vocational phase [1]. The aim of the RPK program is to improve the functional abilities of individuals and enhance their participation in society [1]. Previous research has focused primarily on the vocational phase, emphasizing reintegration into work [2], [3], [4]. This has led to the neglection of the participants` own perspective on the topic. Given the increasing importance of recovery-oriented care and support [5], the perspectives of individuals on their own rehabilitation are essential. This study explores the impact of the medical phase from the participants' point of view, assessing resilience, self-stigmatization, and quality of life at two time points. In addition, qualitative Interviews are conducted.

Design and Methods
This study follows a mixed-methods design combining literature reviews, quantitative surveys (longitudinal study at two time points), and qualitative guided interviews with participants. Due to their mental health conditions, a major challenge is gaining access to the vulnerable target group. Furthermore, it proves to be another challenge to involve the facilities to manage the study alongside their daily operations as this is adding to their workload. Ethical approval was obtained, and contact was established with relevant institutions nationwide.

Results
Around one-third of the facilities in Germany participated, conducting surveys with their rehabilitants. Professionals were trained, and regular updates were provided. Baseline results, including sociodemographic data and literature findings, are available. Initial experiences with accessing institutions, participant engagement, and further contact for interviews, as well as training and informational support are discussed. A total of 133 complete data sets were included in the analysis.

Conclusions
Most participants voluntarily provided personal and contact details and are open to further questions, indicating a strong interest in participating in this study. Having a consistent point of contact within the facilities proved essential for the study's success. The sociodemographic data closely matched the national average, making the sample representative.

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A-375

Reduction of physical restaint of non-ventilated patients in a neurointensive care unit (RemFix)

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Background and Objectives
Although there is no evidence of effectiveness for physical restraint (PR), they continue to be used in acute clinical care. The reasons for their use are the protection and safety of patients from adverse events, such as falls or pulling of supply and drain lines. Because PR poses a potential risk of harm to those affected, it is necessary to sensitize medical staff to the need to avoid PR. The aim of the research work is to reduce the prevalence of mechanical restraint of nonventilated neurological-neurosurgical intensive care patients through a training program including a workshop.

Design and Methods
The quality improvement project as a prospective, quasi-experimental longitudinal study in a pre-post design was conducted on two neurological-neurosurgical intensive care units at a maximum care hospital. The pretest survey took place from May to July. As part of the data collection, nursing staff documented fixation types and reasons for fixation using a fixation protocol. As an intervention, a training program and a workshop for nursing staff took place from August to October. The posttest survey took place from October to January. Demographic data was collected over time via the hospital information system. Descriptive and inferential statistical analyses were performed using IBM SPSS Statistics Version 29.0.2.0 (IBM, Inc., Chicago, IL, USA). Group comparisons were calculated using binary logistic regression.

Results
A total of 342 patients were included in the analysis (200 pretest, 142 posttest). The prevalence of fixation was reduced by 77.1% (OR = 0.229; 95% CI [0.046-1.156]; p= 0,074).

Conclusions
The results suggest that a training program including a workshop can reduce the prevalence of fixation of non-ventilated intensive care patients in neurological-neurosurgical intensive care units. Guidelines and clinical recommendations are essential for a conscious approach to PR in order to effectively improve the quality of care for intensive care patients.

A-368

RefHunter goes international: Update and English translation of an information portal for systematic literature searches

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Background and Objectives
Since 2018, RefHunter has provided tabular overviews of the basic and special functions of databases related to the healthcare sector as well as other search aids. The transition to a web format in 2022 enabled more diverse and interactive functions, which were used to varying degrees. An English-language version was already the subject of prospective planning, as the degree of dissemination is limited due to the availability only in German. The aim of this contribution is to describe the process of updating RefHunter based on the experience gained and with a focus on the English translation.

Design and Methods
The update was carried out in collaboration with the company triagonale already technically responsible for the conversion of RefHunter from a pdf to a web format. The update included minor technical modifications to the website with regards to improving usability and operability. In addition, unused or rarely used functions were removed or deactivated on behalf of a needs-based design and for reasons of clarity. The English translation was carried out using a semi-automated, controlled process supported by artificial intelligence (AI).

Results
The technical modifications included interactive changes to the start page to ease getting started for new users and an improved display of the metadata in the database overviews. The discussion forum and the wiki-style editing options were removed. The newsletter was deactivated in order to preserve potential future usability. The English translation was carried out using DeepL, whereby translations for individual terms in the methodological terminology were stored in a glossary. This enabled to modify the translation algorithm to the terminology used.

Conclusions

RefHunter supports the targeted selection of databases for systematic literature searches and thus contributes to the methodological development of evidence syntheses and empirical work. The needs-oriented updating enables a significantly higher degree of dissemination and thus a multiplication of this benefit.

A-195

Shunt cannulation to accomplish an immunoapheresis: Cannulation guided by palpation vs. ultrasound using metal needles and plastic cannulas

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Background and Objectives
Regular apheresis treatment requires a vascular shunt for puncture. The procedure influences the success of treatment and shunt-lifespan. To date, there is no objective, evidence-based catalog of criteria to support nurses in their decision on the most appropriate procedure for puncture. Thus, they decide based on their own experience about the puncture procedure and in consultation with the patient about the needle to be used. This study aimed to examine which type of shunt puncture (palpatory vs. ultrasound-controlled) in combination with which type of puncture needles (metal vs. plastic cannulas) is most suitable in terms of positioning comfort and safety from the patient and nursing perspective regarding trouble-free treatment on an apheresis machine.

Design and Methods
A prospective, comparative, quantitative approach was used for the study carried out between 01/2022-12/2023. All patients with a shunt in place who regularly underwent treatment in the apheresis centre and the nurses caring for them were included. The procedure (palpation controlled & metal needle, ultrasound controlled & metal needle, ultrasound controlled & plastic needle) was randomly assigned. Data collection for each puncture unit (supplying plus draining needle) was pseudonymously using an online questionnaire. The data were analyzed descriptively and tested for differences (α=.05).

Results
153 puncture units could be included in the analysis. Interventions differed statistically significantly only in a few items. Metal needles were beneficial in terms of fixation, avoiding incorrect punctures, puncture perception, puncture pain and handling during insertion, plastic cannulas were advantageous in terms of positioning comfort, arm mobility, perception of pulling a needle and bleeding after removing the pressure bandage. When using ultrasound, the needle tips were at least 90% placed in the vessel's centre. The needle size does not seem to have any effect on the perception of the puncture, the sensation of the cannula being inserted and subsequent bleeding after having removed the compression dressing.

Conclusions
None of the three interventions emerged as the most suitable one in terms of positioning comfort and safety from a patient and nursing perspective, as well as in terms of problem-free treatment on an apheresis device. There was also no clear picture as to whether the use of a metal needle or a plastic cannula should be preferred. Further research is necessary with an appropriate number of puncture units.

A-299

Sleep Quality, Anxiety, and Sleep Disruption in the Intensive Care Unit

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Background and Objectives
Quality sleep is essential, and sleeping difficulty is a significant source of discomfort for patients in the intensive care unit (ICU). Many hospitalized patients suffer from anxiety.

This study aimed to assess sleep quality and daytime sleepiness in ICU patients, evaluate the prevalence of anxiety and its relationship to sleep quality, and identify both environmental and non-environmental factors affecting sleep quality.

Design and Methods
A multicenter descriptive cross-sectional study was conducted on 267 ICU patients across six hospitals in the Czech Republic. Sleep-influencing factors were evaluated on the day of discharge using a modified Freedman questionnaire, while anxiety levels were assessed with the Beck Anxiety Inventory. Data analysis included descriptive statistics, ANOVA, and multivariate regression (OPLS).

Results
Overall sleep quality in the ICU was significantly lower than at home (5.16 vs. 6.99, $p < 0.001$). Men reported better sleep quality than women (5.26 vs. 4.80, $p < 0.001$), and individuals over 60 experienced poorer sleep (5.99 vs. 6.17, $p < 0.001$). Sleep quality improved over the course of hospitalization (4.24 vs. 5.20 vs. 5.66, $p < 0.001$). Daytime sleepiness was linked to gender, with women reporting higher levels than men (5.02 vs. 5.50, $p < 0.001$), and increased with longer hospital stays (5.72 vs. 5.32 vs. 4.76, $p < 0.001$). A weak but statistically significant correlation was observed between sleep quality and daytime sleepiness ($r = 0.206$, $p < 0.001$), while a moderate inverse correlation was found between sleep quality and anxiety ($R = -0.41$, $p = 0.001$). Anxiety levels were unaffected by sex, age, or ICU type, but pain influenced anxiety presence. Anxiety was minimal in 73 patients, moderate in 155, and high in 39. The five factors most significantly disrupting sleep were medication administration (-0.804), pain (-0.623), noise (-0.588), light (-0.555), and nursing interventions (-0.504), based on component loadings.

Conclusions
Sleep quality and anxiety are closely connected, with sleep quality affected by and evolving over the length of hospitalization. Sleep disturbances in ICU patients stem from a range of multifactorial causes, including both environmental and non-environmental factors.

A-371

Study recruitment of persons with dementia: A systematic review of facilitators, barriers, and strategies

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Background and Objectives
Dementia care researchers seek to develop and evaluate interventions to improve quality of life in persons with dementia. To gain a deeper understanding of their needs and to assess the benefit of dementia-specific interventions, it is essential that persons with dementia take part in research. However, study recruitment of persons with dementia is challenging. We aimed to investigate facilitators and barriers to identifying and approaching persons with dementia for recruitment to dementia care studies and to determine the effectiveness of recruitment strategies.

Design and Methods
We performed a systematic review of methodological studies that investigated facilitators and barriers to identifying and approaching persons with dementia for recruitment to dementia care studies and/or determined the effectiveness of recruitment strategies (CRD42022342600). We systematically searched MEDLINE/PubMed, CINAHL, Web of Science, ORRCA (Online Resource for Research in Clinical triAls), and pertinent evidence syntheses and conducted citation searching of all included studies. The results were summarized narratively.

Results
We identified 18 studies; half published within the last three years and mostly conducted in the United States or United Kingdom. Facilitators and barriers consisted of “characteristics of participants, researchers, clinical contact persons”, “study characteristics”, and “communication with participants”. To recruit persons with dementia, the included studies assessed information-based strategies, networking and collaboration, study-related aspects, and multimodal strategies. The highest number of participants were recruited by study information in electronic and print formats, as well as by networking and collaboration. Advertisements proved to be the most expensive way of recruitment.

Conclusions
There is limited evidence on the effectiveness of recruitment strategies in dementia care studies. Our analysis of facilitators and barriers

highlights the situation of participating persons with dementia, researchers, and clinical contact persons. It may inform and guide research teams in designing strategies to identify persons with dementia for recruitment to dementia care studies.

A-185

The Complexity of Crisis Intervention in Clinical Practice: Methodological Challenges of a heterogeneous Research Field

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Background and Objectives
In healthcare, crises are often psychological. However, traumatic events occur in somatic settings, too (e.g. unexpected death or violence). Such situations are distressing for all involved [1]. The latter are 'secondary victims' [2]. Psychosocial support is important in crisis situations to help those affected and avoid risks such as pathological grief, social isolation, or substance abuse. Despite recommendations for stress reduction and standards for emergency psychosocial care in the prehospital setting, there is a lack of systematic crisis intervention in the clinical context [3].
This study analyses German clinical crisis intervention teams and their role in changing healthcare. Staff perspectives on future development will be recorded.

Design and Methods
To achieve this objective, a descriptive approach is required, together with quantitative and qualitative research. The research project will seek the opinions of data protection officers and ethics committee experts. It was difficult to find the right search terms for the scoping review. In Germany there are about 112 terms for psychosocial support or crisis intervention [4]. The lack of structure and systematisation will make the nationwide survey challenging.

Results
A preliminary search was conducted to identify the most relevant and commonly used terms, and experts were involved in the selection process. Ultimately, five terms were included as search criteria for the scoping review [5]. Between January and May 2024, a comprehensive search was carried out in various databases, in addition to specific online resources. A hand search of the OPAC was carried out in April 2023 and a repeat search was carried out in April 2024. Recommendations from networkers and practitioners and reference lists were screened until May 2024. A total of 2,446 titles and abstracts were screened, and 68 full texts were included in the analysis.

Conclusions
The review offers an in-depth look at the diversity and complexity of clinical services in crisis intervention. Peer support programmes can be formal or informal and can be adapted to specific needs. An adaptable and interdisciplinary approach is essential to meet the needs of staff, patients and their families in a somatic clinic. The impact of the COVID-19-pandemic and its adaptation highlights the importance of psychosocial support. Furthermore, there is a need to integrate knowledge from the prehospital and outpatient sectors.

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Oral Sessions

Strengthening resilience through nursing research

A-359

Burnout, back pain and their associations with the psychosocial work environment among homecare workers — a national multicenter cross-sectional study

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Background and Objectives
Healthcare professionals face various work environment risk factors in their workplace that can negatively impact their health. Homecare presents specific risk factors, such as working in a unpredictable environment at clients' homes. In 2020, the U.S. rate of occupational illnesses and injury among home healthcare workers was 3.3 per 100 full-time equivalent workers. Despite the risk factors and the increasing future need for homecare, little attention has been directed to homecare workers' health and their psychosocial work environment.

Our study aimed to 1) determine the prevalence of burnout symptoms and back pain among homecare workers in Switzerland and 2) assess their associations with psychosocial work environment factors.

Design and Methods
This study is part of a national multicentre cross-sectional study in the Swiss homecare setting. Using a stratified random sample, we recruited 88 homecare agencies and collected data from January to September 2021 through paper-pencil questionnaires for employees. Burnout symptoms were assessed with the Copenhagen Burnout Inventory Scale (possible score range 0–100) and back pain with a single item from the Federal Statistical Office's Swiss Health Survey. To assess the association of psychosocial work environment and health-related outcomes we conducted multilevel regression analyses.

Results
We included 2514 homecare workers. More than two-thirds reported back pain (68.4%). One quarter (26.3%) reported burnout symptoms. Poorer work-life balance, higher workload, and verbal aggression from clients showed to be positively associated with both outcomes. In addition, better social support from colleagues and leadership were negatively associated with burnout. Higher role conflict levels correlated with higher burnout levels.

Conclusions
Our findings suggest that psychosocial work environment factors, such as work-life balance, workload, leadership, social support from colleagues, and verbal aggression from clients, influence workers' health and should be taken into consideration when designing interventions to improve workers' health. Initiatives and strategies at safeguarding and promoting homecare workers' health and well-being will benefit not only the workers themselves, but may also contribute to patient safety, quality of care and the sustainability of homecare.

A-464

Changes in nurses' intention to leave during and after COVID-19: Findings from a longitudinal study in German hospitals

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Background and Objectives
Retaining a skilled nursing workforce is essential to ensure high-quality and safe patient care in hospitals. High turnover among nurses undermines these goals. Identifying intention to leave (ITL) and its underlying causes is crucial for developing targeted interventions. While studies have reported an increase in ITL during the Covid-19 pandemic, it remains unclear whether there has been a turnaround since then.
This study examines changes in nurses' ITL during and after COVID-19, focusing on potential variations by qualification.

Design and Methods
ITL due to job dissatisfaction was measured at three time points via online surveys: winter 2020/21 (T0), spring 2022 (T1), and autumn 2023 (T2) among nurses in German hospitals participating in the EU-funded Magnet4Europe project. The survey included nurses with varying qualifications, including diploma nurses (3-year vocational training), Bachelor's degree nurses (BSN), nurse managers and Advanced Practice Nurses (APN). The questionnaire also assessed working conditions including satisfaction, leadership, quality and safety, among others.

Results
A total of 5,255 nurses from 17 hospitals responded to the ITL question, with 1,734 nurses at T0, 2,031 at T1, and 1,509 at T2. ITL was lowest at T0 (25.5%) but increased to 33.5% at T1 and remained stable at 33.4% at T2. At T0, 43.1% of nurses intending to leave planned to change hospitals, while 44.9% intended to leave the profession. By T1, the proportion intending to change hospitals dropped to 32.4% (-10.7%), while those considering leaving the profession increased to 57.4% (+12.5%). By T2, these figures adjusted slightly (36.3% for changing hospitals, 51.1% for leaving nursing).
ITL was lowest among nurse managers at T0 (15.0%), followed by APNs (23.4%), BSNs (24.1%), and highest among diploma nurses (28.1%). Between T0 to T1, ITL increased most among BSNs (+9.0%) and diploma nurses (+8.7%), while it rose by 7.3% among nurse managers but decreased for APNs (-3.4%). Gender differences were also observed.

Conclusions
Addressing nursing turnover requires early identification of ITL to implement timely, preventative interventions. The significant changes in ITL over time suggest that COVID-19 and increased workload may have a lasting impact. Monitoring ITL is essential to prevent actual dropout. Addressing the desire to change workplaces can be best tackled by the organisation itself, but preventing nurses from leaving the profession entirely remains a broader societal and political challenge.

