

experiences and disposition to working with older people. However, there is evidence of indecision about a future career in working with older people.

Conclusion: Validation of questionnaires is an essential aspect of research and particularly in comparison studies. Certainly it is an issue which involve no English speaker countries, however Anglo-Saxon countries (e.g. Australia, Canada, New Zealand, the UK, US and Ireland) should also be concerned about the more cultural aspect of validation which is also a key aspect mainly in detecting attitudes and beliefs on cultural aspects.

Results suggest a need for a renewed focus on the encouragement of intergenerational contact between younger and older people and the promotion of gerontology as a clear and appealing career option in health and social care.

Development of the European competence framework for professionals working with older people

B Dijkman

Hanze University of Applied Sciences, Groningen, the Netherlands

Background: The agreed European Core Competences Framework for working with older people outlines the necessary competences for professionals working with older people in health and social services. The ECCF is following the CanMEDS-model and in total seven roles are described: expert, communicator, collaborator, organizer, personal advocate, scholar and professional. The aim is that this competencies framework contributes to more and better education for professionals in health and social care working with older people. The ECCF gives indications for education, training and assessment.

Methods: An exploratory, descriptive, and qualitative study was developed. Based on the information found in the literature review and the qualitative research among older persons a set of competences and performance indicators is formulated. The competences are organized in the CanMed roles. For the verification of the competences and the performance indicators a Delphi research was conducted with experts and researchers in the field of health and social care for older persons. The first questionnaire asked participants to indicate the importance of the competences and performance indicators. For the competences a Likert scale (from 1 to 5) was used. A consensus criterion of 70% was adopted. In the second round we asked only about those items that had a lower consensus level than 70% and added a few performance indicators. **Results:** In total 21 researchers from 18 different countries and 21 experts from 7 countries took part of the Delphi research. There was a high level of consensus on the competences and performance indicators. The result is the European Core Competences Framework for professionals in health and social care working with older people. The set of competences and performance indicators is reached by consensus with a consensus level of 70% or higher.

Conclusion: All professionals in health and social care need to have knowledge and understanding about ageing and risk factors, prevention and treatments considering forthcoming problems in mental- and physical well-being, housing and living conditions as well as social participation. The role of communicator was found to be very important in order to encounter the older persons and their families with respect, to provide personalized care and to support empowerment. Also in the other roles there are specific knowledge, skills and competences for working with older people. The competence set can help educational institutes to improve their education for health and social care professionals.

D2-S205 Symposium

Essential nursing care: most provided, least evidence based. The basic care revisited program

JPH Hamers¹, MWG Nijhuis-van der Sanden², RGA Ettema³, M Heinen², G Huisman-de Waal², JM de Man-van Ginke⁴, SF Metzkelin¹, SMG Zwakhalen¹ and MJ Schuurmans⁴

¹Maastricht University, Maastricht, the Netherlands; ²Radboud University Nijmegen Medical Centre, Nijmegen, the Netherlands; ³University of Applied Sciences Utrecht, Utrecht, the Netherlands; ⁴University Medical Center Utrecht, Utrecht, the Netherlands

Introduction: For many years basic care activities, like bathing and dressing, nutritional intake and communication, were the heart of nursing care. However, the last decades essential nursing care has been devaluated to an understudied area, despite its potential to improve patients' functioning, comfort and safety. Overall important elements of the quality of patient care. However, the challenge is to develop and implement evidence-based essential nursing care interventions. To provide this evidence and facilitate its implementation in clinical practice, randomized clinical trials are needed. In 2014, a unique interuniversity collaboration was launched after receiving a grant from the Netherlands Organization for Health Research and Development (ZonMw): 'Basic Care Revisited, Building the evidence base in core nursing practice'. The aim of this research programme is to develop and evaluate interventions focusing on four essential nursing care themes (i.e. bathing and dressing, communication, mobility, nutrition intake) in three nursing care settings (hospital, home and long-term care). After an introduction of 'Basic Care Revisited', the speakers of this symposium will present a selection of studies, which are conducted within this research programme. **Aim:** After attending this session participants have insight into different studies that aim to improve essential nursing care.

Interventions to prevent malnutrition in older community-dwelling patients: a systematic review

D ten Cate¹, G Huisman-de Waal², RGA Ettema¹ and MJ Schuurmans^{1,3}

¹University of Applied Sciences Utrecht, Utrecht, the Netherlands; ²Radboud University Nijmegen, Nijmegen, the Netherlands; ³University Medical Center Utrecht, Utrecht, the Netherlands

Background: Malnutrition is a frequent and major problem among older patients both before, during and after hospitalization. The incidence of malnutrition is high and malnutrition is associated with negative outcomes such as depression, lower cognitive and functional status and mortality. Several studies describe effective interventions to prevent malnutrition in various patient populations and different healthcare settings. The aim of this study is to give an overview of effective interventions to prevent malnutrition in older patients which can be specifically used before and after their hospitalization in non-institutionalized care. **Materials and methods:** A systematic review of the literature was performed following the PRISMA statement. The databases PubMed, Embase, CENTRAL, CINAHL and PsycINFO were used. Two researchers independently screened studies for eligibility. Assessment of methodological quality was performed using GRADE and the classification of methodological quality of individual studies of the Dutch Institute for Healthcare Improvement CBO.

Results: The search resulted in 1643 studies. After removal of duplications 1209 studies were screened on title, abstract, full text and methodological quality. From the eligible studies a list of effective interventions to prevent malnutrition which can be applied before and after hospitalization in older community-dwelling people was composed. Effective interventions with the same content such as supplements, diets and education were grouped. **Conclusion:** Effective interventions to prevent malnutrition which can be used before and after hospitalization in older community-dwelling people are described in high quality studies. This evidence can be used as the first step in developing an effective early nursing nutrition intervention according to the MRC guideline.

An early nursing nutrition intervention for outpatients in need for surgery

G Huisman-de Waal¹, RGA Ettema², M Heinen¹ and MWG Nijhuis-van der Sanden¹

¹Radboud University Nijmegen, Nijmegen, the Netherlands; ²University of Applied Sciences Utrecht, Utrecht, the Netherlands

Background: Malnutrition is a frequent and major problem among patients in need for surgery.

Malnutrition describes under-nutrition due to inadequate food intake, dietary imbalances, or deficiencies of specific nutrients. Consequences of malnutrition are higher risk on infection and complication rates, diseases, decreased functional status, symptoms of