A-174

Context Analysis of Barriers and Facilitators for a Senior-Friendly Emergency Department: A Mixed-Method Study

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Background and Objectives
The uptake of prior interventions in the Emergency Department (ED) for patients aged ≥65 is currently unknown, underscoring the need for tailored implementation strategies to adopt a comprehensive senior-friendly ED program successfully. The current project aims to evaluate and re-implement such a program within a Swiss university hospital that offers a comprehensive and value-based healthcare approach considering the complexity of older patients. A contextual analysis serves as a first step to identifying barriers and facilitators, as well as understanding the setting and its culture, to pave the way for sustainable change.
We aim to conduct a contextual analysis to evaluate existing senior-friendly interventions, focusing on identifying barriers and facilitators impacting the uptake, reach, and sustainability in the target ED.

Design and Methods
Using a rapid ethnographic approach, we conducted 20 observations, including informal conversations with ED clinicians caring for patients aged ≥65, from February to August 2024. Thematic analysis was performed iteratively. Additionally, 5-10 ED clinicians will participate in semi-structured interviews in February 2025. Qualitative data assessed the ED clinicians' uptake of senior-friendly interventions. We extracted consecutive routine data from 1,564 patients aged ≥65 hospitalized in February 2024. A descriptive analysis evaluated inasmuch patients were reached by senior-friendly interventions.

Results
Insights from observations revealed themes such as ageism toward young-old and oldest-old patients. ED clinicians with extensive emergency-specific knowledge and additional training in geriatric emergency medicine face challenges with complex screenings and assessments, which increase their workload. The chart review indicates that while 24.2% (N=346) of patients received delirium screenings and assessments, these were primarily conducted by registered nurses (83%, N=283). Complete delirium assessment outcomes (i.e., certain, probable, or no delirium) were available in 75.9% (N=63) of cases. ED clinicians performed fall risk screenings for 42.3% (N=586) of patients. Overall, the results highlight inconsistencies in assessment practices.

Conclusions
Screening and assessments are crucial for delivering person-centered emergency care and enhancing the quality of care. Identifying barriers and facilitators will inform the next steps in developing tailored implementation strategies for sustained improvement.

A-298

Developing a Discrete Choice Experiment Questionnaire to Assess Preference Weights of Registered Nursing Graduates for Future Employers

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Background and Objectives
Healthcare systems worldwide, including in Switzerland, struggle to retain nurses and make the profession appealing to young people. Studies identify factors influencing Swiss nurses' job attraction and retention, but often as simple lists that lack insights into impact—key for policy decisions. This gap highlights the need for a strategy to assess these factors and their influence weight on nurses' career decisions.
The objective is to develop and pilot a Discrete Choice Experiment (DCE) questionary that effectively measures the importance of various attributes (i.e., characteristics) influencing Swiss registered nurse graduates' employment decision, while also revealing their weight of influence.

Design and Methods
The development of the DCE questionary involved three phases: (1) Identifying attributes and assigning levels based on a literature review and interviews with experts from education, management and advanced practice nursing; (2) Selecting the statistically optimal D-efficient experimental design and constructing choice sets using R (version 4.3.1); and (3) Developing the questionnaire and two pretesting with data collection using REDCap survey software at the Basel Cantonal Nursing School, targeting graduating classes of registered nurses. The pretesting included interviews with volunteered respondents.

Results
The final DCE included nine attributes with two or three levels across 18 choice sets, requiring participants to select between three hypothetical jobs (A, B, C) for each choice set. To reduce cognitive fatigue while keeping a level balance, a blocking procedure divided the sets into two questionnaires, each with nine choice sets. The survey also incorporated an internal consistency test and socio-demographic data collection. The first pilot with 64 students (mean age 23.6 ± 2.8 years; 82.1% female) led to wording adjustments for four attributes and two levels. The second pilot with 34 students (mean age 25.4 ± 3.7 years; 61.8% female) confirmed the survey's clarity, lack of hypothetical job dominance, effective trade-off enforcement, and completion time of 15–30 minutes.

Conclusions
A suitable DCE questionnaire was developed for a future nationwide survey targeting registered nurse graduates, ready to assess job attribute preferences and their importance. Further pretesting is recommended due to low participation in the second pilot.

A-373

Factors associated with Presenteeism in Nursing Homes

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Background and Objectives
Presenteeism, the practice of working while ill, is a well-documented problem in the healthcare sector, particularly in nursing homes. It affects both the health of staff and the quality of care, but specific research on nursing staff in long-term care facilities remains limited. This study aims to fill this gap by investigating the prevalence and factors influencing presenteeism among nursing staff in Swiss nursing homes.

Design and Methods
This cross-sectional study analysed the baseline data of the STRAIN study, in which nursing staff in Swiss nursing homes were surveyed. Questionnaires were distributed in 86 institutions to assess psychosocial factors, working conditions and presenteeism behaviour. A total of 1,416 nurses took part in the survey. The STRAIN instrument includes validated scales such as the Copenhagen

Psychosocial Questionnaire. The statistical analyses included descriptive statistics and negative binomial regression to identify predictors of presenteeism.

Results

Presenteeism was most common among nursing assistants with formal education. Key factors included high physical demands (IRR = 1.01, $p < 0.001$) and stress symptoms (IRR = 1.01, $p < 0.001$), while a positive feedback culture was associated with lower presenteeism rates (IRR = 0.99, $p < 0.001$). Unfair treatment and long tenure also correlated with higher presenteeism levels. Substantial variability was noted across wards, highlighting the influence of specific ward cultures and staffing practices.

Conclusions

This study underscores the high prevalence of presenteeism among nursing assistants in Swiss nursing homes and identifies significant risk factors, including physical demands and workplace stress. Interventions to reduce presenteeism should focus on fostering supportive workplace cultures, ensuring fair treatment, and managing physical workloads. Future research should explore ward-specific factors to inform targeted strategies that promote nurse well-being and enhance care quality.

A-374

Implementing the INTERCARE nurse-led model: assessing intervention fidelity to core components of a complex intervention

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Background and Objectives

To achieve sustainable change in practice, it is essential to evaluate the effectiveness of complex interventions but also their implementation process and outcomes. One approach is to examine fidelity to the intervention, i.e. the extent to which various components of the intervention were implemented as originally planned. Examining fidelity helps assess how well the processes align with the intended intervention, providing insights into the successes and challenges of implementation. INTERSCALE is concerned with the scale-up of the INTERCARE nurse-led care model comprising six core components (e.g., the INTERCARE nurse, interprofessional collaboration, and advanced care planning) to reduce unplanned hospitalizations from long-term care facilities (LTCF). The model includes evidence-based tools that enhance the communication between nurses and physicians (ISBAR) and the recognition of changes in health conditions (STOP&WATCH). One objective is to evaluate how fidelity to core components evolves throughout the implementation.

Design and Methods

In this cluster-randomized controlled trial, running between 2022 and 2028, we assess how LTCF implement the INTERCARE model. Semi-structured interviews are currently being conducted (three-month intervals within 24 months), alongside observations and surveys. Additionally, nurses in expanded roles (INTERCARE nurses), who are at the heart of the INTERCARE model, are documenting their coaching activities with the care teams quarterly-yearly. Five facilities started with the implementation in 2024, and 10 further will start at the beginning of 2025.

Results

The semi-structured interviews showed that 100% of the first five LTCF had hired an INTERCARE nurse at the start of the implementation phase. 80% have partly implemented the ISBAR, while the rest work with it systematically. Moreover, 20% are partially using STOP&WATCH and the rest did not start with its implementation. We will be able to show the fidelity development over time for the first five LTCF as well as go in-depth inasmuch INTERCARE nurses can develop their role as intended.

Conclusions

LTCF implement the core components at varying paces and to different extents, influenced by their different situations at their starting points and differences regarding the geriatric knowledge and skills available. Evaluating the fidelity trajectory and changes over time enhances our understanding of implementation processes, revealing insights into how complex interventions achieve their intended outcomes.

A-465

Participation of Older People Living with Home-Based Long-Term Care – an Ethnographic Enquiry

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Background and Objectives
Besides caring relatives and care home facilities there is the option of professional home-based long-term care (home care). Many people in Switzerland prefer living at home with long-term care instead of moving to a care home, as it is associated with more possibilities for participation in the sense of “taking part” and “having part” in everyday life and in society at large. With an increasing demand in home care and the prioritization of home care over residential care by old-age care policies, it is of interest in what ways participation is understood, discussed and practiced (or not) in home care settings and which factors might lead to a more just and fair ability to participate.

Design and Methods
This ethnographic research is part of the EPICENTRE-PARTICIPATIO [1] project and uses qualitative research methods, such as taking part in the everyday life of older people living with home care, or of health care professionals in home care. Besides these observations, semi-structured interviews with different actors involved and document analysis form an integral part of the research design.

Results
The understanding and practice of participation in home care is predominantly focusing on the individual level. Key factors are the time available to the care staff, the quality of communication between the care-receiving and the care-providing person and the knowledge of care-receiving persons about possible alternatives. The collective level of participation is difficult to find in home care setting. People living with home care – other than in residential care – do have less shared space with others in similar situations, which makes it hard to connect, exchange and possibly take action. Another key determinant is the presence or absence of significant others supporting the participation of the person living with home care.

Conclusions
The structural factors of the institution providing home care services and the assumption that this frame cannot be changed need to be challenged in order to enable more participation of older people living with home care. Fostering the relationship between the person living with home care, their significant others and the care providers can help to create a more just access to participation.

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A-232

Reliance on temporary nursing staff and patterns of temporary deployment in Swiss hospitals: insights from a multi-centre study

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Background and Objectives
Deploying temporary staff which includes utilizing internal pools, reallocating staff between units, and deploying staff externally through agencies are common strategies to maintain staffing levels at appropriate levels. However, the evidence regarding the extent, patterns, and drivers of temporary nurse deployment remains varied and inconclusive. This analysis as a part of the CroWiS (Crowd Working in der Schweiz) project aimed to describe the extent of deploying temporary staff and explore different temporary deployment models applied in different hospital units and across different shifts.

Design and Methods
A longitudinal observational study was conducted in 12 medical and surgical units in three hospitals in German-speaking part of Switzerland in 2022. The number of permanent and temporary staff and patient number and turnover were collected for every day and

every shift over the period of 4 months. Data was analysed using descriptive statistics.

Results

The analysis is still ongoing. The sample of analysis included a total of 3,159 shifts in 8 units in two hospitals. The frequency of the shifts with at least one temporary staff ranged from 15.4% to 57.2% of the total shifts over the hospitals. Based on the number of staff present on all shifts, the proportion of temporary nurses ranged between 6.7% and 26.5% over the two sites. Although temporary staff were deployed more frequent in the morning and afternoon shifts, their proportion relative to the total staff was higher during the night and half-length shifts (including, half-morning, half-afternoon and in-between shifts). The two hospitals varied in terms of the model of temporary deployments. In one site, more than 50% of temporary staff were sourced from external agencies. In another one, close to 90% of temporary deployments were from hospital internal pool. The largest proportion of temporary staff consisted of unqualified staff (nurse assistants and interns) and registered nurses, depending on the hospital's needs.

Conclusions

The extent of temporary deployments is high. However, reliance on temporary staff appears to play a crucial role in maintaining staffing levels. Study hospitals employed different patterns for temporary staffing in terms of the source and staff's qualification. Based on the high number of temporary deployments from agencies, and less-skilled temporary staff, hospital management should ensure sufficient training, supervision for temporary staff to prevent adverse consequences due to unfamiliarity.

A-175

Staffing trends in a Swiss long-term care facility - a time-series analysis from 2018 to 2023

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Background and Objectives

Workforce shortages present ongoing challenges for long-term care (LTC) service providers, also in Switzerland. After the COVID-19 pandemic, there is an urgent need to understand current workforce trends to strengthen the LTC setting. This analysis aimed to describe pre-, peri- and post-pandemic nursing home care staffing trends using routine data.

Design and Methods

We conducted a retrospective longitudinal analysis using daily routine data from 2018 to 2023, from a multisite LTC facility in Switzerland with 180 beds. We used time-series decomposition - a method to distinguish trends from seasonal effects and residual variation - to describe trends for three outcomes a) the supply-demand-match (i.e., how did the available direct staff cover the actual care demand), b) the number of full-time absences (i.e., how many staff members were scheduled to work but were absent), and c) the number of temporary staff from an internal pool or external agency. We used means, confidence intervals and percentages to describe yearly averages.

Results

We linked data from 533'003 shifts and 387'585 resident days across the six years. Overall, we observed a decrease of supply-demand match from a daily average number of staff of +6.88 [95%CI 6.86 - 6.90] in 2018 to -0.23 [-0.24 – -0.22] in 2023 ($p<0.001$), meaning that for each year of the study, there was one less staff member available per day for the same resident case mix. Simultaneously, daily staff absences increased from an average of 11.08 [11.06 - 11.09] to 14.23 [14.19- 14.27, $p<0.001$]. Absences decreased in the beginning of the pandemic (2020), but continuously increased from 2021 onwards, especially for absences with duration of ≥ 1 week. As an organizational response, the number of shifts worked by temporary staff increased from 5.5% in 2018 to 17.7% in 2023.

Conclusions

Our study found a statistically and clinically significant downward trend of supply-demand-match from pre- to post-pandemic. This negative trend is driven largely by staff absences and could not be reversed despite an increased deployment of temporary staff both from an internal pool and from external agencies. Our study reveals profound effects of the pandemic on organizations' ability to cover the actual care demand and staff's ability to cope with higher individual workload. Healthcare policy should consider alternative reimbursement strategies to alleviate the financial burden linked to the high number of absences.

A-394

Strengthening Resilience through Health Promotion: A Study on the Support Needs

and Coping Strategies of Women with Addiction

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Background and Objectives
Health promotion enables individuals to improve and control their health, addressing personal and social-environmental factors. For those with chronic conditions like addiction, health-promoting behaviors are crucial for quality of life and disease management. This study examines how personal, social and environmental factors impact resilience in women with addiction, using a gender-specific lens to fill research gaps and underscore resilience's role in sustaining recovery. It also highlights the need for sustainability in nursing, where interventions aim to create long-lasting supportive environments for vulnerable groups.

Design and Methods
This qualitative study explores the lived experiences of women with addiction, particularly during pregnancy, postpartum, and motherhood. Through seven autobiographical-narrative interviews, the study examines coping mechanisms, stigmatization, and the support needs of women with addiction. Using Kuckartz's content analysis [1], the study identifies key themes relevant to strengthening resilience and sustainable nursing practices.

Results
Women with addiction employ various strategies to build resilience, finding purpose through caregiving and relationships. Social support from family, friends, and self-help groups is essential, yet many face barriers such as financial hardship, trauma, and stigma, which hinder sustainable coping. Accessible, low-threshold services and self-help groups are essential in supporting resilience that extends beyond initial treatment. Furthemore, creating environments with limited access to addictive substances and structured support is key to lasting recovery. Effective coping requires routines, strong networks, and reduced exposure to addictive substances.

Conclusions
This study underscores resilience as central to recovery, especially for women with addiction. Findings highlight the importance of addressing both personal and socio-environmental factors to support lasting resilience. Sustainable nursing practices should focus on gender-sensitive health promotion, coping strategies, support networks and reducing stigmatization. By focusing on these elements, nursing interventions can promote not only immediate recovery but also long-term resilience in managing addiction. Integrating these aspects into nursing will enhance individual outcomes and contribute to a more resilient, supportive healthcare system for vulnerable populations.

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A-400

Theorising transitions of internationally educated nurses into a foreign nursing practice – an integrative review

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Background and Objectives
Global shortages of health care professionals challenge the resilience of health systems. A strategy employed by high-income countries is the recruitment of internationally educated nurses (IEN). This raises ethical concerns not only about maldistribution of resources between countries, but also regarding individual migration trajectories. Migration offers nurses potentials to advance their skills and careers, contributing to the overall professionalization of nursing. However, differences in nursing education and practice across countries bear uncertainties for migrating nurses. The process of navigating these can be conceptualized as a *transition into a foreign nursing practice*.
Aim of the study was to synthesise theories and concepts on the transition of IEN into foreign nursing practice. In this presentation, we consider empirically developed theories and concepts.

Design and Methods
An integrative review was conducted following the framework of Whittemore and Knafl [1]. By searching PubMed and CINAHL, we

included qualitative and mixed methods studies, reviews and meta-syntheses, that developed theories or concepts on the transition of IEN into foreign nursing practice. Theoretical frameworks were inductively analysed, and findings were synthesised.

Results

Sixteen studies (12 qualitative, 1 mixed-methods, 1 scoping review, 2 meta-syntheses) were included that conceptualised the transition of IEN into foreign nursing practice. In eleven studies, no existing theoretical frameworks were referenced for theory development, while in five studies a theoretical basis was outlined: *acculturation* [2], *transitions theory* [3], *new-to-setting-nurse transitions* [4], *organizational culture* [5], among others. Eight studies focused on the post-migration period; the others also included the pre-migration period. While in some studies (n=3) the transition process was differentiated thematically (n=3), in the majority (n=13) chronological phases were conceptualised. Five overarching phases can be synthesised: a) *leaving the familiar – expecting the new;* b) *encountering the unknown – reality shock*; c) *facing barriers – professional setback*; d) *dealing with the rules – new realities*; e) *building strength - regaining empowerment*.

Conclusions

Nursing scholars are increasingly contributing to the theoretical understanding of the transition of IEN into foreign nursing practice. This may promote the development of nursing specific socio-professional integration concepts, considering the expertise of migrating nurses.

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Technology in Nursing

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AI Readiness in Nursing Care: A Comprehensive Tool for Project Development and Evaluation

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Background and Objectives

Despite AI's high potential, few AI-based technologies have been adopted in nursing practice outside of intensive care units or hospitals yet. Adoption of AI technology in nursing care is challenging not only due to technical and regulatory requirements. Also social, ethical, and translational factors need to be considered in the development and implementation process. Readiness models provide a systematic approach to assess how a project is set up to achieve the objectives and offer guidance on how to further improve capabilities to foster the integration of AI-based technologies. We aim to develop an AI-Nursing-Care-Readiness Assessment tool to support decision-makers in AI-nursing care projects in guiding decisions and processes while planning, implementing, and evaluating a project.

Design and Methods

Using a sequential exploratory mixed methods approach, we followed established design structures of maturity models and identified, harmonized, and categorized AI readiness factors through expert workshops (N=21), interviews (N=14), an online survey (N=53), and

two rounds of nominal group consensus with experts (N=5). We triangulated these findings with literature and insights from eight German research and development projects for AI in nursing care. Indicator development and validation involved an expert workshop and a Delphi approach for consensus building with stakeholders from completed and ongoing AI-nursing-care-projects in Germany.

Results
We propose 66 AI-Nursing-Care-Readiness factors in 5 dimensions: regulatory requirements, processual and translational requirements, technical requirements, social and ethical success factors, community building. In addition, we created an AI-Nursing-Care-Readiness Assessment tool with five stages of maturity levels that can help practitioners to assess the current state of an AI-nursing-care-project and identify starting points for optimising and improving their capabilities in planning, implementing and evaluating projects including AI-based technologies in nursing care.

Conclusions
Many AI-nursing-care-projects encounter major hurdles when when they are put into practice and the hoped-for success and benefits of AI systems for nursing care often fall short of expectations. The AI-Nursing-Care-Readiness Assessment tool helps to overcome challenges and barriers in the implementation of research, development and implementation projects. In addition, our tool guides future research on facilitators and barriers to AI integration in nursing care.

A-404

Continuous vital signs monitoring at general hospital wards: what it is, and what it is not

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Background and Objectives
Ensuring patient safety during admission to general hospital wards is at the heart of daily nursing care. Nurses routinely capture patient's vital signs, on an intermittent basis each shift, i.e., breathing rate, oxygen saturation, heartrate, blood pressure, and temperature. The technologic evolution of devices allows remote and wireless monitoring of vital signs which facilitates continuous monitoring on a distance. Despite the growing attention in the literature for continuous vital signs monitoring, a clear definition is lacking. Standards for which patients and which vitals should be monitored are lacking, as well as guidance for nurses for how to integrate it in daily care. This study aimed to clarify the concept of continuous vital signs monitoring in general hospital wards by defining its attributes, antecedents, and consequences, leading to a definition of the concept. This will guide researchers, clinicians, and policymakers on how to work with continuous vital signs monitoring in daily practice.

Design and Methods
Following Walker and Avant's methodology of eight steps, a concept analysis was performed by defining the core antecedents, attributes, and consequences of continuous vital signs monitoring, based on literature. Literature was searched in CINAHL, Embase, and PubMed. Study selection and data extraction was independently performed by three researchers. Analysis and interpretation was iteratively done during discussion sessions.

Results
Out of 1471 articles, 47 studies were included. Continuous vital signs monitoring was attributed by the non-invasive setting, vital signs measurement, and surveillance. Antecedents were the device itself, including its accuracy and an ICT infrastructure, and integration in routine patientcare. The concept led to three main consequences, including nurse-patient interactions, device-related outcomes, and clinical outcomes, such as identification of deterioration, safety, length of stay, and mortality.

Conclusions
This study provides an in-depth clarification of continuous vital signs monitoring in general hospital wards. The analysis of the concept is a theoretical basis to enable the global community to talk, value, research, do, and teach the innovation of continuous vital signs monitoring. Especially nurses must embrace this innovation as this will change their work in how they address their patients' needs.

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Development of an AI based data model to predict nursing workload, using routine

clinical data

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Background and Objectives
In everyday clinical practice, electronic documentation generates a wealth of routine data on nursing-related health status, patient abilities, risk profiles, interventions, medical diagnostics, vital signs, etc. These data can be analysed and used secondarily to control care processes using key performance indicators. The aim of the study was to use patient condition data and other clinical and institutional parameters to identify predictors that can be used to forecast the nursing workload.

Design and Methods
The retrospective, non-interventional and multi-centred study used routine clinical data from nursing documentation. Four predictive machine learning methods were used (random forest, gradient boosting, linear boosting and lasso regression).. In the second step, the target variable (nursing workload) was to be predicted on the basis of the predictors determined in the first step (selection of epaAC [epaAC = nursing assessment tool for AcuteCare] items) and a professional assessment by experts from practice and research. Finally a multiple linear regression was calculated using the selected predictors in order to test the significance of the predictors and the accuracy of the prediction of the model.

Results
The analysis of the linear regression revealed consistent predictors across clinics and specialities. The most important variables were "SPI" (SelbstPflegeIndex), "Braden scale value /decubitus risk", "Personal Hygiene Lower Body".
The SPI alone explains the variance in nursing minutes with an adjusted R^2 of 40% to 66% (depending on the respective subgroup). With the addition of further predictors such as "fatigue" or "pain intensity", the adjusted R^2 can be increased by up to 17% depending on the respective model or subgroup.

Conclusions
The SPI can be used as an estimator for a higher or lower nursing workload. Nevertheless, the prediction values vary in different settings. One explanation is that the reasons for nursing interventions e.g. in the context of a surgical department are additionally influenced by the medical services provided while in internal medicine the proportion of patients with a general need for care is higher. To assess the nursing workload per case, the workload resulting from assistance with medical therapy and diagnostics as well as for instruction and advice must be added. To calculate the total nursing workload to run the ward properly, the non-case-related workload (e.g. education, organization of staff and ward) must also be considered.

A-239

Development of an innovative, supportive technical system for drinking and nutrition management in nursing care – a Roadmap for Robotics

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Background and Objectives
A central challenge for nursing care in acute hospitals is the limited structured recording of patients' calorie intake and hydration needs, as well as the performance of check-ups, documentation, and needs-based encouragement of food and fluid intake [1][2][3][5].

Robotic systems can support care as possible components in an overall screening context, but only partial aspects of this have been implemented to date. These systems do not yet have the necessary sophistication and can often only be used in rigid processes. For example a service robot can transport food but it cannot open a door. A comprehensive development concept is still lacking [4].

Design and Methods
At the Innovative Secure Medical Campus (ISMC) at the University Hospital Bonn (UKB), a concept has been developed in conjunction with Conet Solution, Emineo, Fraunhofer-Institut of Production, Engineering and Automation (IPA), and Fraunhofer-Institut of Technical and Business Mathematics (ITWM), which has iteratively developed an implementation matrix using agile project management with stakeholder workshops, participant observation and jointly developed process descriptions.[7]

Results
Solutions and innovation potential were combined into a modular recommendation for action in the form of a roadmap. Robotic,

mechatronic and IT solutions were identified in a stepwise development timeline (from eight months to four years). In a three-dimensional matrix, the solutions were assigned to cost, feasibility and potential use. These criteria are shown in a benefit analysis. Since summer 2024, the roadmap has served as a decision-making standard and guideline for subsequent nursing research projects at the UKB.

Conclusions
A robotic system for care support in the areas of nutrition and fluid balance does not currently exist. This requires developments in the areas of artificial intelligence (AI), mechatronics, voice control and machine learning as well as investigation of ethical, legal and social implications (ELSI) for the integration of suitable systems.
UKB has been implementing the first components of the roadmap since July 2024. Smart cups, which include both, a system for monitoring drinking quantities and a drinking reminder system, have been purchased. Testing of nutrition scanners and the acquisition of a service robot to research human-machine interaction are steps in the roadmap that are currently being implemented.

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A-129

Digital care beds and the necessity of the implementation and care process. A research project in a long-term care facility

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Background and Objectives
In view of the increasing need for long-term care among very old people, the continuing shortage of skilled nursing staff and their high workload, the implementation of digital care beds (DCB) is a logical decision to relieve the burden on caregivers and at the same time improve the quality of the care provided.

The DCB is an advanced digital assistance system designed to enhance patient care through integrated technology. This innovative bed features an array of functionalities including an integrated scale for measuring body weight, pressure sensors, alarm and monitoring systems, a data input terminal, and the capability for automatic data transfer. The DCB generates data on the resident's care status and thus takes over tasks in the care process. At the same time, the DCB implies a nursing responsibility for the caregivers in the sense of nursing action. The DCB becomes the third actor in the care relationship between the resident and the caregiver.

Design and Methods
The longitudinal study lasted 24 months. A mixed methods approach was used. Based on ethnography, three qualitative observation phases were carried out with the aim of determining the integration of the DCB by nursing professionals. In addition, a questionnaire on the affinity for technology of the nursing professions was used. A change in the quality of care was measured in terms of the incidence of pressure sores, falls and the weight of residents.

Results
The results show that the digital possibilities of the DCB were hardly utilised. This is due to technical problems (e.g. Wi-Fi, software) and the fact that nurses have not been trained in the use of DCB. A shortage of skilled labour, high staff turnover, the use of auxiliary staff, particularly from temporary employment, as well as highly fragmented care work and the lack of an obligatory nursing process prevented the DCB from becoming part of the care routine. It became clear that there is a high level of acceptance on the part of carers to use DCB in care practice.

Conclusions
The neglect of an implementation process, including a needs analysis, training for care professionals and the omission of the mandatory

nursing process prevent the DCB from being substantially and supportively integrated into nursing care and the quality of care from being improved. Without the nursing process and an adequate implementation process, DCB cannot be integrated into nursing practice in a beneficial way. Finally, nursing staff have to compensate for these deficits through additional work.

A-322

Evaluation of a social robot in long-term care: Perspectives of professional caregivers and daytime companions

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Background and Objectives
The increasing role of digital applications in healthcare is intensified by demographic change and the related challenges in caregiving. Innovative technologies are expected to reduce the workload of nursing staff and improve the quality of care, despite the declining number of caregivers [1] [2]. In a pilot project with the social robot Navel, the Evangelische Heimstiftung GmbH is testing his potential effects on staff and residents. Navel, who is equipped with the latest AI technologies, has unique abilities in verbal and non-verbal communication. He is designed to stimulate people in need of care emotionally and cognitively and at the same time support and relieve staff.

Design and Methods
After a nine-month period of testing one robot in each of two nursing homes, an evaluation of the robot's impact on the staff and residents was conducted. This follow-up survey was carried out using a questionnaire which was addressed to the professional caregivers and daytime companions of the pilot nursing homes (n=54). The questionnaire included the standardized System Usability Scale [3] and three self-developed scales, based on a preliminary survey and a workshop with the staff.

Results
According to the staff, the robot tends to bring joy to the residents (34.9% joy; 11.6% no joy; 53.5% undecided) and provides a complement to the existing care offerings (34.9% good complement; 16.3% not a good complement; 48.8% undecided). The results also show that the robot is currently not perceived as a support (69.8% no support) or relief (73.9% no relief) in daily work. Nevertheless, over a third of respondents expressed the wish to keep the robot in the facility (36.5%).

Conclusions
The pilot phase shows that the robot is not yet fully integrated into daily work activities. Staff are still quite undecided about the effects of Navel, which may be attributable to Navel being a pre-series model whose functions have not yet been fully established. For successful use of a prototype or a technology that is not yet completely functional, it is essential that employees are informed about its current state of development and possible challenges to prevent false expectations and frustration. The results also suggest that social robots could play a valuable role in long-term care in the future, especially if the technology is further developed and better integrated into daily care processes.

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A-219

Impact of simulation experience on professional nurses' acquired knowledge, skills, self-efficacy, confidence, and satisfaction

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Background and Objectives
The beneficial effect of simulation experience on nursing students is well established in the literature. However, an accurate simulation modality to help professional nurses enhance their clinical competence and expertise remains unexplored. Therefore, this study

evaluated and contrasted the impact of two simulation modalities on nurses' knowledge, abilities, self-efficacy, confidence, and satisfaction following a simulated clinical experience caring for chemotherapy patients.

Design and Methods
A quasi-experimental research design was employed in this study. The participants were randomly divided into group A, comprising 60 nurses exposed to the high-fidelity simulation, and group B, comprising 60 nurses exposed to the virtual simulation. Three similar scenarios and objectives related to caring for a patient undergoing chemotherapy were used for both simulation modalities (HFS and VS). Moreover, to evaluate their acquired knowledge and skills from the simulation experience, a pre/post-test and pre/post-OSCE were conducted. All participating nurses also answered the Student Satisfaction and Self-confidence in Learning (SSS) questionnaire from the National League for Nursing and the General Self-Efficacy Scale.

Results
The study found that nurses exposed to high-fidelity simulation and virtual simulation gained a high standard of knowledge and skills. The nurses' post-test and post-objective structured clinical examination (OSCE) scores drastically increased after simulation exposure compared to their pre-test and pre-OSCE scores. For the group exposed to high-fidelity simulation, the mean differences were -19.65 (pre- and post-test) and 23.85 (pre- and post-OSCE), while for the group exposed to virtual simulation, the mean differences were -22.42 (pre- and post-test) and 20.63 (pre- and post-OSCE). All p-values indicated significant differences < 0.001. Moreover, both groups exhibited high self-efficacy, confidence, and satisfaction levels after the simulation experience. The outcomes of both simulation modalities regarding self-efficacy, confidence, and satisfaction levels indicate no significant difference, as supported by p-values of > 0.05.

Conclusions
High-fidelity simulation and virtual simulation training effectively and efficiently advance nurses' professional competence. Furthermore, the simulation approach will be a potent instrument for improving nurses' competency and fully developing their sense of expertise.

A-148

Network analysis for EHR data: Describing time-varying care demands in maternity care.

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Background and Objectives
Reducing the mismatch between nursing staff and patient needs is crucial for global healthcare. In maternity care, understaffing, especially among midwives and nurses, increases e.g. the risk of delayed detection of abnormal conditions for mothers and newborns. Current research offers only a broad and often aggregated view of this mismatch, lacking a detailed understanding of how care demands evolve during individual hospital stay. Detailed data from the electronic health record (EHR) bears the potential to uncover a new perspective of these care demands by capturing the inter-individual and time-varying nature of maternity care demands. The study aims to better-predict care demands for hospital staffing decisions.

Design and Methods
We analyzed longitudinal care activity data from mothers in a Swiss university hospital, which is part of the EHR. Developing a network of partial correlations, we examined interactions between these activities to uncover hidden patterns in care provision. The network analysis approach allowed us to identify care modules and investigate demand module trajectories over time.

Results
A total of 113 distinct care activities were recorded, with durations ranging from 1 to 340 minutes – totalling 300'000 data entries Our network analysis resulted in a weighted undirected graph consisting of 84 nodes (care activities) and 439 edges (activity interactions) and forming a relatively sparse network. Ten care modules were identified, showing distinct peaks at different stages of women's postnatal stays, e.g. the module indicating special breastfeeding support has the highest proportion on care on the third day postpartum. These modules, along with key transition points between various modules, e.g. initiating interprofessional case management indicates care shift, provide a detailed view of maternity care needs.

Conclusions
Our network-based analysis reveals how EHR data can uncover hidden patterns in nursing activities, providing a clear picture of complex care demands by viewing nursing activities as interconnected. Our study reflects a highly integrated maternity care process.

Our approach supports the development of digital tools for hospitals, potentially offering real-time suggestions for staffing adjustments based on care needs. By automating insights into care trajectories, we can improve resource allocation and care quality. The long-term goal is to create a predictive model integrated with EHRs, enabling better decision-making for care delivery in maternity units.

A-276

Nurses readiness to provide digital health services and correlation to clinical decision making

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Background and Objectives
As Kosovo strives for European Union integration, it embraces new trends through ongoing initiatives and health policies that increasingly focus on integrating digital services into healthcare. With a young population eager for innovation, the demand for digital health services is rising, highlighting the need for nurses to be well-prepared. This study evaluates nurses' readiness to provide digital health services and its impact on clinical decision-making, specifically assessing how the technological affinity of the youth influences nurses' skills and readiness for digital service provision.

Design and Methods
The study included 185 nurses employed in Internal Medicine clinics at secondary and tertiary levels in Kosovo. Notably, there are a total of 484 nurses working in these clinics. Utilizing a confidence level of 90%, the potential sample size for this master's thesis was determined to be 179 participants. Data were collected using the Technology Readiness Index, Digital Literacy Scale, and Clinical Decision-Making Skills Inventory.

Results
Findings reveal no significant correlation between nurses' readiness for digital health services and clinical decision-making abilities. However, a positive association was identified between digital literacy and nurses' readiness to engage in digital health service provision.

Conclusions
The results underscore the need for a strategic plan in Kosovo to promote digital literacy within nursing education and training. By enhancing digital readiness, healthcare services can meet higher standards, contributing to improved quality in healthcare provision.

A-259

Tailoring Dementia Care Education with AI: Interprofessional Needs Analysis and User-Centered Prototype Evaluation

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Background and Objectives
Dementia care requires highly skilled healthcare professionals to provide appropriate support for people with dementia (PwD). Continuous updates on dementia-related knowledge, particularly across interdisciplinary teams, are essential for delivering high quality care. The increasing use of digital media in healthcare education allows for personalized learning tailored to individual needs and preferences. However, the integration of Artificial Intelligence (AI) to support this process remains underexplored. The MINDED.RUHR project aims to address this gap by developing automated, AI-driven personalized learning content. This subproject focuses on a participatory approach to assess needs, develop relevant content and conduct an evaluation of prototype learning nuggets with health professionals in dementia care.

Design and Methods
The research design is guided by the first phase of the design and evaluation framework for digital health interventions Framework (DEDHI) and follows a participatory approach. Focus group interviews with health professionals were conducted to identify specific training needs and personal learning preferences. Based on these findings, a learning preference matrix was developed, guiding the creation of personalized learning nuggets. These prototypes were evaluated for usability, design and content relevance in co-design workshops with participants. Expert interviews were carried out to ensure the quality and practical applicability of the learning materials.

Results
The focus group interviews (n= 8) revealed key learning needs in three primary areas: understanding the forms and stages of dementia, mastering communication techniques and managing behavioral changes in PwD. Peer learning strategies were preferred by the participants. In the co-design workshops (n= 39), participants highlighted the relevance of practical examples, the accessibility of the content and its alignment with real-practice scenarios. However, the experts (n=5) pointed the avatars as digital colleagues out and critically suggested improvements in practical tasks.

Conclusions
This study highlights the needs for tailored dementia care training. AI-driven personalized learning paths offer significant potential to enhance education by addressing individual learning preferences. For nursing, this approach allows flexible, efficient learning and improving professional skills. AI-supported training can support continuous development, leading to better patient outcomes and enhanced confidence among caregivers.

A-199

Technology adoption in nursing – what is needed?

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Background and Objectives
Technologies offer promising opportunities to support and alleviate the workload of nurses. While several factors are known to influence technology adoption, it remains unclear how technology adoption is understood from the perspective of nurses and how it occurs specifically in the nursing work environment. Therefore, the goal of the study was to understand how the adoption process unfolds from different perspectives when a new technology is put into practice.

Design and Methods
A qualitative exploratory research design with interviews and focus groups was chosen. A purposive sample was selected based on the following inclusion criteria: professional qualification and experience with the technology, an innovation based on radar technology used for real-time mobility monitoring and early fall detection of patients. Twenty-four nurses from acute care hospitals and psychiatric facilities, three customer consultants and one physician assistant were interviewed. The data collection took place between September 2023 and June 2024. The transcripts were analyzed thematically according to Braun and Clarke (2006).

Results
The analysis identified key themes: building trust, relief vs. burden, knowledge, balancing care and autonomy, non-use, use, repurposing, and financial aspects. Trust in technology is crucial for adoption, yet technical issues initially challenge trust building. However, positive experiences and functionality help build trust. While knowledge development is facilitated by theory, with consultants playing a central role, knowledge dissemination is uneven within intra- and interprofessional teams. Nurses call for more empirical data and valid scales to interpret technology outputs. Staff turnover and shortages often lead to knowledge loss in the nursing team. Technology provides relief compared to alternatives, especially in situations of low staffing, because it instills a sense of security. However, nurses are now monitoring more patients than before, leading to an increase in alarms. Furthermore, the technology's incompatibility with clinical information systems leads to additional documentation requirements, both of which can be seen as extra burdens.

Conclusions
Effective use of technology in clinical nursing requires understanding its mechanisms and purpose. Nurses benefit from knowing the rationale behind technology to use it wisely. It's essential to identify the specific knowledge nurse managers need to prepare and support nurses along with strategies for sharing this knowledge.

Professional development

A-160

Advanced Practice Nurse in Swiss Primary Care: Developing a Job Description and

proposing a Scope of Practice.

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Background and Objectives
The Swiss healthcare system – as many other healthcare systems – is confronted with demographic changes and subsequent changing demands in healthcare, dramatic shortages of qualified healthcare professionals, and rising healthcare costs. Advanced Practice Nurses (APN) could be a solution for this problem. APN are nurses with a Master of Science in Nursing (MSN) and work with an extended scope of practice. This role is already implemented in Swiss inpatient care. It is, however, fairly new in outpatient family medicine. Therefore, a definition of the scope of practice as well as a standardized job description are the next well-needed steps to integrating it into family medicine.

Aim: To determine the scope of practice and develop a job description template for APN working in Swiss family medicine.

Design and Methods
A mixed methods study drawing on the PEPPA-framework was conducted in two parts to obtain a consensus on competencies and the scope of practice. A comprehensive literature search on APN competencies and a hand search of currently used job descriptions of APN in Swiss family medicine was conducted. The subsequent draft job description was discussed with a sounding board including APNs working in family medicine, GPs and researchers from the field. For a more in-depth understanding of the necessary competencies for APN, two focus group discussions were conducted. Focus group A included seven APN from different workplaces and focus group B involved five GPs.

Results
The literature and hand search led to a first draft of the job description. Both focus group results were mapped and integrated into the draft job description. The feedback from the sounding board was obtained through an online survey to determine content clarity and wording of the draft. After two more oral feedback rounds, a final draft role description emerged.

Conclusions
With this draft job description a first scope of practice is defined to support the role understanding of APNs who work in family medicine. The job description can help different professions to better understand the role and scope of practice of APNs in family medicine and advocate role delimitation. In the next step of this research, the draft job description will be validated with a broader audience.

A-442

Advanced Practice Nursing in Germany: Lessons from innovative hospitals on roles, job satisfaction, and retention

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Background and Objectives
Germany is in the early stages of implementing Advanced Practice Nursing (APN), with no corresponding national regulation. A few innovative hospitals exist, mainly university hospitals, with a longer routine in implementing APN. Their experience is relevant for informing nationwide implementation. Currently, APN role legislation and implementation are on the agenda of German health policymakers.

This study aims to analyse APN roles, job satisfaction and factors influencing retention in comparison to nurses in German hospitals with higher-than-average academic nursing staff and innovative implementation strategies in place.

Design and Methods
A survey was conducted in 2023 among nurses in direct patient care with 3-year diploma, bachelor's degree (BSN) and APN degree in 22 German innovative hospitals. Descriptive and bivariate analyses were used to compare APNs with nurses (subsuming diploma nurses and BSN).

Results
A total of 1,647 nurses (mean age 37.7 years, 79.4% female) participated, including 61 APNs from 17 hospitals. APN-specific roles covered nursing practice projects (performed by 55.7% APNs vs. 9.2% nurses; $p<0.001$), leading intra-/interprofessional meetings

(62.3% vs. 9.6%; p<0.001), and training of nurses (68.3% vs. 35.1%; p<0.001). The majority of APNs (75.0%) reported to use 75%-100% of their educational knowledge. APNs more often than nurses reported receiving financial support and time release for professional development (44.1% vs. 24.4%; p=0.003). Overall, APNs were more satisfied with the current job than nurses (88.3% vs. 63.1%, p<0.001) and less frequently reported an intention-to-leave the hospital (16.4% vs. 46.3%; p<0.001). Higher remuneration aligned with qualification, extended tasks including clinical assessments, a high degree of independence in daily practice, and career opportunities were important factors for APNs to increase retention.

Conclusions
Innovative hospitals have implemented strategies and roles for APNs who are generally satisfied with their positions and organisational support for professional development, except for the level of remuneration.
Hospital managers and policy makers can learn from good practice examples on APN roles and support in Germany, in addition to international experience. Comprehensive strategies for all nurses are required to improve job satisfaction and retention.

A-204

Case management and care expertise as a prevention approach for adults with intellectual disabilities – results of a randomised-controlled trial

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Background and Objectives
People with intellectual disabilities have a higher risk of several chronic diseases [1], and face multiple barriers to accessing health care [2]. Therefore, they receive fewer health promotion and prevention interventions [3]. This study aimed to address this issue through the implementation and testing of the effectiveness of prevention-focused case management by nursing and health experts with a master's degree on the health status, resilience and quality of life.

Design and Methods
We conducted a randomised controlled trial with waiting list design in Hamburg, Germany. Inclusion criteria were ICD diagnosis F70-79 and age ≥18 years. Exclusion criteria were a care level >3 (according to the German Social Code XI) or being at the end-of-life. The intervention focused on four prevention domains (mobility, nutrition, stress, addiction) and consisted of 1) social space analysis, 2) four outreach visits by nursing and health experts over one year including health assessments, joint development of a prevention plan, evaluation of the plan's implementation, and 3) individual or group counselling. The control group (CG) received usual care. Participants were allocated using computer-assisted, permuted block randomisation. Researchers were blinded during data collection and analysis. The primary outcome was health status at 12 months (t2) (WHODAS 2.0). Secondary outcomes were health status at 6 months (t1), resilience (RS-11) and health-related quality of life (HQOL) (EQ5D-VAS) at 6 and 12 months. We analysed the data using ANCOVAs.

Results
214 participants were evenly randomized. At t2, 176 participants remained (IG: n=85, CG; n=91). Health status at t2 showed a mean difference (MD) of -4.38 points in favour of the IG (p=0.009; CI -8.13 – -0.62) and a MD of -1.06 (p=0.602; CI -3.51 – 5.62) for t1. For resilience, a MD of +2.70 points (t2) in favour of the IG was obtained (p=0.05; CI -5.78 – 0.39) and a MD of +0.51 (p=0.660; CI -3.11 – 2.10) for t1. We measured a MD for HQOL of -1.19 (p=0.72; CI -8.71 – 6.33) in favour of the CG at t2 and a MD of +0.72 (p= 0.805; CI -5.88 – 7.32) in favour of the IG at t1.

Conclusions
Prevention-focused case management was able to improve the health status of people with intellectual disabilities with a clinically important difference and a small to moderate effect size. The intervention has the potential to facilitate participation in prevention and therefore more equitable care for people with intellectual disabilities, thereby improving their overall health and well-being.

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A-432

Development and testing of a training for nurses to promote empowerment during decision and adherence coaching for people with stroke

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Background and Objectives
People with stroke (PwS) frequently lack knowledge about recurrent stroke prevention medication. Too little knowledge can contribute to a lack of adherence. Nurses can provide support based on their skills and trust to promote PwS empowerment.

The StrokeCompass study aims to develop and pilot-test nurse-led coachings to promote patient empowerment by implementing shared decision-making (SDM) and adherence support to recurrent stroke prevention. We developed a training to prepare nurses for this coaching role.

Design and Methods
The training was developed and tested in an iterative multi-stage process.Learning objectives were formulated in line with the topics und aims of the study e.g. stroke prevention, and the required competences were defined. The training concept based on Heinrich Roth's six steps of problem-based learning and an evaluated programme on decision-making. The concept was first discussed with an advanced practice nurse (APN) and members of the multi-professional StrokeCompass team to consider clinical issues followed by a pre-test. Health science students completed a 90 minutes exercise and gave feedback before and after. Two in stroke care experienced nurses with Bachelor degrees participated in a three-day course. They completed evaluation form afterwards and gave verbal feedback on educational methods. Field notes were collected for both. One trained nurse fulfilled training on the job with PwS with audio recording. The collected qualitative and quantitative data and field notes were analysed descriptively.

Results
The research team and APN assessed that the training fits into practice. Five students rated the exercise as appropriate. Both nurses stated enriching contents and suitable teaching formats but declared more support to feel prepared. The training on the job with two PwS indicated a sufficient preparation. No contents needed to be supplemented after testing.
The final training programme encompasses an online preparatory phase, a three-day course, training on the job and access for additional online resources with an overall workload of 38 hours. Added coaching exercises with simulated PwS and modified support cards addresses the need for more preparation.

Conclusions
The multi-stage testing provided important feedback on practicability. The training will now be applied within the randomised stepped-wedge pilot study.

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Development of a "Practice-Research Collaboration" to promote clinical nursing research in acute hospitals: A Multi-Method Study

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Background and Objectives
High-quality nursing care in acute hospitals requires evidence-based practice. In Germany, academic nursing science is not directly integrated into practice, particularly when it comes to generating clinically relevant research questions and facilitating effective knowledge transfer. International models like the Living Lab offer potential solutions but need adaptation to the German context. The

aim is to develop a prototype and program theory for a “Practice-Research Collaboration” at a German university hospital.

Design and Methods
This multi-method study follows the United Kingdom (UK) Medical Research Council (MRC) framework for complex interventions. It includes a literature review (A) to identify models, facilitators, and barriers, alongside qualitative interviews and focus groups (B) to collect practical insights. The findings are integrated using qualitative triangulation, and a prototype and program theory are finalized with stakeholder consensus.

Results
The literature review (A) of 15 articles identified barriers and facilitators for such collaborations; few models have been applied. Eleven interviews and three focus groups (B) with 25 participants highlighted factors such as regular meetings, transparency, leadership support, and adequate resources as facilitators. Based on these results, a prototype of the Practice-Research Collaboration and program theory were developed and will be presented at the conference.

Conclusions
The program theory fosters a shared understanding between research and practice, outlining why and under which conditions the prototype could be effective. The next step is to pilot the prototype based on a research question collaboratively developed by both practitioners and researchers, ensuring its relevance to real-world clinical practice. Strengths and weaknesses will be analyzed, and the program theory refined for future implementation in other hospitals across Germany.

A-273

Enhancing Interprofessional Collaboration in Dementia Care: Insights from the SABD-Fam Project

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Background and Objectives
In Germany, most people with dementia live at home, supported by family members who adapt continuously to the evolving needs of their loved ones. This progression creates challenges in maintaining stable care. To address these issues a pilot project under the National Dementia Strategy, in collaboration with Malteser and Hochschule für Wirtschaft und Gesellschaft Ludwigshafen, seeks to develop a specialized nursing role within an interprofessional framework. The intervention (Specialized Outpatient Care for People Living with Dementia and Families SABD-Fam), aims to support family caregivers more effectively. The DZNE e.V. Witten is evaluating the nurses role's integration into dementia care. A logic model outlines essential collaboration, caregiving objectives and necessary qualifications.

Design and Methods
This evaluation follows the Medical Research Council (MRC) framework and occurs in two phases: Phase 1 involved developing a logic model for SABD-Fam through a two-day workshop with experts. Detailed documentation ensured accurate recording of outcomes. Meeting notes were analyzed to create the logic model, which serves as the implementation foundation and a framework for reflection. Phase 2 includes expert interviews, focus groups, document analysis and secondary analyses of prior interviews and survey data. Data are analyzed through structured content analysis and descriptive statistics to assess both implementation and outcomes, focusing on how the caregiving role evolves within an interprofessional environment and its potential for integration.

Results
The logic model identified three core domains for SABD-Fam: care arrangements, professional qualifications and resources and networking. These areas are addressed through family consultations, case conferences, staff training and network-building activities. The model defines specific tasks and qualifications, aiming to foster stable care for PwD, improve family support and reduce healthcare costs. Expected outcomes include enhanced home care stability, increased demand for SABD-Fam, higher job satisfaction among caregivers and healthcare cost savings.

Conclusions
The logic model provides a clear framework for defining new caregiving roles in interprofessional care, outlining the required qualifications and tasks. Insights from the SABD-Fam evaluation will help refine these roles, enhance collaboration and inform future training and support systems, improving care for PwD and their families.

A-182

Evidence-based development of an e-learning to impart delirium-specific knowledge for geriatric nurses and general practitioners in nursing homes

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Background and Objectives
Delirium is a complex multifactorial neuropsychiatric syndrome characterized by acute changes in attention, consciousness, cognition and behavior [1]. It is a medical emergency that requires immediate action and is associated with serious complications such as increased mortality and cognitive and functional decline [2],[3],[4]. Although nursing home residents are particularly at risk of developing delirium, they are rarely recognized and diagnosed [1]. It is therefore essential for geriatric nurses and general practitioners to impart delirium-specific knowledge. Therefore, the aim was to develop an evidence-based e-learning course for geriatric nurses and general practitioners that can serve as part of a complex intervention.

Design and Methods
First, a realist review was conducted to understand how, why and under what circumstances educational interventions on delirium work for health care professionals in nursing homes . To develop a competence-based e-learning curriculum, an exploratory literature search was carried out in MEDLINE and CINAHL. The curriculum was then consented with the help of a two-stage delphi survey with an integrated expert workshop. Based on the results of the realist review and the delphi survey, the e-learning was developed with a media agency specialized in science communication.

Results
In the realist review, we developed eight context-mechanism-outcome configurations that model the success/failure of educational interventions in nursing homes. These were considered in the development of the e-learning. The consented competencies (n=97) were assigned to five learning nuggets. They consist of an expert video and interactive elements. Different experts guide through the videos, supported by graphics. To achieve a high level of practical relevance, practical sequences and resident journeys with case sequences were integrated.

Conclusions
The development of an evidence-based interprofessional e-learning on delirium may serve as one element of a complex intervention to better prevent delirium in nursing homes.

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A-335

Experiences of intraprofessional collaboration in geriatric nursing in German hospitals perspectives of advanced practice nurses - A qualitative study

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Background and Objectives
Demographic development and increasing chronic diseases, rises the number of older adults requiring complex care in German hospitals. To support patient care new concepts, such as the patient-centred, evidence-based, international concept of Advanced Practice Nursing (APN) are required. In Germany, the implementation is quite new and often leads to role ambiguities. At the same time, acceptance of the role in the nursing teams are essential for establishment. Collaboration is seen as a core competence of APNs.

According to literature, there is a gap in research to intraprofessional collaboration.
The goal is to get insights about intradisciplinary collaboration, from experiences of APNs and to identify their individual strategies. The focus is on geriatric patients in German hospitals.

Design and Methods
A qualitative research approach has been chosen, based on the Grounded Theory methodology according to Strauss & Corbin. Data were collected by semi-structured online interviews with APNs (n = 7) of German hospitals with contact to geriatric patients.

Results
APNs experience the development of the central phenomenon `*Between mental reservation and acceptance - balancing a process of finding professional identity*. Initially *Mental Reservations* dominate intraprofessional collaboration. The development of acceptance is supported by three strategy and interaction processes: *Communicatively getting everyone on board*; *creating a basis for collaboration and building a relationship*; *taking a mediating role and coordinating geriatric care*. On the basis of mutual acceptance mutual support and the development of professionality is possible Effective intraprofessional collaboration also impact the quality of interprofessional collaboration and contributes to quality improvement of care for geriatric patients in hospital.

Conclusions
A common understanding of professional identity within the nursing profession can have a positive impact on intraprofessional and interprofessional collaboration. Further research on this topic is necessary to successfully integrated APNs.

A-138

Exploring Patients' Needs for Advanced Practice Nursing in Chronic Inflammatory Disease Management: A Qualitative Study

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Background and Objectives
Patients with chronic inflammatory diseases, such as rheumatic or inflammatory bowel diseases, often face complex and evolving challenges in managing their conditions. Effective disease management requires not only medical intervention but also a global approach that includes patient education, counselling, and self-management support [1].
This study aims to identify the specific care and counselling needs of these patients and to determine the potential role of Advanced Practice Nursing (APN) in addressing these needs.

Design and Methods
A qualitative study was conducted at Hannover Medical School using semi-structured interviews with a purposive sampling of n=18 patients with different chronic inflammatory diseases receiving inpatient care. The interviews were designed to explore patients' experience with the current care situation, focusing on their needs for holistic treatment approaches and support. The data was transcribed using the software f4x and analysed using qualitative content analysis according to Kuckartz [2] to identify common themes and patterns in patient´s needs and experiences.

Results
The findings revealed a strong need for a holistic treatment approach that integrates both medical care and supportive counselling. Patients want to be active partners in their medical treatment, which requires comprehensive information, empowerment and health literacy. The study also found that patients needs varied depending on the phase of the disease. The unpredictable course of the illness leads to constantly changing restrictions on daily life. Counselling needs were extensive, affecting all areas of live, including emotional well-being, social support, and future planning.

Conclusions
This study suggests that a patient-centered approach is crucial for effectively managing chronic inflammatory conditions. The complex patient needs highlight the potential role of APN in this context. Advanced Practice Nurses are well-positioned to provide personalized education, counselling and self-management support to meet these needs. Integrating APN into inpatient care could positively impact patient outcomes by improving self-management and facilitating effective shared decision-making.

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A-468

Future-Oriented Nursing Education: Challenges and Strategies from the "Educational Architecture of Nursing in Germany (BAPID)" Project

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Background and Objectives
The introduction of the „Pflegeberufegesetz (PflBG)“ (Nursing Professions Act) in Germany has significantly altered the requirements for nursing education concepts. The project "Educational Architecture of Nursing in Germany (BAPID)", supported by the „Deutscher Pflegerat e.V. (DPR) (German Nursing Council), aims to identify current and future challenges for nursing education and to develop a future-oriented educational framework. The central question is: What competencies are needed to meet future demands and ensure professional healthcare provision?

Design and Methods
A mixed-methods approach was adopted to address this question, combining both qualitative and quantitative methods. In addition to a comprehensive document analysis (n = 377), problem-centered expert interviews (n = 7) and a quantitatively oriented survey of over 20 experts were conducted. The data were analysed using the Content Validity Index (CVI), and the results were visualised by joint displays to provide a clear representation of the complex data.

Results
The analysis identified four main categories that will shape the future landscape of nursing education: demographic change, professionalisation, digitalisation, and global crises. These were further divided into 20 subcategories, each highlighting specific requirements and implications for nursing and educational systems.

Conclusions
The challenges identified in this project not only reflect the whole nursing educational system in Germany but are also transferable to international nursing views and educational systems. Given global developments, nursing education must adapt to a degree that enables professionals to meet future patient-oriented and professional demands, ensuring high-quality healthcare provision.

A-416

How Advanced Practice Nurses (APN) develop and operate a Real-Life Laboratory Setting for Family Systems Care at a University of Applied Sciences

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Background and Objectives
As a university of applied sciences transforms into a health university, it now offers consultations to the public in a dedicated therapy, training and counseling center. The Institute of Nursing decided to establish a nursing-led family counseling service using the center’s therapy rooms with an observation window. Thus, creating a real-life lab that fosters innovation. This setting enables practical student learning while addressing critical community needs, with Family Systems Care (FSC) recognized as an essential skill for nursing development.
Chronic illness or the serious consequences of an accident or disability burden those affected and their closest relatives. Family is the most important source of support, but at the same time family caregivers risk falling ill themselves through their involvement. This is where FSC comes in.
How can clinical practice, teaching and research be combined in a real-life lab to develop FSC competencies in nurses in the long term?

Design and Methods
The participatory action learning and research approach guides the 5-year nursing quality development project. The project team specializing in FSC consists of 5 APNs and a family doctor. The structures and processes of the real-life lab, the so-called Family Systems Care Unit (FSCU), are designed in accordance with ethical guidelines.

Results

Following outputs are achieved:

- A family systems counseling concept has been developed based on the Calgary Family Assessment and Intervention Model and the Illness Beliefs Model.
- In the FSCU, a clinical reflection process is defined with pre- and post-sessions around each family counseling session.
- The counseling sessions led by APNs are observed live by students. Post-master's students take on counseling sessions themselves under supervision.
- Until now 300 hours of clinical work were performed and saved as video material for research.
- 57 families turned to the FSCU with the following issues: dementia; oncological, neurological and mental illnesses; children with intellectual disorder; minor children who have lost a parent.
- The data generated will be used to research how family systemic counseling works and how family resilience is strengthened. 9 master theses have already been produced.

Conclusions

The FSCU represents a unique opportunity to integrate clinical counseling practice directly into teaching and research and thus contributes to sustainable competence development.

A-284

Identifying Evidence-Practice Gaps in General Practice for Patients with Chronic Non-Cancer Pain and Opioid Use

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Background and Objectives

In Germany, the opioid crisis in the USA has brought attention to opioid use for chronic non-cancer pain (CNCP). Despite limited evidence supporting their effectiveness, prescribing rates of strongly effective opioids have consistently risen in Germany over the years. General practitioners (GPs) are the most common prescribers of these medications. The project RELIEF aims to implement an intervention that supports GPs in adhering to evidence-based treatment recommendations of the LONTS guideline (Long-term Use of Opioids for CNCP). Implementing ideal procedures as outlined in guidelines into everyday practice might be difficult and could involving specialized staff, like advanced nursing practitioners. The "tailoring" concept highlights the importance of analyzing current care to effectively address existing evidence-practice gaps. The aim of this study is to identify evidence-practice gaps and potential challenges encountered by GPs in delivering guideline-recommended treatments for patients with CNCP using opioids.

Design and Methods

A cross-sectional, mixed-method study was conducted with GPs, using a questionnaire and individual interviews to collect data. Questionnaire data were analysed descriptively, followed by correlation analysis. The interview data were subjected to content analysis according to Kuckartz's methodology.

Results

Findings from the survey (n=131) and the interview (n=21) studies revealed several evidence-practice gaps. Of the eight selected guideline recommendations, four were identified as gaps: 1) setting individual and realistic treatment goals, 2) preference for long-acting opioids, 3) taking opioids at scheduled times, and 4) dose reduction or discontinuation attempts in responsive patients.

Conclusions

Addressing identified gaps is essential for improving patient safety and care quality. Sharing the workload by involving specialised advanced nurse practitioners, as is already practiced internationally, could support GPs in implementing guideline-recommended procedures in ambulatory CNCP care in Germany.

A-161

Instruments for measuring healthcare professionals' medication safety competence: a scoping review

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Background and Objectives
Elderly patients with chronic diseases often use several drugs (polypharmacy). The more drugs a patient uses, the greater the risk of medication errors. To ensure a safe medication process, in which nurses also play an important role, healthcare professionals must have a high level of medication safety competence (MSC). Hence, instruments are needed to measure healthcare professionals' MSC and identify areas where improvement is required. The aim is to obtain a comprehensive overview of existing instruments measuring healthcare professional's MSC and to describe their characteristics.

Design and Methods
A scoping review was conducted in accordance with the JBI methodology for scoping reviews and in line with the Preferred Reporting Items for Systematic Reviews and Meta-Analyses extension for Scoping Reviews (PRISMA-ScR). The search, performed in January 2024 using six databases, yielded 3740 results, duplicates were removed and 2499 titles and abstracts were screened. Publications in English and German were included. Full text screening of 28 articles resulted in the inclusion of 15 articles. The entire screening process was performed independently by two researchers. The a priori protocol was registered at Open Science Framework (osf.io/73dmq).

Results
A total of six instruments were identified, all of which were in English and designed for nurses or nursing students. However, no instrument to assess e.g. physicians' or pharmacists' MSC was identified. Five of the six instruments were used in clinical setting and three in educational setting. The Medication Safety Competence Scale (MSCS) and the Medication Safety Scale cover the multidimensionality of MSC. Description of instruments' psychometric properties varied considerably. Cronbach's alpha, reported for three instruments, ranged from 0.84-0.96. Statistical item retention, factorability tests, exploratory factor analysis and confirmatory factor analysis were only described for the MSCS.

Conclusions
The MSCS's psychometric properties were considered acceptable. Thus, the MSCS can be used to assess nurses MSC in clinical and educational settings. No instruments to measure other healthcare professionals' MSC were identified.

A-213

Moral distress in home-care nursing: quantitative and qualitative insights

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Background and Objectives
Moral distress is well described in nursing and has a negative impact on nurses' health. Although the importance of home-care nursing is growing, moral distress in home-care nurses has hardly been studied.

Design and Methods
We investigated moral distress in home-care nurses as starting point for the development of effective interventions aimed to prevent and reduce moral distress and protect nurses' health.
To achieve this goal, we 1) explored the frequency and impairment of morally difficult situations for home-care nurses and associated work and organizational characteristics conducting a quantitative cross-sectional survey and 2) identified specific situations that trigger moral distress in home-care nursing in a qualitative interview study with home-care nurses.

Results
The survey with n=976 home-care nurses (05-06/2022), revealed that work and organizational factors - such as a lack of time during a tour - play a significant role in the development of moral distress. The most common form was "the inability to provide the care in line with the professional ethical principles due to administration or budgetary". Around 15 percent (n=243) of nurses experienced this situation at least once a week. The most adverse moral situation mentioned by the respondents was the "inability to prevent or alleviate the suffering of a patient due to inadequate physician's orders" (n=228). Severe impairment by moral distress was associated with burnout symptoms, poorer health, and the intention to premature leaving the job or profession.
The reflexive thematic analysis of the qualitative study (n=20; 04-08/2023) discloses that setting-specific situations, extended responsibility for the entire care arrangement or conflicts between professional ethics and the billing system, lead to moral distress. As a consequence, home-care nurses experience short- and long-term strains with destructive cognitions, negative emotions, physical symptoms, and unhealthy behaviour.

Conclusions
Moral distress seems to be a significant problem in home-care nursing. There is an urgent need to develop and evaluate effective interventions to prevent and reduce moral distress. Family friendly shifts, promoting social support within the team and realistic time assessment for tour planning seem to be facilitators of moral distress reduction. Discussion formats like ethic consultations or ethics cafés might be helpful intervention components.

A-217

Nurse-patient relationships in general wards: patterns and influencing factors – an Integrative Review

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Background and Objectives
Nursing is regarded as a relational profession [1], with the nurse-patient relationship at its core [2]. Despite the known importance of these relationships, evidence suggests that satisfactory relationships are not consistently formed in hospitals' general wards [3] [4]. To beter understand relationship formation in this setting, we explored expectations and experiences of patients and nurses, and the mechanisms that influence the development of the nurse-patient relationship.

Design and Methods
An integrative review was conducted to capture the complexity of the nurse-patient relationship, focusing on both empirical and theoretical studies and following Whittemore & Knafl's [5] approach. A systematic literature search was conducted in Medline, Embase, PsycInfo, and CINAHL, followed by thematic analysis of the 19 included articles.

Results
Four themes were found. First, "Relational needs" pertains to the intrinsic desires regarding the nurse-patient relationship of both patients and nurses. Second, "Force fields" includes external factors that nurses and patients in this context are subject to when forming relationships. Third, "Relational abilities" refers to efforts to meet relational needs and achieve a satisfactory relationship. Forth, "Relationship patterns" relates to the three distinguishable relationship patterns that arise within these dynamics. An *emotionally connected relationship* is frequently described in nursing literature as the ideal-typical nurse-patient relationship. However, achieving this level of emotional connection is challenging within the hospital setting due to force fields on nurses that encourage emotional distancing. As a consequence, an *emotionally detached relationship may develop*, characterised by instrumental, distant interactions, which tends to be unsatisfactory for both nurse and patient. However, we identified a third relationship pattern: the *socially connected relationship*. This relationship involves kind, informal, human-to-human interactions, which evoke positive emotions.

Conclusions
Nurses and patients on general wards often appear to struggle with developing satisfactory relationships. To establish such relationships, nurses need to be able and willing to show a piece of their authentic self in human-to-human contact, i.e. enter into a *socially connected relationship*. This will foster the nurse-patient relationship, which otherwise would be difficult to establish.

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A-158

Patients Self-reported Readiness for Hospital Discharge - Development of an assessment instrument.

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Background and Objectives
Discharge from hospital is described as a critical transition of care with an increased risk of gaps in care [1]. Patient groups with a high need for post-hospital care are particularly at risk [2]. Internationally, the readiness of discharge (RHD) is assessed as a nurse-sensitive outcome criterion of discharge management for vulnerable patient groups [4]. However, this is hardly considered in German hospitals, although the national expert standard on discharge management in nursing explicitly recommends this [2]. Moreover, there is no German-language assessment tool for nursing practice to assess the RHD in hospitals and there are system-related and institutional challenges to the feasibility of an internationally developed and translated instrument [3].
The aim of this study is to develop a valid assessment tool that can be used in practice for the future assessment of patient reported RHD in hospitals with the hypothesis that monitoring the RHD could increase the quality of discharge planning and thus improve patient safety and the quality of discharge.

Design and Methods
In this study, first a theory-based construct was developed - based on a previously conducted international scoping review [5]. An item pool of characteristic questions was formulated for each of the dimensions and suitable response scales were selected (item construction). The developed instrument was subjected to cognitive pretesting using the think-aloud method (n=7). Subsequently the instrument was piloted in a German hospital to test the measurement construct and acceptability in a practical context and subjected to a test-analytical evaluation.

Results
A descriptive description of the sample (n=255) and an explorative factor analysis were carried out to verify the measurement construct. The total number of items was reduced from 41 to 25, based on statistical and content-related arguments and a three-factor solution was selected (physical-psychological readiness (12 items), knowledge (10 items), and support (3 items)).

Conclusions
The developed assessment instrument offers a structured approach for evaluating RHD among patients in German hospitals. By addressing the specific needs of vulnerable patient populations, the instrument aims to improve discharge planning processes and ultimately patient safety and continuity of care. Future validation and implementation of this instrument in clinical practice settings could serve to further strengthen its applicability and impact on discharge management practice.

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A-168

Reconstructing thought-styles in nursing with discourse-analysis

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Background and Objectives
What is the self-image of nurses like? What are central beliefs in the nursing profession? And how do these convictions change over time? According to the physician, microbiologist, and science theorist Ludwik Fleck these central beliefs can be called thought-styles. Thought-collectives as communities of people educated and socialised in the same thought-style have a specific perception of the world. This leads to recognizing thought-style matching aspects and not recognizing non identical aspects. With his theory of thought-styles and thought-collectives (first published 1935 and today often cited in scientific literature), Fleck was the first to place the question of the development of knowledge in the context of social, historical and constructivist influences [1].

Design and Methods
In an ongoing educational research project accompanying study programs of the Catholic University Northrine-Westfalia, a group of students and alumni lead by a nursing education scientist seek to restructure an assumed thought-style of nursing [3]. A discourse-analytical method following Foucault's idea of discourse seems to be appropriate for this task, as it can identify and relate the thought movements of the thought-collective (the discourse) and the discourse participants by analyzing published statements in publications [2]. Therefore both a paradigmatic topic and publishing sources have to be determined.

Results
The presentation first sketches the frame of Fleck's theory and the assumptions of a thought-style of nursing. Subsequently the research process is described with its first topic, the paradigm of preventing pressure ulcers. The results show an unsatisfactory number and annual range of related contributions to the chosen journal of a professional association.

Conclusions
Based on this it was decided to change the paradigm (= nursing process) and the sources (journals and online media) to reach the research goal, as a broader range of contributions to the discourse is expected.

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A-441

Recruitment and Long-term Retention of Bachelor Qualified Nurses: Results of Interviews with Nursing Stakeholders in the U.S., Belgium and Germany

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Background and Objectives
Nurses with at least a Bachelor's degree (BSN) have shown to increase the quality and safety of inpatient care. Countries such as the U.S. and Belgium have developed strategies over decades to increase this workforce in the long term. Inpatient care in Germany has much fewer academic nurses in direct patient care compared to the U.S. and Belgium, and might benefit from international experience. The aim of this study is to identify and compare strategies as well as challenges related to the recruitment and retention (R&R) of BSN in the U.S., Belgium, and Germany. Additionally, the study seeks to provide recommendations for the deployment of BSN in German inpatient care.

Design and Methods
According to a purposive sampling strategy, semi-structured expert interviews were conducted online and face-to-face with stakeholders from politics, research, and nursing directors of hospitals in the U.S., Belgium, and Germany. Countries were selected based on the coexistence of academic and non-academic professional qualifications in nursing. The interviews were fully transcribed, and the research group conducted a content analysis using MAXQDA software.

Results

A total of 21 experts were interviewed (U.S. *n* = 4; Belgium *n* = 7; Germany *n* = 10, average experience 18,7 years). Experts in the U.S. and Belgium report long-term experience with R&R strategies at both the policy and hospital levels. German experts indicate that hospitals lack political support for achieving R&R goals, and BSN experience little support from hospitals. Important recruitment strategies include: study funding (both governmental and hospital programs), retraining opportunities, and efforts to enhance the attractiveness and image of the nursing profession. Effective strategies for long-term retention encompass meaningful working conditions, such as autonomous practice and appropriate remuneration, opportunities for professional development, clearly defined competencies for BSN, and *open-door policies*. Despite varying levels of implementation of recruitment and retention strategies, nurse shortages are reported as challenges in all three countries.

Conclusions

Experts highlight the importance of recruiting and retaining BSN to improve patient care. R&R strategies remain crucial, even in countries with a longer tradition of BSN in patient care. Targeted strategies at both the institutional and political levels could also help increase the attractiveness of nursing in Germany and better integrate nurses with academic degrees in patient care.

A-306

Safety culture interventions and implementation strategies in health care: learnings from a scoping review

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Background and Objectives

Safety culture is vital for ensuring safe healthcare systems for patients and staff. Sustainable implementation of interventions to enhance safety culture requires focusing on both the interventions and their implementation strategies. This scoping review provides a comprehensive overview of these interventions and strategies across various healthcare settings.

Design and Methods

Following the Joanna Briggs Institute methodology for scoping reviews, we systematically searched PubMed, CINAHL, Embase and Web of Science. We included studies reporting interventions and implementation strategies to improve safety culture, including randomized controlled trials (RCTs), controlled trials, quasi-experimental studies, and mixed-method designs published from 2005 to 2024.

Results

We identified 115 studies from 26 countries, comprising 10 RCTs, 1 stepped wedge trial, 2 hybrid type 2 studies, 15 mixed-methods studies, 86 quasi-experimental studies, and 1 qualitative study accompanying an RCT. Most interventions, like TeamSTEPPS® and the Comprehensive Unit-based Safety Program, are adaptable to various settings, but their effectiveness varies by context. Crew Resource Management and other mixed interventions showed similar flexibility but mixed effect. In contrast, the World Health Organization's Surgical Safety Checklist is specifically designed for surgical settings, where it improves teamwork and communication. However, its direct application is limited outside of these contexts.Interviews in 8 studies identified implementation barriers such as intervention complexity, skepticism, time-consuming training, hierarchical structures, and staff turnover. Key facilitators included "champions", opportunities to share experiences, strong leadership, flat hierarchies, and organizational support. Adherence to the intervention varied across 8 studies, while fidelity (4 studies), feasibility, and penetration (1 study each) were rated high, indicating that interventions were generally implemented as intended despite inconsistent adherence.

Conclusions

Interventions to enhance safety culture have been documented in various settings. The mixed effectiveness suggests that context and implementation strategies are crucial for success.

A-140

Teaching evidence-based practice in bachelor of nursing programmes in Austria, Germany and Switzerland: a survey

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Background and Objectives
Evidence-based practice (EBP) provides an important basis for improving both the quality of care and patient safety. Formulating a research question, searching the literature, and critically appraising the literature are crucial topics in EBP. The aim of this survey was to provide an overview of how these topics are taught in bachelor of nursing programmes in Austria, Germany, and the German-speaking part of Switzerland.

Design and Methods
We developed an online survey that we sent out to program directors and teaching staff of all 58 bachelor of nursing programmes in Austria, Germany and the German-speaking part of Switzerland (as of August 2021). The questionnaire, which could be completed between September and October 2021, contained items on the general teaching conditions, contents and methods of EBP, and on the interest of students. We used descriptive statistics and narrative summaries to analyse and report the results.

Results
The program directors returned 24 questionnaires (41 %). Of 75 questionnaires forwarded to the teaching staff, 17 (23 %) were received from 9 programmes. On average, 5.6 teaching units (SD 2.6) were used for formulating a research question, 10 teaching units (SD 4.1) for searching the literature, and 11.3 teaching units (SD 6.9) for critically appraising the literature. 5 (50%) of those who teach formulating a research question, 4 (44%) of those teaching searching the literature and 5 (50%) of those teaching critically appraising the literature reported that linkages between research education and nursing care practice have been established. Frontal teaching methods were used predominantly. Student interest in formulating research questions was rated with 50, in searching the literature with 70 and in critically appraising the literature with 50 by teachers on a scale from 1 (extremely negative) to 101 (extremely interested).

Conclusions
Core EBP topics are an integral part of bachelor of nursing programmes in German-speaking countries. An increase in teaching units, active learning methods and the growing interconnection between education and practice may improve the acquisition of competencies and attitudes of students regarding EBP and further advance its implementation in clinical practice.

A-349

The Advanced Practice Nurse (APN) in an APN-led clinic for complex chronically ill young and middle-aged adults: an evidence-based role concept.

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Background and Objectives
The rising prevalence of multimorbidity and complex chronic conditions among young and middle-aged adults poses significant challenges for patients, healthcare professionals, and the Swiss healthcare system. This highlights the urgent need for innovative care models and roles to address the complex healthcare demands of this population. Advanced Practice Nurses are well-positioned to play a crucial role in this context, to meet these complex needs. However, a clear description of the APN role tailored to these complex population needs is currently lacking. This study aims to develop an evidence-based model delineating the APN role within an APN-led clinic in a hospital setting.

Design and Methods
The study incorporated qualitative analyses from interviews with various stakeholders: patients (n=16), relatives (n=4), APNs from the USA/Canada (n=7), APNs in Switzerland
(n=12), and leading physicians (n=6), and results of a literature review, while also considering contextual factors specific to Switzerland. Based on this evidence, the concept was developed under consideration of the PEPPA-plus framework, the PARISHS framework and the Transitional Care Model.

Results

The model outlines the competencies and scope of practice of APNs, as well as the characteristics and care needs of the target population. It delineates key components of the APN model and highlights essential APN activities. APNs are encouraged to cultivate professional relationships with patients, assessing their needs and goals to inform tailored interventions. In addition to leadership, collaboration and direct clinical practice, the model emphasizes a person-centered approach that focuses on the psychosocial needs. The model prioritizing stabilization and integration young and middle-aged adults with multimorbidity and complex chronic conditions during the transitional care process according to their principles - participation, regaining autonomy and independence, mastering everyday life and returning to a normal life.

Conclusions

This study presents an evidence-based model that clearly defines the APN role in addressing the complex needs of young and middle-aged adults with multimorbidity and complex chronic conditions. The model not only provides a deeper understanding of the specific and essential components of the role, but also a theoretically grounded basis that can guide both: implementation and evaluation.

A-463

The APN care process in primary care for people with multimorbidity - a longitudinal study

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Background and Objectives

Multimorbidity is a common phenomenon among patients treated in general practices. Key challenges within this group include functional difficulties, polypharmacy, treatment burden, fragmentation of care, reduced quality of life and increased health care utilization. These problems cannot be solved in the short consultation time of a general practitioner (GP) since there is an increasing shortage of GPs. The project “Case-based care of multimorbid patients in general practice by Advanced Practice Nurses” (FAMOUS) aims to examine whether the integration of APNs in the primary care of multimorbid patients in Germany leads to optimized care of the target group.

The objective of the partial study presented here is to analyse the APN care process with regard to the care needs of patients with multimorbidity, the focus of the care plans and their implementation over a period of 12 month per patient.

Design and Methods

The intervention of FAMOUS includes the integration of 9 APNs into the care for multimorbid patients in general practice for 12 months. The tasks of the APNs include in-depth assessment, preparation, implementation, monitoring and evaluation of a person-centred and evidence-based care plan.

Design: quantitative longitudinal design; total sample: n=873 patients; age: median 82 years; 82% live in their own home (46% of whom live alone). Data collection: (1) needs analysis in 14 areas; (2) analysis of care plan documentation of the 12-month intervention period by APN. Data analysis: descriptive and analytical statistics (frequency analyses and t-test)

Results

- Care needs: t0: greatest need for intervention in the areas of ‘physical health’ (41,3%) ‘mobility’ (37,4%) and ‚pain‘ (31,4%); per patient: on average needs in 7.6 areas; comparison from t0 to t1: significant reduction in all areas examined: $p \leq 0.026$, greatest effect in the area of ‘medication management’: $p = 0.000$, $d= 0.536$; number of needs reduced from 7.6 to 5.9 per patient: $p = 0.000$, $d= 0.517$
- Measures carried out by APNs: n= 12,251: nursing/medical services->29.1%; counselling/ training patient -> 25.5%; medication management ->11.1%; counselling/training relatives->10.4%; referral to other care providers->9.6%

Conclusions

Multimorbid patients require multidimensional care, such as that provided by the APNs, in order to receive needs-orientated care.

A-278

The development and integration of an Advanced Practice Nurse role in an

multiprofessional team from an intraprofessional nursing perspective

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Background and Objectives
One big challenge in developing and integrating Advanced Practice Nurses (APN), is the multitude of different cultures of healthcare professionals collaborating in acute care settings. Introducing a new professional role, such as an APN, into an existing team with its specific values and beliefs can disrupt individual perspectives, relationships and team structures. From the nurses' perspective, it can be assumed that APN integration may lead to irritations in performing their tasks. A profession-specific perspective is therefore the basis for a reevaluation of roles and positions within the multiprofessional team.

The objective of this research is the exploration of the nursing perspective on the process of integrating a new APN role in a multiprofessional team.

Design and Methods
Of a total of 18 semi-structured, guideline-based, qualitative interviews with members of the multiprofessional team working together on a ward in a German university hospital, 10 were conducted with nurses. Subsequently, the data were analyzed using qualitative content analysis according to Kuckartz. Ethical approval was obtained by the ethic commission of the German Society of Nursing Sciences.

Results
The results show that nurses' attitudes vary between acceptance and rejection of the new APN role. They therefore express concerns about the potential impact of the integration of an APN on their professional role within the multiprofessional team. Influencing factors, such as the (lack of) clarity regarding the scope of practice or the distinction between academic and non-academic nurses, either facilitate or complicate the change in attitudes towards the integration of APN. If these concerns are perceived as a threat to one's own role, this can lead to uncertainty, resistance and rejection of the new role.

Conclusions
The integration of APNs is contingent upon a consensus within the multiprofessional team regarding the extended nursing expertise of the APN, as well as its negotiation within the nursing team. In order to address the prevailing critical attitudes towards APN within the nursing profession, it is crucial to engage in a continuous iterative process of task reflection and adaptation.

A-291

The dynamics of situations of increased risk of violence in care homes: a multi-perspective qualitative study

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Background and Objectives
Violence in nursing homes is a frequently taboo subject that affects both residents and caregivers. Due to the dynamics of the situation, it is not possible to distinguish between violence and abuse, so we use the term violence here to include abuse. Our study examines situations with an increased risk of violence in nursing homes with the aim to gain a deeper understanding of the conditions under which violent acts occur. The present qualitative sub-study aims to describe the characteristics and dynamics of such situations and to explore whether and how participants perceive and evaluate them.

Design and Methods
In this qualitative-descriptive sub-study, we conducted semi-structured interviews and case analyses in focus groups with nursing home staff, residents' relatives, and experts from advocacy and educational organisations on the topic of violence and abuse in old age. Participants were invited to share their understanding of and experiences with violence, with a focus on how they recognise and manage situations with an increased risk of violence. The data was analysed thematically.

Results
Violence in nursing homes occurs frequently and is stressful for those affected. However, violence is often trivialised or tolerated. The consequences of violence may result in sanctions, distance, increased observation and waiting, setting boundaries, and seeking support. Depending on the actions of the nursing staff, an aversive reaction is triggered in the resident (e.g. when sanctioning violence). In contrast, actions such as setting boundaries or seeking support tend to elicit a positive reaction in the other person. Furthermore,

institutional guidelines, the behaviour of relatives and contextual conditions influence the actions of care staff.

Conclusions

To provide the best possible support for caregivers in situations with an increased risk of violence, a respectful and constructive team culture is essential, as well as managers who actively promote this environment. Practical prevention strategies are to be developed that encompass all levels, from management to frontline staff, to promote effective violence reduction in nursing homes.

A-200

The Impact of Self-Managing Teams on Performance and Work Life Quality in Healthcare: Potentials and Challenges

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Background and Objectives

The German healthcare sector is facing a significant workforce crisis driven by staff shortages, work overload and high turnover rates (Penter et al., 2023). Traditional management structures exacerbate these challenges by limiting flexibility and reducing employee engagement (de Bruin et al., 2022). While evidence from other industries supports the effectiveness of self-managing teams (SMTs), their operation in healthcare remains underexplored (de Bruin et al., 2022). This study aims to evaluate the impact of SMTs on work quality and job satisfaction in healthcare, while identifying challenges and opportunities for a successful implementation.

Design and Methods

As qualitative case study it used semi-structured interviews with team members of a pilot self-managing ward in a hospital setting (Bell et al., 2022; Blaikie, 2007). The interviews focused on exploring team members' perceptions on autonomy, role distribution, decision-making processes, outcomes, and overall job satisfaction. Thematic analysis identifies recurring patterns and insights supplemented by observational data and organisational records to contextualise the findings (Braun & Clarke, 2006).

Results

Preliminary findings suggest that SMTs can enhance job satisfaction by providing autonomy, fostering accountability and enabling more efficient collaboration. Participants highlighted that distributed responsibilities and decentralised decision-making improved patient care and satisfaction. The authority granted to define structures and workflows encouraged greater creativity and innovation within the team. Furthermore, integrating individual needs contributed to stronger team development. However, the success of SMTs was found to depend on organisational and team culture. The absence of trust, psychological safety and feedback culture were noted as challenges impacting team dynamics. Role ambiguity, particularly around leadership, acceptance of autonomy and lack of transparency were cited as impediments to fully realising SMTs benefits.

Conclusions

SMTs have the potential to improve job satisfaction, work quality, and organisational sustainability in healthcare. However, their success requires addressing cultural challenges and providing adequate support and training. Future research should explore the long-term impact of SMTs across various healthcare settings to establish best practices for improving performance, employee well-being, and patient outcomes.

A-288

The recognition of palliative care needs in geriatric rehabilitation

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Background and Objectives

Palliative care needs in older persons are often not recognized timely, resulting in inappropriate care and avoidable care transitions in the last phase of life. It is expected that palliative care needs are also present in persons participating in geriatric rehabilitation (GR), e.g., after a cerebrovascular incident or hip fracture. This study examined: 1) the prevalence of persons with potential palliative care needs in GR, 2) the incidence of death within six months and one year, and 3) the factors that healthcare professionals consider in their assessment.

Design and Methods
Two GR departments participated in this prospective observational study between February and August 2024. At baseline, data regarding sociodemographic characteristics, vulnerability, comorbidities, and activities of daily living (ADL) were collected. Involved healthcare professionals answered the double surprise question (SQ): 'Would you be surprised if this person died within 12 months?' (SQ1), 'Would you be surprised if this person was still alive in twelve months?' (SQ2), and the factors on which they based their answers. Healthcare professionals' background (e.g., age, function and years of work experience) were collected, and agreements and differences in answering the SQs were analysed.

Results
In total, 196 persons have been included; 65% were female, the average age was 79 years (SD 11). Persons were primarily admitted because of pneumonia, COPD exacerbation, heart failure, or hip fracture. A total of 759 SQs were completed by 79 healthcare professionals (30% by nurses and 22% by physiotherapists). In total, 61.7% of persons were assessed as having potential palliative care needs (51% in SQ1 and 18% in SQ2) by ≥ 1 healthcare professional, primarily based on age (67%), medical condition (65%), and ADL functioning (57%). Preliminary results show that 12/80 (15%) patients died within six months after GR admission. In the coming months, follow-up on six and twelve months will be completed.

Conclusions
Our preliminary results show a high prevalence of potential palliative care needs, as assessed by the interdisciplinary GR team, and mortality within six months. The recognition of patients with palliative care needs is essential to initiate timely advance care planning. Our results will contribute to insights on the potential for a transmural palliative care pathway, specifically for persons admitted to the GR, with potential palliative care needs.

A-357

The situation of nursing students during the COVID-19 pandemic during training phases - results of focus groups from three perspectives

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Background and Objectives
While nursing schools were initially closed in March 2020 due to contact restrictions during the COVID-19 pandemic, training phases of nursing education continued. However, little attention has been paid to the education situation of nursing students during the pandemic. The LimCare project (01UP2216B) is therefore investigating the training situation in the nursing wards and the impact on the learning of nursing students (duration: 02.2023 - 01.2026). The aim of the qualitative preliminary study presented here was to identify pandemic-related challenges. Subsequently, a digital course for practical instructors will be developed to address potential learning deficits.

Design and Methods
Guided focus group (n=6) were conducted with nursing students, nursing teachers and practice facilitator (n=38). After an introductory question, the organisation and limitations of the training phases during the COVID-19 pandemic were discussed, followed by possible learning gaps and compensatory measures already implemented. The focus groups were analysed using qualitative content analysis. As deductive categories the main aspects of the guide, like limitation during the COVID-19 pandemic, learning gaps and compensatory measures were used. Subcategories were created inductively from the material.

Results
With regard to the category 'Limitation during the Covid-19 pandemic', the analyses show that the practical instruction planned by the facilitators was partly restricted because they had to comply with the patient care mandate. Practical skills were not systematically trained with the facilitators during the training phases. In addition, students generally only took on individual activities in a functional care model. High levels of psychological stress were also reported. The students emphasised that they were very worried about people in need of care, especially people with dementia and the dying, because of their limited contact with relatives. 'Learning gaps' were identified in the management of the care process and in practical skills. 'Initial compensatory' was achieved through individualised practical training on the nursing wards, also in consultation with the nursing schools. Support measures for coping with psychological stress were not reported.

Conclusions
The results will be used to develop a digital course, that aims to train the facilitators' perceptual skills to better identify students' needs and requirements. The goal of the course is to make nursing education more resilient to future crises.

A-211

Variation in Care Demand in Swiss Psychiatric Inpatient Units: A Multicentre Study on Patient and Nurse Staffing Patterns

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Background and Objectives
Health policymakers and administrators are increasingly calling for evidence-based guidelines to inform staffing models for psychiatric inpatient units. However, information on the operational characteristics of these units, as well as the specific nature of nurse staffing patterns, is lacking. The objective of this study is to analyse patient-side characteristics and staffing patterns of psychiatric inpatient units.

Design and Methods
As part of the multicentre Match^{RN} Psychiatry study, we investigated 115 inpatient units of twelve psychiatric clinics in German-speaking Switzerland. We used longitudinal clinical routine data covering twelve months to describe the capacity utilisation, patient length of stay, diagnoses, and patient symptom severity (measured by the Health of the Nation Outcome Scales [HoNOS]) for each unit. To describe nurse staffing we used survey data from nurses working on these units.

Results
We analysed a total of 27,075 patient cases on 115 psychiatric units. We observed large variation in unit characteristics, including capacity utilisation (mean [M] = 74.9%, standard deviation [SD] = 9.1%) patient length of stay (in days, M = 30.1, SD = 27.6), and patient symptom severity (HoNOS total score at admission, M = 20.1, SD = 5.9) both between and within clinics. Analysis of survey data from 1,152 nurses revealed substantial differences in staffing across units. The patient-to-nurse-ratio averaged 7.8 (SD = 2.8) in the morning shift, 9.4 (SD = 3.7) during the late shift, and 15.9 (SD = 5.7) at night, indicating considerable variation in nurse staffing.

Conclusions
While nurse staffing levels do not reveal a clear pattern, they seem to mirror the notable heterogeneity of the inpatient units, supporting the notion that a fixed nurse staffing level, e.g., a uniform patient-to-nurse-ratio for all inpatient units, might not be appropriate. These findings advocate for more tailored staffing strategies that consider the unique characteristics and care demands of each unit to optimize patient outcomes and resource utilisation.

A-445

Violence Against Nursing Staff – A Cross-Sectional Study on Associations with PTSD

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Background and Objectives
Today's nursing professionals face challenges, including demographic shifts, a rising number of people requiring care, a shortage of skilled personnel, continually advancing medical care, and the resulting increased workload. Reports of violent incidents during professional duties are, however, increasingly common. Consequences of such experiences include premature job cessation and temporary inability to work. The extent to which experiences of violence are associated with post-traumatic stress disorder (PTSD) in professional nurses remains unclear.

Design and Methods
An online-based cross-sectional study (n = 249) was conducted in early summer 2024 among nurses in German healthcare institutions. Data on personal characteristics (age, gender, etc.), professional attributes (qualifications, work area, etc.), violence experiences (measured with HABS-U-PHC, range: 0-6), and PTSD indicators (IES-R, PTSD suspicion: yes/no) were collected. Participants were also asked about the availability of employer-provided support or regular training on workplace violence following such incidents. The association between violence experiences and PTSD was analyzed using logistic regression, with age, gender, qualifications, and employment area as covariates. The study followed the ethical principles of the German Society for Nursing Science and the ICN Code of Ethics.

Results
Participants averaged 36.7 years of age (SD = 10.7), with a majority (76.5%) female. Most (85.9%) were qualified nursing professionals,

with 52.9% in general wards, 25.7% in intensive care, 12.1% in psychiatry, and 9.3% in emergency departments. The mean violence experience score (HABS-U-PHC) was 3.1 (SD = 1.1), with 8.0% showing PTSD suspicion. Employer-provided support was available to 33.6%, and 39.8% had regular training on workplace violence. Logistic regression indicated a significant association ($p < 0.05$) between violence experiences (OR = 2.623) and employer support availability (OR = 0.090).

Conclusions
In light of these findings, health care institutions should be mandated to implement comprehensive prevention and intervention programs. These programs should not only include training on violence prevention but also establish clear protocols to support nursing staff following incidents of violence. The emphasis must be on enforcing a zero-tolerance policy towards workplace violence and ensuring a safe work environment.

A-218

ViSTA - Implementation of a multicomponent activation intervention to promote physical fitness of seniors in long-term care institutions

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Background and Objectives
Physical activation (PA) is an effective measure for maintaining activities of daily living in people with and without dementia. However, PA of residents is often insufficiently implemented in long-term care institutions. The main reasons for this are a lack of staff resources and a lack of motivation on the part of both seniors and staff. Aim of the study is to develop a program for PA of senior citizens in long-term care institutions that enables sustainable implementation.

Design and Methods
A systematic review of the implementation factors and the effects of existing PA programmes in this setting was carried out and published. These results were then further analysed by an expert panel. ViSTA was developed on this basis. A one-group pre-post intervention design was used for the ViSTA implementation study. Qualitative and quantitative surveys were used to assess the feasibility, acceptance and compliance of the programme by staff and residents. The synthesis of the data was based on Creswell's Convergent Parallel Design.

Results
The results from the review and expert panel reveal the following core areas that are important for sustainably PA programmes in the setting: Playful elements, low resource consumption, low-threshold availability, automation, incentive systems. Sports and gymnastics groups led by carers were the most effective. At the same time, the greatest barriers to implementation were found here. The ViSTA study is running from May to the end of October 2024. Existing interim results show that staff tend to be satisfied with the programme (50% ‘highly satisfied’ and ‘satisfied’, 33% ‘neither’, 17% ‘rather dissatisfied’ and ‘dissatisfied’). The program is classified as very relevant with regard to the interview data. The residents also rated the programme positively in the interviews conducted. Final results of the qualitative and quantitative data surveys will be available from December 2024.

Conclusions
ViSTA has the potential to be used in the long term by seniors with and without dementia in long-term care institutions. Due to its structure as a trail, the programme can also be used by some of the residents during times when they are not being cared for, as some of the devices can be used without external support. At the same time, the interim results indicate that a certain amount of support from the activation and care staff is required to maintain the program in the long term.

A-353

What role does professional regulation play in the development of advanced practice nursing?

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Background and Objectives
Across Europe increasing rates of chronic disease, issues around access to timely care and Universal Health Coverage have resulted in a rising interest of Advanced Practice Nursing (APN) roles. However, the development of APN is variable and its regulation more so. The type of regulation can either be a potential enabler or a significant barrier, despite the International Council of Nurses calling for

regulation to be “clear and adequate enough to address full scope of practice…and remove additional barriers to practice”.
Currently an evidence gap exists concerning the role professional regulatory systems play in supporting or hindering the development of APN roles. This study seeks to inform that gap.

Design and Methods
This is a sequential 2 phase mixed methods study. Quantitative phase 1 is a survey of countries covered by the WHO Europe Office. This survey helped identify national nursing regulatory organisations and levels of APN practice. In addition, national experts were be asked for their opinions on APN regulation. Phase 2, directed from survey results, involved 6 in-depth case studies of countries with strong APN development but with varying forms of dedicated APN professional regulation. These two methods enabled examination of how regulation supports or acts as a barrier to APN role development.

Results
S**ur**vey analysis showed most European countries have APN roles but huge variation still exists regarding APN development and regulation. In addition, those countries without the role are looking to implement in the future, meaning that APN continues to expand and the landscape is dynamic. There is overwhelming support across countries and stakeholders in favour of APN regulation.
Case studies showed that development seems to be linked to favourable healthcare policies at an early stage of APN implementation, in which regulation has a part. This intervention at government level facilitated the role and provided the basis for development by removing barriers to the expanding scope of practice.

Conclusions
Strong nursing leadership at government level decisions in healthcare was pivotal in creating a policy environment which favours APN development.
As many countries are looking to develop their healthcare workforces and reform their regulatory systems, there is an opportunity to be able to learn from others, thereby, facilitating progression to more efficient healthcare systems.

Theory

A-398

Complexity in Nursing Care- a Multimethod Approach

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Background and Objectives
In 2017, initial university nursing education was anchored in the Nursing Professions Reform Act for the first time. The German Council of Science and Humanities recommends a quota of 10-20% of academically qualified nurses in patient-oriented care (Wissenschaftsrat 2012). This requires concepts that focus on specific skills and make it easier to enter and remain in the profession. According to the Act on the Nursing Professions, academically qualified nurses should be responsible for highly complex cases without making it clear how the term highly complex can be operationalized in practice. Therefore, the pilot research project V_PflegeKQ focuses on the question: How can complexity of patient needs be definied or measured?

Design and Methods
An integrative literature review (Whittemore; Knafl 2005) is based on four databases (CINAHL, Pubmed, Livivo, Web of Science) and researching the topic complexity in care in an acute inpatient care setting. Furthermore in V_PflegeKQ a validated instrument by Huber et al. (2015) is used to retrospectively differentiate five levels of complexity in patient records from a German hospital.

Results
The integrative review includes 50 publications. and does not identify any other instrument to differentiate the complexity of the needs of people requiring care. Internationally, complexity is highly related to medical diagnosis, cognitive performance of nurses and their ability to care for themselves. Social aspects of patient care are not as often addressed. Some publications focus on nursing surrounding conditions, interprofessionality and end of life care. The analysis of patient data with the instrument (Huber et al., 2015) measuring patient complexity does not correspond with the results of the review. The analysis of 918 hospital days shows a high number of patients that show low complexity on the ward for cardiology patients. Highest complexity scores are reached by the paraplegic patients not requiring primary medical care.

Conclusions
In contrast to the results of the international integrative review, the data of three acute care wards in German hospitals show that higher nursing complexity is not primarily associated with medical diagnoses. In order define high complexity for German nursing care, there is an urgent need to conduct prospective research on the levels of complexity in nursing care and to compare complexity with nursing diagnoses, for example.

A-245

For whom, why and under which conditions do preventive home visits for the older population work? A realist review

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Background and Objectives
Preventive home visits (PHVs) are proactive, outreach-based interventions that aim to identify and address individual needs of older adults through low-barrier engagement. They offer a potential solution for delaying the need for long-term care and promoting health among older adults in their home environment. Despite their widespread implementation globally over recent decades, the benefits and effectiveness remain unclear. To better understand the mechanisms at play, how these components interact, and how contextual factors influence the intervention's success, a comprehensive theoretical framework for PHVs is necessary. This realist review aims to develop an initial program theory (iPT) for PHVs based on existing literature. The iPT will explore the context-mechanism-outcome (CMO) configurations that explain how PHVs work, for whom, and under what circumstances.

Design and Methods
This realist review follows the current RAMESES quality and publication standards (Wong et al., 2013). Systematic searches were conducted in PubMed, CINAHL, PsycINFO, Cochrane Library, Scopus and Web of Science in January 2023 and re-run in December 2023. Grey literature was identified through websites and open searches on Google iteratively over the year 2023. References from included papers were reviewed. Relevant sections of the included articles addressing contexts, mechanisms, and their relationship to outcomes were independently coded by two reviewers using both deductive and inductive approaches. C-M-O configurations were developed through an iterative process. MAXQDA was used for data management, coding and analyses.

Results
Following removal of duplicates and study appraisal 63 article were included. The findings indicate that PHVs operate through a combination of diverse mechanisms. Among the identified key facilitators of success are tailored visits that address individual needs within specific contexts, delivered by experienced health professionals such as nurses, and an existing willingness for change among older adults. In addition, the relationship between the visitor and the older person emerged as crucial, with trust and continuity in visits identified as important facilitators.

Conclusions
This review demonstrates that various factors can enhance the success of PHVs. Considering these factors into the design and implementation of such interventions may improve their effectiveness.

A-457

Nurse-patient relationships in home care: Preliminary results of a grounded theory study

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Background and Objectives
In home care, relationships can last many years and are important for patients as part of their living environment. Nurses are confronted with patients’ expectations, their own demands on the relationship, guidelines and laws as well as the actual possible relationship in everyday care. Research illustrates a discrepancy between the relationship desired by nurses and patients and the relationship that is

possible due to the framework conditions. Moreover, little is known about the shaping of relationships in outpatient care. The aim of the PhD project is to analyse how relationships between nurses and patients are constituted in home care settings.

Design and Methods
Following a qualitative design and social constructivist perspective, the grounded theory methodology according to Charmaz is applied. The data collection includes interviews with nurses, patients and relatives. In addition, participant observations of care encounters in homecare are carried out. The analysis comprises coding procedures, memo writing and constant comparison. To date, 20 interviews and 32 observation sequences have been analysed. This abstract reports on partial results concerning mainly the nursing perspective on the shaping of caring relationships.

Results
To date 3600 codings were set. One key concept is the relational framework each nurse has. This individual framework is limited by characteristics of the working environment such as laws, service orientation, employment, frequency and duration of contact with a patient, and the scope of agreed services. Within this framework, nurses act autonomously to varying degrees. This variation depends on their own beliefs and expectations as well as externally perceived expectations. Accordingly, every relationship or interaction can be different. This can result in performance-focused, situation-optimised or relationship-focused care. The type of care is primarily decided by the nurse and only takes the patient's wishes into account to a limited extent. This illustrates the existing power asymmetry. For example, nurses can display behaviours based on sympathy or antipathy or phenomena such as private involvement beyond care.

Conclusions
The results show that nurses need to be sensitised to relationship development. The ability to reflect and set boundaries should be promoted during training in order to enable conscious shaping of relationships. At the same time, the results provide a basis for discussion on the organisation of care relationships.

A-270

'Multi-Beings' – A theoretical discourse on the caring relationship between nurses and patients

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Background and Objectives
A wide range of requirements influence nurses and people in need of care in shaping their relationship. However, current literature focuses on singular aspects and lacks a comprehensive approach. This theoretical discourse aims to gain a deeper understanding of the nurses' and patients' role, thereby considering the broader context and its effects on the caring relationship.

Design and Methods
Kenneth Gergen's concept of multi-beings is used for this purpose. It is based on the idea of reality as a social construction in which individuals derive their understanding of the world from social interactions. Accordingly, Gergen considers the individual as being shaped by a multitude of past relationships and interactions. These leave traces, including in the form of experiences and habits. The diverse potentials or facets are in turn brought into current social interactions, which illustrates the 'multi-being' and the relational character of the individual.

Results
The nurses' multi-being is based on the different levels of training (unskilled, one to several years, academic) and work experience, their values and own attitude towards the profession. Patients are shaped by their respective illnesses, a changing social environment and their need for care. For both, the individual contexts (e.g. migration and cultural background) represent further facets.

As both are individual multi-beings consisting of countless facets, this shows the heterogeneity of the individual and thus the uniqueness of the encounter. The nursing relationship is therefore a dynamic process that results from the relationships and interactions that each of them has had individually and with each other in the past.

Nurses experience discrepancies between expected professional behaviour, their own professional identity and actual care practice within their multi-being. Thus, they are caught between the expectations placed on them by patients, their own idea of the relationship, legal requirements and guidelines and the relationship that is actually possible.

Conclusions
Transferring Gergen's concept of multi-beings to the nursing context illustrates the complexity within which both parties act and shape their relationship together. Nurses should be supported to take a step back and explore factors contributing to their own or the patients' multi-being that may have a confluence in the relationship. This can lead to a deeper reflection of shaping the relationship.

Methodological and clinical research issues

A-197

A target trial emulation of staffing effectiveness: one-to-one care and spontaneous vaginal birth

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Background and Objectives
Studies have suggested that nurse and midwifery staffing is associated with patient outcomes. However, due to organisational and ethical considerations, randomised controlled trials in this context are not possible to establish a causal link. To be able to infer cause and effect from observational data, a hypothetical pragmatic randomised trial, a target trial, can be emulated. To determine the effect of midwifery staffing on spontaneous vaginal birth while using observational data.

Design and Methods
The causal question of this target trial was to determine the effect of 100% one-to-one midwifery care during labour on the prevalence of spontaneous vaginal birth compared to less than 100% of one-to-one midwifery care. The target trial was emulated with routine hospital data from one tertiary hospital from 01 January 2019 to 31 December 2022. The level of exposure – midwifery staffing – was defined as the proportion of one-to-one care during active labour. All women in active labour were eligible to be included. Women with a planned caesarean section, breech birth, multiple pregnancy and stillbirth were excluded. Women assigned to each staffing exposure were assumed to be comparable conditional on baseline covariates. We considered hypertensive disorders, gestational age, parity, maternal age, country of birth, pain medication (epidural) and induction as confounding variables and therefore adjusted for these with inverse probability weighting. We used marginal structure models to calculate the total effect based on the intention-to-treat policy.

Results
In total 6,600 births were included in the analysis. There were 4,030 (61%) spontaneous vaginal births, 1,127 (17%) instrumental births and 1,443 (22%) unplanned caesarean sections. The induction rate was 31%, and 53% of women gave birth to their first child (n=3,497).
The risk difference showed that exposed women were 5.7% (CI 2.5% - 8.8%) more likely to have a spontaneous vaginal birth compared to unexposed women. Sensitivity analysis showed that this effect was only visible with the 100% one-to-one care cut-off and not anymore with a 90% or 80% cut-off.

Conclusions
This analysis was conducted with routine hospital data and can be used as a blueprint for further research of causal links between nurse and midwifery staffing and outcomes, for example the effect of staffing on the rate of breastfeeding.

A-391

Case-study research to investigate how family-systems-centered therapeutic conversations support families of a child with intellectual disability

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Background and Objectives
Parents of children with intellectual disability are at risk of physical and mental symptoms and chronic sorrow. Family-systems-centered therapeutic conversations improve family functioning and quality of life. The Family Systems Care Unit (FSCU) is a university-run real-

life lab offering nurse-led therapeutic conversations to families with health-related burdens. The conversations are based on the Calgary Family Assessment and Intervention Models and the Illness Beliefs Model.
The objective of this study was to understand how the therapeutic conversations were supportive of two exemplary families raising a child with intellectual disability.

Design and Methods
Two qualitative longitudinal embedded single-case studies were applied. Advanced practice nurses specialized in family systems care provided three therapeutic conversations to each family at the FSCU. We asked for consent for audio or video recording and observing the therapeutic conversations through a one-way window for research. The conversations were transcribed verbatim and analyzed with inductive-deductive qualitative coding methods.

Results
These single-case studies provided a nuanced understanding of the families' needs and how they found support in the therapeutic conversations. The common needs of the two families were finding peace and a feeling of belonging as a family as well as coping with feelings of guilt and blame. The first family consisted of a single mother of two children who experienced deep suffering due to various severe challenges burdening her physical and mental health. The burdens and suffering were modeled through the conversations, and the woman gained more ease regarding her situation and suffering. The second family consisted of a couple and an adolescent son. Although exhausted, they were creative in dealing with their challenging everyday life. Through the conversations, they found confidence in continuing to cope with their situation by being given time and space in the conversations to be listened to and to listen to each other.

Conclusions
Case-study research is a suitable method for gaining in-depth, multifaceted insights into the complex needs and strengths of families raising a child with intellectual disability and the process and effects of therapeutic conversations. The FSCU real-life lab setting provides support for burdened families while collecting valuable data for research. This makes the real-life lab a design and setting for ethically sensitive and justifiable nursing research.

A-350

Development of a complex harm reduction intervention for people who inject drugs

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Background and Objectives
People who use substances intravenously expose themselves to many health risks, including overdose, blood borne viral infections and bacterial infections, which contribute to a higher morbidity and mortality in this group. People who inject drugs are often marginalised due to stigma and negative social consequences, second to their substance use. These circumstances make it difficult for them to access and accept help for injecting related complications. The aim of the study was to develop a counselling programme on appropriate hygiene practices for injecting to help prevent bacterial infections and other associated complications.

Design and Methods
Based on the Medical Research Council framework (2021), we conducted 1) an evidence synthesis via rapid review and 2) qualitative interviews with six drug users and six stakeholders of a local low-threshold addiction service in Vienna. The findings ultimately led to the development of an impact model.

Results
In the rapid review we identified eight interventions on the topic. The most significant intervention effects were improved hand hygiene, skin cleaning and a reduction in high-risk injecting practices. Factors impacting hygiene and counselling practice for the local context were identified through the qualitative interviews. These included a lack of interest or motivation for the use of hygiene practices, inadequate knowledge and risk awareness about bacterial infections, and factors pertaining to the social contexts and priorities of people who inject drugs. Considering these findings, the Behaviour Change Wheel (2014) was used to identify appropriate behaviour change techniques to be included in the intervention activities. The techniques focus on problem solving and action planning, to support people who inject drugs in developing safe, viable hygiene practices that regard their personal priorities. Specially designed materials and working principles facilitate this process. A logic model was developed to illustrate the conceived mechanisms and components of the intervention.

Conclusions

The use of a variety of evidence sources and models for intervention design has been successfully demonstrated in the development of this counselling-led care intervention. The mechanisms of this intervention are specially designed to achieve engagement with a hard-to-reach group and lead to sustainable behaviour change that improves health and well-being by preventing harms caused by injecting substance use.

A-235

Evaluation of the National Early Warning Score System in Emergency Department Using Machine Learning for short- and medium-term mortality prediction

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Background and Objectives
Early recognition of clinical deterioration in patients accessing the emergency department (ED) is crucial for timely interventions. The National Early Warning Score (NEWS) is widely utilized across various hospital departments. Currently, no studies validate the adaptability of NEWS to the diverse clinical presentations of ED patients using machine learning techniques. This study aims to evaluate the use of the NEWS through machine learning in ED, identify the most clinically relevant parameter using decision trees, and verify the accuracy of NEWS threshold values for emergency patients.

Design and Methods
A single-center, prospective observational study was conducted from June 1, 2022, to June 30, 2023, at the ED of Merano Hospital in Italy. All patients requiring emergency evaluation were included, regardless of symptoms. At triage, vital parameters were collected. The discriminative ability of NEWS for predicting mortality at 48 hours, 7 days, and 30 days was assessed using the Area Under the Receiver Operating Characteristic Curve (AUROC). Decision tree analysis was performed to identify the role of vital parameters in relation to the three outcomes.

Results
A total of 27,238 patients were included. Mortality rates were 0.4% at 48 hours, 1% at 7 days, and 2.45% at 30 days. All six NEWS parameters were significant for 48-hour mortality, with the need for oxygen supplementation as the primary predictor. The decision tree identified 14 “leaf” nodes with a 2-day mortality risk ranging from 0% to 31.6%. A Fraction of Inspired Oxygen (FiO2) > 21% and an AVPU score other than A indicated the highest mortality risk at 48 hours. For 7-day mortality, oxygen saturation (SpO2) emerged as the key predictor, with 16 leaf nodes showing a risk of 0% to 48.1%. Specifically, a SpO2 ≤ 94% and the need for oxygen supplementation correlated with a mortality risk between 4.9% (Node 5) and 24.8% (Node 6). For 30-day mortality, Node 18 indicated a significant risk associated with an AVPU score other than A and a FiO2 >21% with saturation ≤ 94%, resulting in a mortality risk of 66.7%.

Conclusions
The results highlight the importance of respiratory parameters and consciousness state in identifying high-risk ED patients. Findings suggest that NEWS cut-offs need adaptation in emergency settings. Additionally, the results suggest that while all parameters are necessary for accurately stratifying low-risk patients, only three parameters are required for identifying high-risk patients.

A-425

Photo-Interviews in Nursing Research. What do photos tell us about the challenges and coping in family caregiving?

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Background and Objectives
In recent years, photography has become a natural part of everyday life for many people. It is a powerful means of communication. Based on the description of the situation of marginalized groups, photography has also developed a niche as a medium for qualitative visual research. However, the use of photography in nursing is still limited, not least because it has received little attention in the methodological canon. The presentation aims to highlight photography combined with interviews as a useful tool for nursing research, especially for groups that are often little heard, and to show similarities in the challenges of family caregiving across the very different groups that have been studied.

Design and Methods
A critical discussion is based on three completed photo-interview studies, namely photo-novella studies and photo-voice studies on family caregiving with different groups: 1. Young Carers, 2. Young Adult Carers, and 3. Ageing parents with caregiving responsibilities. Almost 400 photographs were taken by the participants in the three studies, which were then the subject of discussion and contextualization in interviews. A comparative presentation is made of the challenges and how the different groups deal with them.

Results
Despite the diversity of the target groups, there are several similarities in the challenges they face and the ways in which they deal with them. At the level of challenges, these are a) disease-related challenges and b) reconciliation and life-course challenges. At the level of managing these challenges, the target groups draw on similar personal and interpersonal resources that are available and used to deal with them.

Conclusions
Photo studies combined with interviews have the potential to provide a deeper insight into the situation of hard-to-reach groups, giving them a voice and empowering them by presenting their lives to the outside world through self-made photographs. They can also reveal the potential for support in terms of self-management and family-oriented care.

A-328

Relocation stress syndrome in critical care: a systematic review on the effectiveness of nurse-led interventions and their quality of reporting

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Background and Objectives
The transfer from the intensive care unit (ICU) to a general ward signifies recovery for critical care patients but can induce relocation stress syndrome (RSS). This may lead to health complications and readmissions. To ensure a safe transfer, nurse-led person-centred interventions may play a key role in addressing physical and psychological needs and improving patient well-being and satisfaction. Complete intervention descriptions could facilitate the implementation of effective interventions. We aimed to synthesise the evidence on the effectiveness of nurse-led interventions in preventing RSS in critical care patients transferred to the general wards and to assess their quality of reporting.

Design and Methods
We conducted a systematic review based on a comprehensive literature search, combining database searches (CINAHL, MEDLINE, and PsycInfo; last search: November 16, 2023) and citation searching, including experimental and quasi-experimental studies published in English or German regardless of the publication year. Two reviewers independently assessed the eligibility of studies. A second reviewer verified fifty per cent of the data extractions and critical appraisals. We used the GUIDance for the Reporting of Intervention Development (GUIDED) checklist to assess the quality of reporting. We narratively summarised the findings.

Results
We included nine studies including 751 participants (range 20-158 participants) that were published between 1979 to 2022; of them, four were randomised trials. We identified four “information interventions” (IV), four “liaison nurse interventions” (LN), and one “transition programme” (TP). Five studies showed statistically significant effects on the prevention of RSS. Concepts involving LN and TP showed more consistent reductions in RSS. Duration, tailoring, modifications, and adherence of the interventions were noticeably poorly described or not described at all. For half of the randomised trials, we assessed a high risk of selection bias due to unclear randomisation procedures.

Conclusions
Our review provides a basic understanding of nurse-led interventions and their effects on ICU patients transferred to general wards. Structured interventions may significantly reduce RSS, emphasising their importance in clinical practice. However, the evidence is inconclusive and further studies with transparent reporting are needed to confirm the effectiveness of nurse-led interventions on ICU patients.

A-370

The TARCiS statement: Guidance on terminology, application, and reporting of citation searching

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Background and Objectives
Citation searches are used in addition to database searches in evidence syntheses of nursing interventions. Their purpose is to find additional relevant study publications based on their citation relationships with already known study publications. Citation searching methodology and terminology lack standardization. Our aim was therefore to develop evidence- and consensus-based guidance on terminology, application, reporting, and research priorities of citation searching in health-related research.

Design and Methods
The development of the Terminology, Application, and Reporting of Citation Searching (TARCiS) statement was based on a two-step process. First, we carried out a scoping review on citation searching benefits, tools and terminology to systematically investigate the evidence base for the formulation of draft recommendations and identify experts in the field. Second, we conducted a four-round Delphi study with international experts and composed the TARCiS statement. An agreement rate of at least 75% per recommendation was pre-defined as consensus.

Results
Forty-one terms, eight recommendations and one research topic were derived from the scoping review. We invited 35 international experts in the field (mainly researchers and information specialists/librarians) and 27 of them took part in the Delphi study. We did not involve patients nor members of the public. The Delphi study resulted in one recommendation on terminology, eight on conduct, and one on reporting of citation searching, and four suggestions for research priorities. The agreement rate per recommendation was between 83 and 100 percent. The recommendations and research priorities will be presented in detail at the International Conference of the German Society of Nursing Science.

Conclusions
The TARCiS Statement contributes to the standardized use and reporting of citation searching in healht-related research including nursing research. We encourage those conducting evidence syntheses to incorporate TARCiS into their workflows.

A-452

The use of the MRC framework for developing and evaluating complex interventions in acute care nursing interventions and the completeness of reporting

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Background and Objectives
The UK Medical Research Council (MRC) provided a methodological framework for complex interventions covering the phases development, feasibility/piloting, evaluation and implementation. The systematic implementation of this guidance in nursing research has rarely been investigated. We aimed to identify complex nursing interventions in acute care settings that refer to the MRC framework, and to describe the actual stage within the framework and the completeness of reporting.

Design and Methods
We conducted a scoping review of complex nursing interventions in acute inpatient care settings that were developed following the MRC framework. Interventions were identified via forward citation searching in 04/2021 based on two then latest MRC guidance papers[1][2] using Web of Science. For all included interventions, associated publications were searched via forward and backward citation searching (last search 09/2024 using Scopus). The guidance for reporting intervention development studies in health research (GUIDED) [3] was used to assess the completeness of reporting standards.

Results
A total of 141 publications reporting on 33 interventions were identified (number of publications per study ranged from 1 to 10). The interventions were in the development (9%), and feasibility/piloting (58%) and in the evaluation phase (33%). Thirty interventions completed the development phase and thus were assessed concerning the completeness of reporting. They reported complete regarding context, purpose, target population and intervention development approach. The completeness of the remaining items ranged from 97% (e.g. reporting of evidence sources, aim of intervention elements) to 73% (e.g. expertise of intervention providers) of the interventions. Of these, stakeholder involvement, implementation modalities (e.g. materials, procedures), tailoring and intervention adherence fidelity were reported the least complete. For less than half of the interventions, publications were freely accessible.

Conclusions
The MRC framework is used in nursing research to develop and evaluate nursing interventions in acute care settings. Although there has been further research activity, none of the interventions identified have completed all four MRC phases. Completeness of reporting was nearly complete. Initiatives such as reporting guidelines appear to have a positive impact. However, we identified gaps that can make it difficult to understand and replicate the interventions developed in detail.

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A-382

Theoretical concepts and instruments for measuring readiness for discharge from hospital. A scoping review

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Background and Objectives
Hospital discharge management is becoming increasingly important due to the rise in multimorbidity, chronic illness and long-term care and is legally regulated as a hospital service. However, breaks in continuity of care are reported during transitions, which are associated with health risks for patients. The national expert standard "Discharge Management in Nursing" therefore recommends the structured assessment of readiness for discharge as a nursing-sensitive outcome of discharge planning. The aim of this scoping review is to provide an overview of existing theoretical concepts and instruments for measuring readiness for discharge.

Design and Methods
A scoping review was conducted using the Joanna Briggs Institute (JBI) approach. A sensitive literature search was conducted in the CINAHL and LIVIVO databases (including Medline and PSYINDEX) in October 2021. All articles were independently reviewed by two reviewers. Inclusion was agreed by the research team. Content was extracted using criteria-driven methods and clustered thematically.

Results
Of the 1,819 records identified, 103 publications were included: 26 developmental or validation studies, 68 other empirical studies in which readiness for discharge was formulated as a primary outcome criterion or key concept, and nine theoretical papers or literature reviews. Five dimensions of readiness for discharge were proposed to cluster the results: 1. Physical dimension, 2. Psychological dimension, 3. Education and knowledge for self-care, 4. Adequate individual support and 5. social and organisational determinants. Of the 47 instruments identified to measure readiness for discharge, 33 were validated. The most commonly used instrument was the Readiness for Hospital Discharge Scale (RHDS). A culturally adapted and validated instrument in German is not available.

Conclusions

Monitoring patient-reported readiness for discharge using a German-language instrument could identify unrecognised post-discharge care needs and avoid health risks and complications of discharge.